



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1157051
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-
Sec. _____ Twp. _____ S. R. _____ East West

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-
Feet from North / South Line of Section

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-
Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1157051

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size: _____ Set At: _____ Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. _____	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	BOLLIG, ROBERT J 27-7
Doc ID	1157051

All Electric Logs Run

CBL
DIL
NDL
CDL



PostRock
Energy Corporation

211 W. 14TH STREET,
CHANUTE, KS 66720
620-431-9500

TICKET NUMBER **8057**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13098
SSI _____
API 15-205-28161-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
5-16-13	Bollig, Robert J. 27-2		27	28S	17E	Wilson	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	8:00	12:30		905575		4.5	<i>Nathan Gahman</i>
Chris Kincaid		12:30		931400	932895	4.5	<i>Chris Kincaid</i>
Greg Blackmore		12:00		903605	933235	4	<i>Greg Blackmore</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1032 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1026.46 DRILL PIPE _____ TUBING _____ OTHER Gus Jones
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 25 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.6

REMARKS: On location at 8:30. Ready to run casing at 9:00. Washed in fluid 25%. Ready to cement at 10:30. See COWS ticket for cement job details. Good oil show. No top off needed. Dig trench with dozer.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905575	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
903605	1	Transport Truck Haul Truck	
9330235	1	Transport-Trailer Equipment Trailer	
931610	1	80-Yard Dozer	
931400	1	Casing Truck	
932895	1	Casing Trailer	
	1026.46	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	5 sks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

Alt # D13098
APT 15-205-2710

TICKET NUMBER 41583

LOCATION Chanute KS

FOREMAN Shannon Feck

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-16-13		Bollig, Robert J 27-7				Wilson
CUSTOMER Post Rock Energy Corp			605			
MAILING ADDRESS 4402 Johnson Rd			Jones			
CITY Chanute			STATE KS			
			ZIP CODE			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		445	Dave G			
		611	Jim M			
		88	Ruby M	Murray Trucking		

JOB TYPE L/S HOLE SIZE 7 7/8" HOLE DEPTH 1032' CASING SIZE & WEIGHT 5 1/2" @ 14#
 CASING DEPTH 1026.466' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 135 #/gal SLURRY VOL 50 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 4
 DISPLACEMENT 25 1/2 Bbl DISPLACEMENT PSI 500 MIX PSI Surfly @ 1000 RATE Displace @ 4 BPM

REMARKS: Safety Meeting, Rig up 10 5/2" casing, wash down 20' w/ 70 Bbl H2O, mixed 500 # gal flush w/ hully, 15 Bbl H2O spacer, mixed 135 sls thick set cement w/ 5 # kut-seal/sk, 1 # phenoseal/sk & 1/4 # CFL-115 @ 13.5 #/gal. Shut down wash out pump & lines displace w/ 25 1/2 Bbl H2O. Final pumping pressure of 500psi bumped plug @ 1000psi, plug & float hold, good circulation @ all times, 6 Bbl slurry to pit. Job complete.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE #1 of 1 well	4.20	210.00
1126A	135 sls	Thickset Cement	20.16	2721.60
1110A	675 #	kut-seal @ 5 #/sk	.46	310.50
1107A	135 #	Phenoseal @ 1 #/sk	1.35	182.25
1135A	32 #	CFL-115 @ 1/4 #	11.08	354.56
5407A	7.42 Tons	Ton mileage bulk Truck	1.41	523.11
5502C	4 Hrs	80 Bbl Vac Truck #88 Murray Trucking	90.00	360.00
1123	3300 gal	pit water	17.20/1000	57.09
			Sub Total	5804.11
			6.316 SALES TAX	228.43
			ESTIMATED TOTAL	6032.54

Ravin 3737

AUTHORIZATION Shannon Feck TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

GUS JONES, LLC

Cable Tool Service
149 RD 25 • Elk City, KS 67344
(620) 642-6315

JOB SHEET

AFE D13098

Date <u>5-16-13</u>	Start Time	Finish Time	Total Time <u>6 HR</u>
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Orderd by : wil co Newwell Lease : Bollig

Company : Post Rock Well # : 27-7

Type of Job or Rig : Rig 3

Job Description : Drive to Loc Rig up Run in 5 1/2 casing
Recip while cementing land clamp Rig down

Not on

Fishing Tool or Packer Rental Charges \$ _____

Power Tong Charge \$ 50 (Per Trip In or Out) Number of trips _____

Parts Used : Supplied By G.J. Economy Other _____

Valve Cups _____

Working Barrels _____

Ball & Seats _____

Swab Cups _____

Seating Cups _____

Other _____

Discription of Other : _____

Bollig, Robert J. 27-7

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.4	42.15		Date: 5/16/13
2	42.43	84.33		Well Name & #: Bollig, Robert 27-7
3	42.44	126.52		Township & Range: 28S-17E
4	42.41	168.68		County/State: Wilson/KS
5	42.41	210.84		AFE#: D13098
6	42.25	252.84		API# 15-205-28161-00-00
7	42.42	295.01		Comments:
8	42.42	337.18		Projected TD- 1032'
9	42.41	379.34		
10	42.43	421.52		Joints are numbered in Yellow
11	42.42	463.69		
12	42.45	505.89		Subs are in orange
13	42.44	551.08		
14	42.45	590.28		
15	42.42	632.45		
16	42.4	674.6		
17	42.42	716.77		Added these subs for
18	42.42	758.94		flexibility to adjust to actual TD
19	42.41	801.1		
20	42.41	843.26		Trailer# 932895
21	42.44	885.45		
22	42.42	927.62		Actual TD - 1032
23	42.41	969.78		Log Bottom - 1024.80
24	42.42	1011.95		Casing Tally - 1026.46
25	10.24	1021.94		No Baffles
26	7.81	1029.5		Centralizers per SOP
27	5.02	1026.46		
28				
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PostRock Energy Corp.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 03, 2013

CLARK EDWARDS
PostRock Midcontinent Production LLC
Oklahoma Tower
210 Park Ave, Ste 2750
OKLAHOMA CITY, OK 73102

Re: ACO1
API 15-205-28161-00-00
BOLLIG, ROBERT J 27-7
SW/4 Sec.27-28S-17E
Wilson County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
CLARK EDWARDS