



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1158510  
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: \_\_\_\_\_



1158510

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing     Pumping     Gas Lift     Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	DAVIDSON, CHARLES 18-4
Doc ID	1158510

All Electric Logs Run

CBL
DIL
CDL
NDL



**PostRock**  
Energy Corporation

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

TICKET NUMBER **8062**  
FIELD TICKET REF # \_\_\_\_\_  
FOREMAN Nathan Gahm94  
AFE D13096  
SSI \_\_\_\_\_  
API 15-133-27658-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
5-31-13	Davidson, Charles 18-4		18	29S	18E	Neosho	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahm94	12:00	5:00		905525		5	<i>Nathan Gahm</i>
Chris Kincaid	10:30	4:00		903142	932900	5.5	<i>Chris Kincaid</i>
Greg Blackmore	10:30	4:00		903605	933235	5.5	<i>Greg Blackmore</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1157 CASING SIZE & WEIGHT 5 1/2, 14 #  
 CASING DEPTH 1147.04 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Gus Jones rig  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 0  
 DISPLACEMENT 28.0 DISPLACEMENT PSI 500 MIX PSI \_\_\_\_\_ RATE 4.0

REMARKS: On location at 11:00 spotted trucks with dozer. Started running casing at 11:45. Washed in 135' waited on water truck's to reload. Ready to cement at 1:30 See COWS ticket for cement job details. Trace oil show. Light cement to surface. Will need top off

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905525	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
903605	1	<del>Transport Truck</del> <u>Haul Truck</u>	
933235	1	<del>Transport Trailer</del> <u>Equipment Trailer</u>	
931610	1	<del>80-Ycc Dozer</del>	
903142	1	Casing Truck	
932900	1	Casing Trailer	
	1147.04	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

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

AFE # 013096  
API# 15-133-27658  
**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

TICKET NUMBER 41719  
LOCATION Eucla  
FOREMAN Rick Loford

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
5-31-13	6622	Charles Davidson 12-4				Neosho																				
CUSTOMER Post Rock Energy Corp			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>520</td> <td>John</td> <td></td> <td></td> </tr> <tr> <td>429</td> <td>Calby</td> <td></td> <td></td> </tr> <tr> <td>452/7103</td> <td>Jim</td> <td></td> <td></td> </tr> <tr> <td>83</td> <td>Alan G. (M&amp;M, Inc)</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	520	John			429	Calby			452/7103	Jim			83	Alan G. (M&M, Inc)		
TRUCK #	DRIVER	TRUCK #					DRIVER																			
520	John																									
429	Calby																									
452/7103	Jim																									
83	Alan G. (M&M, Inc)																									
MAILING ADDRESS 4402 Johnson Rd																										
CITY Chanute	STATE KS	ZIP CODE																								

JOB TYPE 1/3 0 HOLE SIZE 7 7/8" HOLE DEPTH 1152' CASING SIZE & WEIGHT 5 1/2" 14"  
 CASING DEPTH 1147.0" DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.7# SLURRY VOL 52 bbl WATER gal/sk 6.07 CEMENT LEFT in CASING 0'  
 DISPLACEMENT 28 bbl DISPLACEMENT PSI 500 MIX PSI 1000 Bump plus RATE 4 gpm

REMARKS: Safety meeting - Rig up to 5 1/2" casing w/ washhead. Washdown 125' to POTO  
 Pump gel flush w/ balls, 15 chl water spacer. Pump 200 srs 50/50 Pozmix cement w/ 2%  
 gel, 2% caciz, 3" cat-seal/yr, 5" cat-seal/yr, 1" phenosan/yr + 1/4" GEL-115 @ 13.7#/gal washhead  
 pump + lines, release plug. Displace w/ 28 bbl fresh water. Final pump pressure 500 PSI. Pump plus  
 to 1000 PSI release pressure, float + plug held. Good cement to surface = 1 bbl slurry to pit.  
 Job complete Rig down

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	1	MILEAGE 2nd well of 2	n/c	n/c
1124	200 srs	50/50 Pozmix cement	11.50	2300.00
1185	385"	2% gel	.22	84.70
1102	385"	2% caciz	.28	308.30
1101	600"	3" cat-seal/yr	.42	252.00
1100	1000"	5" cat-seal/yr	.46	460.00
1102A	200"	1" phenosan/yr	1.35	270.00
1135A	50"	1/4" GEL-115	11.08	554.00
540A	96	tax mileage bus/trk	1.41	676.80
5501C	4 hrs	water transport	120.00	480.00
5502C	4 hrs	80 bbl uac TRV	90.00	360.00
1123	3000 gal	city water	17.36/1000	51.90
			Subtotal	6874.70
			SALES TAX	311.92
			ESTIMATED TOTAL	7186.62

Ravin 3737

AUTHORIZATION [Signature] 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 D13096

Date 5-31-13	Start Time	Finish Time	Total Time 6 HR
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Orderd by : New well wit. Co.

Lease : Davidson

Company : Post Rock

Well # : 18-4

Type of Job or Rig : 3

Job Description : Drive to loc. Rig up. Ran in 5 1/2 casing  
Recip. white cement. Land clamp rig down

Fishing Tool or Packer Rental Charges \$ \_\_\_\_\_

Power Tong Charge \$ 50 (Per Trip In or Out) Number of trips 1

Parts Used : Supplied By G.J.  Economy  Other \_\_\_\_\_

Valve Cups \_\_\_\_\_

Working Barrels \_\_\_\_\_

Ball & Seats \_\_\_\_\_

Swab Cups \_\_\_\_\_

Seating Cups \_\_\_\_\_

Other \_\_\_\_\_

Discription of Other : \_\_\_\_\_



# Davidson, Charles 18-4

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.4	42.15		Date: 5/30/13
2	42.43	84.33		Well Name & #: Davidson, Charles 18-4
3	42.43	126.51		Township & Range: 29S-18E
4	42.41	168.67		County/State: Neosho/KS
5	42.44	210.86		AFE#: D13096
6	42.07	252.68		API# 15-133-27658-00-00
7	42.42	294.85		Comments: Projected TD- 1145'
8	42	336.6		
9	42.54	378.89		Joints are numbered in White
10	41.93	420.57		
11	42.43	462.75		Subs are in orange
12	42.09	504.59		
13	42.42	549.76		Avoid Collars 1025-1035
14	42.43	588.94		Added these subs for flexibility to adjust to actual TD
15	41.77	630.46		
16	42.52	672.73		Trailer# 932900
17	42.41	714.89		
18	42.43	757.07		Actual TD - 1157 Log Bottom - 1148 Casing Tally - 1147.04 No Baffles Centralizers per SOP
19	42.42	799.24		
20	42.47	841.46		Actual TD - 1157 Log Bottom - 1148 Casing Tally - 1147.04 No Baffles Centralizers per SOP
21	41.96	883.17		
22	41.96	924.88		Actual TD - 1157 Log Bottom - 1148 Casing Tally - 1147.04 No Baffles Centralizers per SOP
23	42.04	966.67		
24	41.97	1008.39		Actual TD - 1157 Log Bottom - 1148 Casing Tally - 1147.04 No Baffles Centralizers per SOP
25	42.44	1050.58		
26	42.47	1092.8		Actual TD - 1157 Log Bottom - 1148 Casing Tally - 1147.04 No Baffles Centralizers per SOP
27	42.03	1134.58		
28	7.91	1142.24		Actual TD - 1157 Log Bottom - 1148 Casing Tally - 1147.04 No Baffles Centralizers per SOP
29	5.05	1147.04		
30				Actual TD - 1157 Log Bottom - 1148 Casing Tally - 1147.04 No Baffles Centralizers per SOP
31				
32				Actual TD - 1157 Log Bottom - 1148 Casing Tally - 1147.04 No Baffles Centralizers per SOP
33				
34				Actual TD - 1157 Log Bottom - 1148 Casing Tally - 1147.04 No Baffles Centralizers per SOP
35				
36				Actual TD - 1157 Log Bottom - 1148 Casing Tally - 1147.04 No Baffles Centralizers per SOP
37				
38				Actual TD - 1157 Log Bottom - 1148 Casing Tally - 1147.04 No Baffles Centralizers per SOP
39				
40				Actual TD - 1157 Log Bottom - 1148 Casing Tally - 1147.04 No Baffles Centralizers per SOP

PostRock Energy Corp.

Air Drilling Specialist  
Oil & Gas Wells

**THORNTON AIR ROTARY, LLC**  
Office Phone: 620-879-2073

PO Box 449  
Caney, KS 67333

Date Started	<b>5/22/2013</b>
Date Completed	<b>5/28/2013</b>

Operator	A.P.I #	County	State
<b>Post Rock Energy</b>	<b>15-133-27658-00-00</b>	<b>Neosho</b>	<b>Kansas</b>

Well No.	Lease	Sec.	Twp.	Rge.
<b>18-4</b>	<b>Davidson, Charles</b>	<b>18</b>	<b>29</b>	<b>18</b>

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
<b>Oil</b>	<b>Brantley Thornton</b>	<b>5</b>	<b>21' 8 5/8</b>	<b>1157</b>	<b>7 7/8</b>

**Formation Record**

0-2	MUD				
2-30	LIME				
30-91	SAND				
91-130	SANDY SHALE				
130-154	SHALE				
154-206	LIME				
206-285	SANDY SHALE /WET				
285-300	LIME				
300-320	SHALE				
320-360	LIME				
360-362	BLK SHALE				
362-566	SANDY SHALE				
406	WENT TO WATER				
566-605	LIME (PAWNEE)				
605-615	BLK SHALE (LEXINGTON)				
615-640	SHALE				
640-668	LIME (OSWEGO)				
668-677	BLK SHALE (SUMMIT)				
677-683	LIME (MULKY)				
683-689	SANDY SHALE				
689-690	SHALE				
690-720	SANDY SHALE				
720-990	SHALE				
990-991	COAL				
991-1015	SAND				
1015-1030	SAND / LIGHT ODOR				
1030-1060	SAND				
1060-1134	SHALE				
1134-1157	LIME/ CHERT (MISS)				
1157	TD				



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 16, 2013

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

Re: ACO1  
API 15-133-27658-00-00  
DAVIDSON, CHARLES 18-4  
SW/4 Sec.18-29S-18E  
Neosho 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