



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1158512
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: _____



1158512

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)*

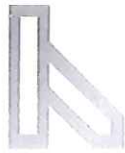
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PostRock
Energy Corporation

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

TICKET NUMBER

8063

FIELD TICKET REF #

FOREMAN Nathan Gahrms

AFE 013113

SSI

API 15-133-27666-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-4-13	Grosdidier, Francis E. 15-12	15	28S	20E	Neosho

FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahrms	6:00	10:30		905525		4.5	<i>Nathan Gahrms</i>
Chris Kincaid	6:15	10:30		931400	932895	4.25	<i>Chris Kincaid</i>
Bob Lane	7:00	10:30		905330	933015	3.5	<i>Bob Lane</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 606 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 600.44 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 14.7 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 7:45. Drained pit with 80-Vac's Rig crew on location at 8:15. Ready to run casing at 8:45. Dug pit bigger with dozer. Spotted trucks with dozer washed in final 15'. Ready to ~~run casing~~ cement at 9:30. See COWS ticket for cement job details. No oil show. No tap off needed. Put out Fire on drill rig on the Grosdidier 15-13 before running casing.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905525	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
905330	1	Transport Truck <u>Haul Truck</u>	
933015	1	Transport Trailer <u>Equipment Trailer</u>	
930840	1	80-Vac <u>Dozer</u>	
931400	1	Casing Truck	
932895	1	Casing Trailer	
	600.44	Casing	
	3	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	4 sks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	1 skt	Colton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

AIE # 013113
AP# 15-133-27666

TICKET NUMBER 41750

LOCATION Finney

FOREMAN Rick Ledford

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
6-4-13	16628	Granddier, Francis E. 15-12		28S	26E	Neosho
CUSTOMER Post Rock Energy Corp			6-3 3000'			
MAILING ADDRESS 4462 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			520	John		
STATE KS			515	Merle		
ZIP CODE			83	Alva Grimes (McCoy)		
			88	Rudy McCoy (McCoy)		

JOB TYPE 4/5 HOLE SIZE 7 7/8" HOLE DEPTH 606' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 1000.44' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5# SLURRY VOL 32 Bbl WATER gal/sk 9.6 CEMENT LEFT in CASING 0'
 DISPLACEMENT 14.6 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 Pump plug RATE 4 bpm

REMARKS: Safety meeting. Rig up to 5'6" casing w/ washhead. Washdown 15' to PBTD.
 Pump 400' gal. flush w/ bulls, 10 Bbl water spacer, 7 Bbl dye water. Mixed 85 sks
 thickset cement w/ 5" Kcl-seal/kr, 1" phenosan/kr + 14% CF-115 @ 13.5"/gal. without
 pump + lines, release plug. Displace w/ 14.6 Bbl fresh water. Final pump pressure 500 PSI. Pump
 plug to 1000 PSI release pressure, shut & plug held. Good cement returns to surface = 7 Bbl
 slurry to pit. Job complete. Rig down.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	1	PUMP CHARGE	1085.00	1085.00
5466	70	MILEAGE 1st well of 2	4.20	294.00
1126A	85 sks	thickset cement	20.16	1713.60
1116A	425#	5" Kcl-seal/kr	.46	195.50
1107A	85#	1" phenosan/kr	1.35	114.75
1135A	21#	14% CF-115	11.68	237.68
5407A	4.67	don mileage b/w 1 & 2	1.41	460.93
5502C	3 1/2 hrs	80 Bbl VAC TRU	90.00	315.00
5502C	3 1/2 hrs	80 Bbl VAC TRU	90.00	315.00
1123	6000 gals	city water	17.30/1000g	103.80
			subtotal	4830.26
			7.5% SALES TAX	172.30
			ESTIMATED TOTAL	5002.56

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 D13113

Date	Start Time	Finish Time	Total Time
6-4-13			6:15

Orderd by: New well Neosho co. Lease: Grassdider

Company: Post Rock Well #: 15-12

Type of Job or Rig: 3

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

Not

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 : _____

[Signature]

Grosdidier, Francis E. 15-12

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.44	42.19		Date: 6/4/13
2	42.44	84.38		Well Name & #: Grosdidier, F. 15-12
3	42.46	126.59		Township & Range: 28S-20E
4	42.47	168.81		County/State: Neosho/KS
5	42.4	210.96		AFE#: D13113
6	42.43	253.14		API# 15-133-27666-00-00
7	42.43	295.32		Comments:
8	42.4	337.47		Projected TD- 600'
9	42.43	379.65		
10	42.47	421.87		Joints are numbered in Yellow
11	42.48	464.1		No Collars 480-484
12	42.44	506.29		Subs are in orange
13	42.44	551.48		
14	42.43	590.66		
15	10.03	600.44		
16	5.15	605.34		
17				Added these subs for
18				flexibility to adjust to actual TD
19				.
20				Trailer# 932895
21				
22				Actual TD - 606
23				Log Bottom - 598.60
24				Casing Tally - 600.44
25				No Baffles
26				Centralizers per SOP
27				
28				
29				
30				
31				
32				
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35				
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37				
38				
39				
40				

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 16, 2013

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

Re: ACO1
API 15-133-27666-00-00
GROSDIDIER, FRANCIS E 15-12
SE/4 Sec.15-28S-20E
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