



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1158524
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
-----------------------------------	-----------------	---

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: _____



1158524

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: _____ _____
--	---	---

AFE # D13117

McPherson Drilling LLC

Drillers Log

McPherson Drilling LLC

Rig Number: 2	S. 5 T. 28 R. 17 E
API No. 16-205-28172	County: Wilson
Elev 991'	Location: NE-SW-SE-NW

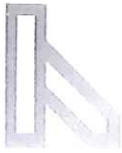
Operator: Post Rock midcontinent Production LLC	
Address: Oklahoma Tower 210 Park Ave Ste 2750 Oklahoma City OK 73102	
Well No: 5-1 SWD	Lease Name: <u>Grady James A Grady</u>
Footage Location: 2110 n. from the (N) (S) Line	
	1875 n. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC	
Spud date: 5/21/13	Geologist:
Date Completed: 6/4/13	Total Depth: 1578'

Casing Record		Rig Time:
Surface	Production	3 1/2 hr Trip to put Tricone
Size Hole: 11"	7 7/8"	on 5:30 stop
Size Casing: 8 5/8"		7:45 A Trip in 10:00 A
Weight: 23 lb		Pick on Bottom Drilling
Setting Depth: 46'	Post Rock	4 hrs Total Trip Time
Type Cement: Port	1 "	
Sacks: 10		

existing logs at 160

Gas Tests:	
730'	Ø
930'	Ø
1030'	Slight Blow
Put oil on Pit from 975' TO 1000'	
Pit ends in Top of miss.	
pick up oil/water @ 1482'	
1491' pick up more water	
1515' pick up water	
1578' watered out with Hammer	
1570' pick up alot more water	
Continue to pick up water to TD	

Well Log								
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
Top Soil	0	4	OSW	652	707	burn shale	1396	1425
lime	4	14	marls	707	714	compton sh	1425	1447
shale	14	93	limestone	714	721	oil shale	1447	1456
lime	73	108	Mudstone	721	727	Arkville	1456	1578
oil sand	108	167	limestone	727	730			
oil shale	167	205	shale	730	785			
lime	205	214	coal	785	796			
shale	214	238	sand/shale	796	812			
limestone	238	326	oil sand	812	823			
band	326	344	band/shale	823	850			
lime	344	363	lime	850	857			
shale	363	374	shale	857	946			
lime	374	409	coal	946	947			
shale	409	412	shale	947	969			
lime	412	417	oil sand	969	1044			
shale	417	467	band/shale	1044	1057			
band	467	477	water sand	1057	1090			
band/shale	477	531	coal	1090	1091			
lime	531	537	band/shale	1091	1096			
shale	537	544	coal	1096	1097			
band	544	555	water sand	1097	1119			
shale	555	632	coal	1119	1121			
lime	632	656	shale	1121	1129			
shale	656	652	mississippi	1129	1396			



PostRock
Energy Corporation

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

TICKET NUMBER **8065**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13117
SSI _____
API 15-205-28172-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
6-6-13	Grady, James A. 5-1 SWD			5	28S	17E	Wilson
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	8:00	2:00		905575		6	<i>Nathan Gahman</i>
Chris Kincaid	8:00	1:00		903142	932900	5	<i>Chris Kincaid</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1578 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1470.28 DRILL PIPE _____ TUBING _____ OTHER GUS Jones rig
 SLURRY WEIGHT 128-135 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 35.9 DISPLACEMENT PSI 700 MIX PSI _____ RATE 4.0

REMARKS: On location at 8:30. Drained pit with 80-Vac.
Started running casing at 9:00. Ready to cement at 10:30
See Cows ticket for cement job details. Will need
top off.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905575	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
903142	1	Casing Truck	
932900	1	Casing Trailer	
	1470.28'	Casing	
	0.7	Centralizers	
	1	Fleet Shoe Cement Basket	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	2 sks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

AFE # 013117

API# 15-265-28192

TICKET NUMBER 41752

LOCATION Fireva

FOREMAN Rick LaSalle

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
6-6-13	6628	Glady James A. 5-1 34D		28S	17E	Wilson
CUSTOMER Post Rock Energy Corp			Cus Title			
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			STATE KS	ZIP CODE		
			520	John	83	Alan G.
			667	Chris B.	88	Rody McGe
			611	Joey		
			452/703	Jim		

JOB TYPE L/S HOLE SIZE 7 7/8" HOLE DEPTH 1578' CASING SIZE & WEIGHT 5 1/2" 14#
 CASING DEPTH 1470.28' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.2" - 13.5" SLURRY VOL 6.3 bbl WATER gal/sk 8.6 90 CEMENT LEFT in CASING 0'
 DISPLACEMENT 35' bbl DISPLACEMENT PSI 700 MIX PSI 1200 Pump plug RATE 4 bpm

REMARKS: Safety meeting. Rig up to 5 1/2" casing w/ lined shoe. Pump 45 bbl water ahead to clear casing. Drop ball. Set based shoe @ 750 PSI. Break circulation w/ 16 bbl fresh water. Pump 800 gal gel flush w/ balls. 20 bbl water spacer. Mixed 125 sacks 60/40 Perm cement w/ 60 gal 1" phenoseal/sk. 14% CSL-115 @ 12.2"/gal. Tail in w/ 50 sacks thixot cement w/ 5" Kat seal/sk. 1" phenoseal/sk + 14% CSL-115 @ 13.5"/gal. Washout pump & lines. Release plug. Displace w/ 35' bbl water. Final pump pressure 700 PSI. Pump plug to 1200 PSI. Release pressure. Shut + plug held. Grad cement returns to surface = 10 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	50	MILEAGE	4.20	210.00
5407A	10 28	1000 mileage bandwidth	1.41	724.74
1131	125 sacks	60/40 Perm cement	13.12	2366.50
1118B	905 gal	60% gel	.22	199.10
1107A	125 gal	1" phenoseal/sk	1.35	236.25
1135A	44 gal	14% CSL-115	11.08	487.52
1126A	50 sacks	thixot cement	20.16	1008.00
1110A	250 gal	5" Kat seal/sk	.46	115.00
1107A	50 gal	1" phenoseal/sk	1.35	67.50
1135A	12 gal	14% CSL-115	11.08	132.96
5501C	4 hrs	water transport	120.00	480.00
5502C	4 hrs	80 bbl vac TR	90.00	360.00
5502C	4 hrs	80 bbl vac TR	90.00	360.00
1123	12000 gals	city water	17.31/1000	207.60
4255	1	5 1/2" Type B Based shoe	1386.00	1386.00
4306	1	throat lace kit	30.00	30.00
			Subtotal	9396.17
			SALES TAX	389.11
			ESTIMATED TOTAL	9785.28

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

AFEH D13117

Date 6-6-13	Start Time	Finish Time	Total Time 6 Hr
-------------	------------	-------------	-----------------

Orderd by : new well sec

Lease : Graddy

Company : Post Rock

Well # : S-1 SWD

Type of Job or Rig : 3

Job Description : Drive to loc. Rig up Run in 5/2 casing
wait Rig down Land clamp Rig down

New Co

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 : _____

Grady, James 5-1 SWD

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.45	42.2		Date: 6/6/13
2	42.11	84.06		Well Name & #: Grady, James 5-1 SWD
3	42.47	126.28		Township & Range: 28S-17E
4	42.44	168.47		County/State: Wilson/KS
5	42.46	210.68		AFE#: D13117
6	42.45	252.88		API# 15-205- 28172 - 00 - 00
7	42.48	295.11		Comments:
8	42.44	337.3		Projected TD- 1466'
9	42.43	379.48		
10	42.43	421.66		Joints are numbered in White
11	42.45	463.86		
12	42.41	506.02		Subs are in orange
13	42.05	550.82		
14	42.49	590.06		
15	42.49	632.3		
16	42.44	674.49		
17	42.47	716.71		Added these subs for
18	42.49	758.95		flexibility to adjust to actual TD
19	42.49	801.19		
20	42.46	843.4		Trailer# 932900
21	42.41	885.56		
22	41.93	927.24		
23	42.45	969.44		
24	42.03	1011.22		
25	42.43	1053.4		
26	42.49	1095.64		Actual TD - 1578'
27	42.5	1137.89		Log Bottom - N/A
28	42.47	1180.11		Casing Tally - 1470.28
29	42.41	1222.27		No Baffles
30	42.43	1264.45	Basket	Centralizers per SOP
31	42.38	1306.58		
32	42.44	1348.77		
33	42.41	1390.93		
34	42.52	1433.2		
35	19.98	1452.93		
36	15	1467.68		
37	10.33	1477.76		
38	5.02	1482.53		
39	2.6	1470.28	Packer Shoe	
40			Type "B"	

PostRock Energy Corp.



PostRock
Energy Services

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

TICKET NUMBER **8068**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13117
SSI _____
API _____

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
6-10-13	Grady, James 5-1 SWD			5	28S	17 E	Wilson
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	2:30	3:30		905575		1	<i>[Signature]</i>
Chris Kincaid				903197		1	<i>[Signature]</i>
Michael Thomas				903600		1	<i>[Signature]</i>
Colby Dean				931575		1	<i>[Signature]</i>

JOB TYPE Top off HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL 20 sks WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Topped well off with 20 sks of cement

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905575	1	Foreman Pickup	
903197	1	Cement Pump Truck	
903600	1	Bulk Truck	
		Transport Truck	
		Transport Trailer	
931575	1	80 Vac	
		Casing Truck	
		Casing Trailer	
		Casing	
		Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
	<u>20 sks</u>	Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
		Premium Gel	
		Cal Chloride	
	<u>10 bbl</u>	City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
		Cotton Seed Hulls	

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 15-205-28172-00-00
GRADY, JAMES A SWD 5-1
NW/4 Sec.05-28S-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