



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1179047
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: _____

1179047

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> <i>(Submit ACO-4)</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	FOLLMER, W C 9-3
Doc ID	1179047

All Electric Logs Run

CBL
DIL
NDL
TEMP



PostRock
Energy Corporation

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

TICKET NUMBER **8071**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13108
SSI _____
API 15-205-28171-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-14-13	Follmer, W.C. 9-3	9	27S	15E	Wilson

FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:00	8:30		905575		7.5	<i>Nathan Gahman</i>
Chris Kincaid	6:15	12:30		903142	932900	6.15	<i>Chris Kincaid</i>
Greg Blackmore	6:30	1:30		904815		7	<i>Greg Blackmore</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1450 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1442.50 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
 SLURRY WEIGHT 13.9 SLURRY VOL 68 bbl WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 35.2 DISPLACEMENT PSI 650 MIX PSI 1150 RATE 4.0

REMARKS: On location at 8:00. Spotted trucks with dozer. Dug trench with dozer. Ready to run casing at 8:30. Washed in final 15'. Ready to cement at 10:15. See C.O.W.S ticket for cement job details. Good circulation at all times. good cement return to pit. No topoff needed. Very good oil show.

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	
931150	1	80 Yae Dozer	
903142	1	Casing Truck	
932900	1	Casing Trailer	
	1442.50	Casing	
	7	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
		Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
	10 gal	GGL 115 Cement Fluid Loss	
	8 sks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	2 sks	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

ATT D13108
11/3/15-205-28111

TICKET NUMBER 41609

LOCATION Eureka 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
6-14-13	6628	Fallmer, Wk 9-3				Wilson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Post Rock Energy Corp			445	Dave B		
MAILING ADDRESS			611	Just H		
4402 Johnson Rd			87	Alan B	Midwest Trucking	
CITY	STATE	ZIP CODE				
Chanute	KS					

JOB TYPE <u>L/S</u>	HOLE SIZE <u>7-8"</u>	HOLE DEPTH <u>1450</u>	CASING SIZE & WEIGHT <u>5 1/2" 14"</u>
CASING DEPTH <u>1442.54</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>13.9 #</u>	SLURRY VOL <u>68 Bbl</u>	WATER gal/sk <u>6.02</u>	CEMENT LEFT in CASING <u>4</u>
DISPLACEMENT <u>35 3/4 Bbl</u>	DISPLACEMENT PSI <u>650</u>	MIX PSI <u>1150</u>	RATE <u>Displace @ 4 BPM</u>

REMARKS: Rig up to 5 1/2" casing, wash down 10' w/ 70 Bbl H2O, mixed 800 # gel flush w/ 7 sks hulls, 3 Bbl spacer, mixed 10 gallons gamma gel, 5 Bbl 1/20 spacer, mixed 250 sks 50/50 portland cement w/ 2% gel, 2% calcium, 3 # col-seal/sk, 5 # kol seal/sk, 1 # pheno seal/sk & 1/4% CCL-115 @ 13.9 #/gal. Shut down wash out pump & lines, displace w/ 35 3/4 Bbl H2O, final psi of 650 psi, bumped plug @ 1150 psi, plug & float held, good circulation @ all times 8-9 Bbl slurry to pit. Job complete.

T. Hanks 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	4.20	210.00
1124	250 sks	50/50 portland cement	11.50	2875.00
1118 B	420 #	Gel @ 2%	.22	92.40
1107	420 #	Calcium @ 2%	.78	327.60
1101	750 #	col-seal @ 3#/sk	.42	315.00
1110A	1250 #	kol-seal @ 5#/sk	.46	575.00
1107A	250 #	Pheno seal @ 1#/sk	1.35	337.50
1135A	52 #	CCL-115 @ 1/4%	11.08	576.16
5407A	12 Tons	Ton mileage bulk Truck	1.41	846.00
5502C	4.50 hrs	50 Bbl Vac Truck	90.00	405.00
1123	800 gal	city H2O	17.30/1000	13.84
			Sub Total	7658.50
			SALES TAX	327.08
			ESTIMATED TOTAL	7985.58

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

APF D13108

Date <u>6-14-13</u>	Start Time	Finish Time	Total Time <u>6:11</u>
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Orderd by : New Well Wilson Co Lease : Follmer, Inc

Company : POST ROCK 1 Well # : 9-3

Type of Job or Rig : 3

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

Handwritten signature

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 : _____

Follmer, W.C. 9-3

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.4	42.15		Date: 6/14/13
2	42.4	84.3		Well Name & #: Follmer 9-3
3	42.38	126.43		Township & Range: 27S-15E
4	42.4	168.58		County/State: Wilson/KS
5	42.41	210.74		AFE#: D13108
6	42.4	252.89		API# 15-205-28171-00-00
7	42.41	295.05		Comments: Projected TD- 1450'
8	42.43	337.23		
9	42.44	379.42		
10	42.45	421.62		Joints are numbered in White
11	42.43	463.8		
12	42.42	505.97		Subs are in orange
13	42.43	551.15		Avoid Collars 1218-1232, 1240-1245
14	42.44	590.34		
15	42.47	632.56		
16	42.4	674.71		
17	42.44	716.9		Added these subs for flexibility to adjust to actual TD
18	42.4	759.05		
19	42.43	801.23		
20	42.42	843.4		Trailer# 932900
21	42.4	885.55		
22	42.5	927.8		Actual TD - 1450
23	42.43	969.98		Log Bottom - 1444.40
24	42.02	1011.75		Casing Tally - 1442.54
25	42.41	1053.91		No Baffles
26	42.43	1096.09		Centralizers per SOP
27	42.42	1138.26		
28	42.42	1180.43		
36	10.33	1190.51		
30	42.17	1232.43		
31	42.41	1274.59		
32	42.43	1316.77		
33	42.42	1358.94		
34	42.4	1401.09		
35	15.01	1415.85		
29	41.95	1442.54		
37	5.01	1447.3		
38				
39				
40				

PostRock Energy Corp.