



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1182987
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: _____

1182987

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	GROSDIDIER, FRANCIS E 14-7
Doc ID	1182987

All Electric Logs Run

CBL
CDL
DIL
NDL
TEMP



PostRock
Energy Corporation

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

TICKET NUMBER **8093**
FIELD TICKET REF # _____
FOREMAN Darrell Cheney
AFE D1319 D13124
SSI _____
API 15-132 -27079-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
6-21-13	Grossfield #14-7		14	283	20	Neosho	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Darrell Cheney	12:30	2:30		905675		2	Darrell Cheney
Craig Beckwith				904815			
Chris Kincaid				903142	932855		

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 031 CASING SIZE & WEIGHT 5.5 1415
 CASING DEPTH 62620 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Did not have to wash in. No problems with job.
Well may need top off
Small show of oil to pit

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
805575	1 1	Foreman Pickup	
	<u>Cows</u>	Cement Pump Truck	
	<u>Cows</u>	Bulk Truck	
	<u>4 Cows</u>	Transport Truck	
	<u>Cows</u>	Transport Trailer	
	<u>Cows</u>	80 Vac	
903142	1	Casing Truck	
932855	1	Casing Trailer	
		Casing	
	3	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
		Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	<u>4 sks</u>	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	<u>1.5t</u>	Cotton Seed Hulls	

2

GUS JONES, LLC

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

JOB SHEET

Dis: 17
AFE D13129

Date	Start Time	Finish Time	Total Time
6-21-13			6 Hr

Orderd by : new well washo co

Lease : Grosdidier

Company : Post Rock

Well # : 147

Type of Job or Rig : 3

Job Description : Drive to 100 Rig up. Run in 5 1/2 casing
Recip. white cementry land clamp Rig down

Dump

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 : _____

Grosdidier, Francis E. 14-7

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	45.47	45.22		Date: 6/21/13
2	45.41	90.38		Well Name & #: Grosdidier, F 14-7
3	45.47	135.6		Township & Range: 28S-20E
4	45.29	180.64		County/State: Neosho/KS
5	45.25	225.64		AFE#: D13129
6	45.15	270.54		API# 15-133-27679-00-00
7	45.39	315.68		Comments:
8	45.33	360.76		Projected TD- 625'
9	45.44	405.95		
10	45.47	451.17		Joints are numbered in White
11	45.49	496.41		
12	45.45	541.61		Subs are in orange
13	45.44	589.8		Avoid Collars 464-477
14	20	606.55		
15	15.07	621.37		
16	10.39	631.51		
17	5.33	626.2		Added these subs for flexibility to adjust to actual TD
18				
19				
20				Trailer#
21				
22				Actual TD - 631
23				Log Bottom - 624.10
24				Casing Tally - 626.20
25				No Baffles
26				Centralizer per SOP
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

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	6/19/2013
Date Completed	6/20/2013

Operator	A.P.I.#	County	State
Post Rock Energy	15-133-27679-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
14-7	Grosdidier, Francis E	14	28	20

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	4	20' 3" 8 5/8	631	7 7/8

Formation Record

0-13	DIRT	489-495	SHALE		
13-45	SHALE	495-496	COAL		
45-47	COAL / DAMP	496-511	SHALE		
47-50	SHALE	511-518	SAND		
50-92	LIME	518-540	SANDY SHALE		
92-94	COAL	540-555	SAND		
94-100	LIME	555-575	SANDY SHALE		
100-125	SHALE	575-631	SHALE		
125-146	SAND / OIL SHOW	631	TD		
146-170	SHALE				
170-175	LIME				
175-177	COAL				
177-245	LIME (PAWNEE)				
245-255	SHALE				
255-268	SANDY SHALE				
268-291	LIME (OSWEGO)				
291-298	BLK SHALE (SUMMIT)				
298-303	LIME				
303-309	BLK SHALE (MULKY)				
309-312	LIME				
312-325	SAND				
325-400	SHALE				
400-402	LIME				
402-405	SHALE				
405-406	COAL				
406-458	SHALE				
458-460	COAL				
460-472	SANDY SHALE				
472-487	SANDY SHALE/ LT ODOR				
487-489	COAL				