



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183027
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: _____

1183027

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: 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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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	GROSDIDIER, FRANCIS E 15-25
Doc ID	1183027

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP



PostRock
Energy Corporation

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

TICKET NUMBER **8074**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13131
SSI _____
API 15-133-27680-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
6-24-13	Grossdidier, Francis E 15-25		15	28S	20 E	Neosho	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	3:00	6:45		905525		3.75	<i>Nathan Gahman</i>
Chris Kincaid	1	6:00		903142	932895	3	<i>Chris Kincaid</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 606 CASING SIZE & WEIGHT 5 1/2, 14^{tt}
 CASING DEPTH 601.77 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 14.67 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 3:00. Ready to run casing at 3:30. Washed in final 10'. Ready to cement at 3:45. See COWS ticket for cement job details. Good cement to surface. Good circulation at all times. No top off needed. Good oil show.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905525	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
		Transport Truck	
		Transport Trailer	
930050	1	80 Vac Dozer	
903142	1	Casing Truck	
932895	1	Casing Trailer	
	601.77	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 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

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

ATE # 013131
API # 15-133-27680

TICKET NUMBER 42818

LOCATION Emery

FOREMAN Rick Loford

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-24-13	6628	Grossdiner 15-25				Neosho
CUSTOMER <u>Post Rock Energy Corp</u>			6.5 Twp			
MAILING ADDRESS <u>1102 Johnson Rd</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Chanute</u>			STATE <u>KS</u>	ZIP CODE		
			520	Allen R		
			477	Colby		
			88	Rick M (Meyer) Hill		

JOB TYPE L/S HOLE SIZE 7 7/8" HOLE DEPTH 666' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 661.77' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5# SLURRY VOL 28 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 14.7 DISPLACEMENT PSI 500 MIX PSI 1000 Bump plus RATE 4120

REMARKS: Safety meeting. Rig up to 5 1/2" casing w/ washhead. Washdown 10' to PBTD. Pump 400 # gel flush w/ hulls, 10 Bbl water spacer, 7 Bbl dye water. Mixed 85 sacks thickset cement w/ 5# Rot-seal/ks 1# phenosol/ks + 1/4% CE-115 @ 13.5#/gal. Washhead pump + line, release plug. Displace w/ 14.7 Bbl fresh water. Fract pump pressure 500 PSI. Pump plug to 1000 PSI. Release pressure, float + plug hold. Good cement returns to surface = 5 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	3 rd	MILEAGE <u>well of 3</u>	0/c	0/c
1126A	85 sks	Thickset cement	90.16	1713.60
1116A	425 #	5# Rot-seal/ks	1.46	195.50
1107A	85 #	1# phenosol/ks	1.35	114.75
1135A	21 #	1/4% CE-115	11.07	232.67
5407A	467	100 mileage bill tick	1.41	460.93
5502C	342 hrs	80 Bbl wac tick	90.00	315.00
			Subtotal	4117.46
			SALES TAX <u>7.3%</u>	164.73
			ESTIMATED TOTAL	4282.19

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# D13131

Date 6-24-13	Start Time	Finish Time	Total Time 6 HY
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Orderd by : New Well Neosho Co Lease : Gooddier

Company : Post Rock Well #: 15-25

Type of Job or Rig : 3

Job Description : Drive to loc. Rig up ~~at~~ Run in 5'2 casing
Recip white cemently 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 : _____

Grosdidier, Francis E. 15-25

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	45.21	44.96		Date: 6/24/13
2	45.43	90.14		Well Name & #: Grosdidier, F. 15-25
3	45.45	135.34		Township & Range: 28S-20E
4	45.46	180.55		County/State: Neosho/KS
5	45.46	225.76		AFE#: D13131
6	45.44	270.95		API# 15-133-27680-00-00
7	45.44	316.14		Comments: Projected TD- 600'
8	45.21	361.1		
9	45.3	406.15		
10	45.43	451.33		Joints are numbered in White
11	45.4	496.48		
12	45.38	541.61		Subs are in orange
13	45.39	589.75		Avoid Collars 473-484
14	10.22	596.72		
15	5.3	601.77		
16				
17				
18				Added these subs for flexibility to adjust to actual TD
19				
20				Trailer#
21				
22				Actual TD - 606
23				Log Bottom - 600.5
24				Casing Tally - 601.77
25				No Baffles
26				Centralizers 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	6/20/2013
Date Completed	6/21/2013

Operator	A.P.I.#	County	State
Post Rock Energy	15-133-27680-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
15-25	Grosdidier, Francis E	15	28	20

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	4	21' 8 5/8	631	7 7/8

Formation Record

0-12	DIRT	485-489	SANDY SHALE / LT ODOR		
12-28	SHALE	489-606	SHALE		
28-29	COAL	606	TD		
29-35	SHALE				
35-36	COAL				
36-91	SANDY SHALE				
91-105	LIME				
105-180	SANDY SHALE				
180-225	LIME (PAWNEE)				
225-270	SHALE				
245	WENT TO WATER				
270-292	LIME (OSWEGO)				
292-301	BLK SHALE (SUMMIT)				
301-305	LIME				
305-311	BLK SHALE (MULKY)				
311-312	LIME				
312-320	SAND / SHOW & ODOR				
320-330	SAND / LT SHOW & ODOR				
330-360	SANDY SHALE				
360-410	SHALE				
410-416	LMY SHALE				
416-448	SANDY SHALE				
448-450	COAL				
450-455	SHALE				
455-461	SANDY SHALE				
461-462	COAL				
462-468	SAND				
468-470	COAL				
470-475	SAND				
475-485	SAND / GOOD ODOR & SHOW				