



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183052
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: _____

1183052

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	GEORGE, SHYREL A 13-3
Doc ID	1183052

All Electric Logs Run

CBL
DIL
NDL
CDL
TEMP

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	6/21/2013
Date Completed	6/22/2013

Operator	A.P.I.#	County	State
Post Rock Energy	15-133-27678-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
13-3	George, Shyrel A	13	28	19

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	4	21' 8 5/8	732	7 7/8

Formation Record

0-6	DIRT	375-387	SHALE		
6-23	SHALE	387-406	LIME		
23-31	LIME	406-412	BLK SHALE (SUMMIT)		
31-44	SHALE	412-418	LIME		
44-60	LIME	418-424	BLK SHALE (MULKY)		
60-75	SANDY SHALE	424-425	LIME		
75-93	SHALE	425-440	SAND		
93-111	LIME	440-500	SANDY SHALE		
111-115	SHALE / DAMP	500-570	SHALE		
115-120	COAL / WET	570-571	COAL		
120-136	DARK SDY LIME	571-578	SAND		
131	WENT TO WATER	578-579	COAL		
136-145	SHALE	579-590	SAND		
145-150	LIME	590-600	SAND / LT ODOR & SHOW		
150-154	SAND	600-606	SAND / GOOD ODOR & SHOW		
154-178	SANDY SHALE	606-610	SANDY SHALE		
178-185	LIME	610-687	SHALE		
185-200	SDY LIME	687-688	COAL		
200-216	LIME	688-732	SHALE		
216-232	SANDY SHALE	732	TD		
232-238	LIME				
238-295	SANDY SHALE				
295-299	LIME				
299-310	SANDY SHALE				
310-325	LIME				
325-340	SANDY LIME				
340-346	BLK SHALE				
346-361	SANDY SHALE				
361-365	LIME				
365-375	LIME (PAWNEE)				



PostRock
Energy Corporation

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

TICKET NUMBER **8073**
FIELD TICKET REF # _____
FOREMAN Nathan Galbraith
AFE D13127
SSI _____
API 15-133-27678-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
6-24-13	George, Shyrel A. 13-3			13	28S	19E	Neosho
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Galbraith	12:00	3:00		905525		3	<i>Nathan Galbraith</i>
Chris Kincaid	1	1		903142	932895	3	<i>Chris Kincaid</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 732 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 727.36 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 17.25 DISPLACEMENT PSI 600 MIX PSI _____ RATE 4.0

REMARKS: On location at 12:30. Ready to run casing at 12:45. Washed in final 15'. Ready to cement at 1:45. See cows ticket for cement job details. Good cement to surface, good circulation at all times. Very good oil show. No top off needed.

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	
		80 Vac	
903142	1	Casing Truck	
932895	1	Casing Trailer	
	727.36	Casing	
	4	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
		Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	5 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

TICKET NUMBER 42817

LOCATION Ennava

FOREMAN Rick Landford

APC # 013127
AP# 15-133-271278

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
<u>6-24-13</u>	<u>66622</u>	<u>George Shyrial A 13-3</u>				<u>Neosho</u>
CUSTOMER			TRUCK #			
MAILING ADDRESS						
CITY			DRIVER			
STATE			TRUCK #			
ZIP CODE			DRIVER			

CUSTOMER: Post Rock Energy Corp
MAILING ADDRESS: 4402 Johnson Rd
CITY: Chanute STATE: KS
TRUCK # 520 DRIVER Allen B
TRUCK # 478 DRIVER Collin
TRUCK # 88 DRIVER Rudy M (AKA TRIC)

JOB TYPE L/S 0 HOLE SIZE 221/2" HOLE DEPTH 232' CASING SIZE & WEIGHT 5 1/2" 14#
CASING DEPTH 727.36' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.5# SLURRY VOL 33 Bbl WATER gal/sk 96 CEMENT LEFT IN CASING 0'
DISPLACEMENT 17.7 Bbl DISPLACEMENT PSI 600 MIX PSI 1100 pump plug RATE 4 BPM

REMARKS: Safety meeting - Rig up to 5 1/2" casing w/ washout & washdown 20' to PBD.
Pump 500# gel-slush w/ bulls in Bbl water spacer, 100# oil dye water. Avoid 100 sacks thickset cement
w/ 5" Ret-seal, 1# phensol / sk + 400# (SF-115) @ 13.5# / gal washout pump & bulls release plug. Displace
w/ 17.7 Bbl fresh water. Final pump pressure 600 PSI. Pump plug to 1100 PSI, release pressure. Fluid & plug
held. 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
<u>5461</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1085.00</u>	<u>1085.00</u>
<u>5466</u>	<u>20</u>	<u>MILEAGE 200' well at 3</u>	<u>4.20</u>	<u>84.00</u>
<u>1126A</u>	<u>100 sacks</u>	<u>1/2 thickset cement</u>	<u>20.16</u>	<u>2016.00</u>
<u>1110A</u>	<u>500#</u>	<u>5" Ret-seal / sk</u>	<u>.46</u>	<u>230.00</u>
<u>1102A</u>	<u>100#</u>	<u>1# phensol / sk</u>	<u>1.35</u>	<u>135.00</u>
<u>1135A</u>	<u>25"</u>	<u>140# (SF-115)</u>	<u>11.07</u>	<u>277.00</u>
<u>5407A</u>	<u>5.5</u>	<u>100 milease bill for</u>	<u>1.41</u>	<u>542.85</u>
<u>5502C</u>	<u>3 1/2 hrs</u>	<u>80 Bbl. WC. TRK</u>	<u>90.00</u>	<u>315.00</u>
				<u>Subtotal</u> <u>4684.85</u>
				<u>7.3%</u> SALES TAX <u>194.03</u>
				ESTIMATED TOTAL <u>4878.88</u>

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# 1713127*

Date <i>6-24-13</i>	Start Time	Finish Time	Total Time <i>6 Hr</i>
---------------------	------------	-------------	------------------------

Orderd by : *New Well Wash Co.* Lease : *George*

Company : *Post Rock* Well # : *13-3*

Type of Job or Rig : *3*

Job Description : *Drive to loc Rig up Run in 5/8
CASING RECIP while cementing Land clamp
Rig down*

NSC

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 : _____

George, Shyrel A. 13-3

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	38.45	38.2		Date: 6/24/13
2	43.38	81.33		Well Name & #: George 13-3
3	43.53	124.61		Township & Range: 28S-19E
4	45.48	169.84		County/State: Neosho/KS
5	45.46	215.05		AFE#: D13127
6	45.48	260.28		API# 15-133-27678-00-00
7	45.49	305.52		Comments: Projected TD- 725'
8	45.49	350.76		
9	45.46	395.97		Joints are numbered in Yellow
10	45.5	441.22		
11	45.44	486.41		Subs are in orange Avoid Collars 597-608
12	45.46	531.62		
13	45.44	579.81		Added these subs for flexibility to adjust to actual TD
14	45.48	622.04		
15	45.61	667.4		
16	45.46	712.61		
17	15	727.36		Trailer# 932895
18	10.29	737.4		
19	5.15	742.3		
20				Actual TD - 732 Log Bottom - 717.10 Casing Tally - 727.36 No Baffles Centralizers per SOP
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

PostRock Energy Corp.