



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183059
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: _____

1183059

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: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	ESTES REV TRUST 4-4
Doc ID	1183059

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP

Rig Number: 2	S. 4 T. 29 R. 16E
API No. 15-205-28183	County: Wilson
Elev.	Location: SW-SW-NE-SE

Operator: Post Rock midcontinent Production
Address: Oklahoma Tower 210 Park Ave Ste 2750 Oklahoma city OK 73102
Well No: 4-4 Lease Name: Estes Rev Trust
Footage Location: 1340 ft. from the (N) (S) Line
1220 ft. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC
Spud date: 6/22/13 Geologist:
Date Completed: 6/24/13 Total Depth: 1070'

Gas Tests:
705' Slight Blow
1006' Same
Put a Little oil on Pit from 930' to 950'

Casing Record		Rig Time:
	Surface	Production
Size Hole:	11"	7 7/8"
Size Casing:	8 9/8"	
Weight:	23#	
Setting Depth:	20.5'	Post Rock
Type Cement:	port	" "
Sacks:	5	

Live water @ 160'

Well Log

Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
Top Soil	0	8	Summit	669	676	Water Sand	1001	1011
Shale	8	26	Lime	676	689	Sand/Shale	1011	1042
Lime	26	37	Mulkey	689	697	Shale	1042	1069
Shale	37	47	Lime	697	698	Coal	1069	1070
Lime	47	94	Sand/Shale	698	705			
Shale	94	168	Sand	705	716			
Lime	168	204	Sand/Shale	716	727			
Shale	204	209	Shale	727	745			
Lime	209	244	Coal	745	746			
Shale	244	268	Shale	746	765			
Sand	268	280	Coal	765	766			
Coal	280	281	Shale	766	801			
Shale	281	288	Coal	801	802			
Lime	288	369	Shale	802	811			
Shale	369	440	Lime	811	813			
Lime	440	442	Shale	813	827			
Shale	442	458	Sand/Shale	827	854			
Lime	458	471	Shale	854	898			
Shale	471	562	Coal	898	899			
Sand	562	578	Shale	899	910			
Coal	578	580	Oil Sand	910	938			
Lime	580	606	Coal	938	939			
Shale	606	646	Oil Sand	939	988			
Sandy lime	646	669	Sand/Shale	988	1001			



PostRock
Energy Corp

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

TICKET NUMBER **8075**
FIELD TICKET REF # _____
FOREMAN Nathan Gahmra
AFE D13126
SSI _____
API 15-205-28183-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
6-25-13	Estes Rev. Trust 4-4			4	29S	16E	Neosho
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahmra	6:00	11:30		905525			<i>Nathan Gahmra</i>
Chris Kinesid	6:15	1		902490	932900		<i>Chris Kinesid</i>
BOB LANE	7:00	1		905330	933020		<i>Bob Lane</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1070 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1064.42 DRILL PIPE _____ TUBING _____ OTHER Bus Jones rig
 SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 26 DISPLACEMENT PSI 550 MIX PSI _____ RATE 4.0

REMARKS: On location at 8:00. Ready to run casing at 8:30. Dug trench and dug pit bigger with dozer. Washed in final 15'. Ready to cement at 9:30. See COWS ticket for cement job details. Light cement return to pit. Good circulation at all times. Slight oil return. May need top off.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
905330	1	Transport Truck Haul Truck	
933020	1	Transport Trailer Equipment Trailer	
930050	1	80 Yes Dozer	
902490	1	Casing Truck	
932900	1	Casing Trailer	
	1064.42	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	1	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	5 sks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix-P Thixotropic	
	10 gal	KOL Seal Gamma Gel	
	1 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

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

ATE # 013126
API # 15-205-28183

TICKET NUMBER 42819
LOCATION Enera
FOREMAN Rick Ledford

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-25-13	66628	Estes Rev Trust 4-4				Wilson
CUSTOMER Post Rock Energy Corp			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 4402 Johnson Rd			445	Dave		
CITY STATE ZIP CODE Chanute KS			479	Colby		
			88	Rusty M (11/4/13 706)		

JOB TYPE L/S G HOLE SIZE 7 7/8" HOLE DEPTH 1020' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 1064.42' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.9" SLURRY VOL 50 Bbl WATER gal/sk 602 CEMENT LEFT in CASING 0'
 DISPLACEMENT 26 Bbl DISPLACEMENT PSI 550 MIX PSI 1050 Boppus RATE 4 Bpm

REMARKS: Safety meeting - Rig up to 5 1/2" casing w/ washhead. Washdown 15' to PB7D. Pump 500 gal flush w/ bull's, 10 gal gamma gel. Mixed 185 sks 50/50 Pozmix cement w/ 2% gel, 2% cal-12 3" cal-seal/yr 5" cal-seal/yr 1" phenacal/yr 14% CST-115 @ 13.9"/gal. Washhead pump 4 lines, release plug. Displace w/ 26 Bbl fresh water. Final pump pressure 550 PSI. Pump plug to 1050 PSI, release pressure, shut & plug hold. Cool cement returns to surface = 2 Bbl slurry to pit. Job complete. Ra done.

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
1124	185 sks	50/50 Pozmix cement	11.50	2127.50
1118B	320"	2% gel	.22	70.40
1102	320"	2% cal-12	.72	249.60
1101B	555"	3" cal-seal/yr	.42	233.10
1110A	925"	5" cal-seal/yr	.46	425.50
1107A	185"	1" phenacal/yr	1.35	249.75
1135A	46"	14% CST-115	11.08	509.68
5407A	888	tax mileage bulk disk	1.41	626.04
5502C	3 hrs	80 Bbl uac 700	90.00	270.00
1123	3000 gals	city water	17.30/1000	51.90
			Subtotal	6108.47
			(.3%) SALES TAX	246.80
			ESTIMATED TOTAL	6355.27

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# D13126

Date 6-25-13	Start Time	Finish Time	Total Time 6 Hrs
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Orderd by : ~~ed~~ Maxwell Wilson Lease : 6 Stcs

Company : Post Rock Well # : 4-4

Type of Job or Rig : 3

Job Description : Done to loc Rig up Run in 5 1/2 casing
Recip while cementing
Land clamp Rig down

Maxwell

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 : _____

Estes Rev. Trust 4-4

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	45.36	45.11		Date: 6/25/13
2	45.45	90.31		Well Name & #: Estes 4-4
3	45.41	135.47		Township & Range: 29S-16E
4	45.41	180.63		County/State: Wilson/KS
5	45.43	225.81		AFE#: D13126
6	45.46	271.02		API# 15-205-28183-00-00
7	45.42	316.19		Comments:
8	42.13	358.07		Projected TD- 1070'
9	35.28	393.1		
10	45.43	438.28		Joints are numbered in Yellow
11	42.11	480.14		
12	36.26	516.15		Subs are in orange
13	33.85	552.75		Avoid Collars 829-835, 910-918, 921-930
14	42.16	591.66		
15	42.33	633.74		
16	29.28	662.77		
17	45.42	707.94		Added these subs for flexibility to adjust to actual TD
18	42.35	750.04		
19	42.33	792.12		
20	45.4	837.27		Trailer# 932900
21	42.41	879.43		
26	14.98	894.16		Actual TD - 1070
23	42.34	936.25		Log Bottom - 1069.50
24	41.76	977.76		Casing Tally - 1064.42
25	37.15	1014.66		No Baffles
22	45.39	1059.8		Centralizers per SOP
27	10.31	1069.86		
28	5.12	1064.42		
29				
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PostRock Energy Corp.