



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183066
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: _____

1183066

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	LECK, DORIS 30-12
Doc ID	1183066

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP



PostRock
Energy Corporation

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

TICKET NUMBER **8079**
FIELD TICKET REF # _____
FOREMAN Nathan Bohman
AFE D13110
SSI _____
API 15-133-27663-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
6-27-13	Leck, Doris 30-12			30	30S	18E	Nosho
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Bohman	8:00	1:00		905575		5	<i>N. Bohman</i>
Chris Kincaid	8:00	1:00		902490	932900	5	<i>C. Kincaid</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 982 CASING SIZE & WEIGHT 5 1/2, 19#
 CASING DEPTH 974.88 DRILL PIPE _____ TUBING _____ OTHER CWS Jones
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 23.8 DISPLACEMENT PSI 600 MIX PSI _____ RATE 4.0

REMARKS: on location at 9:00. Rig crew on location at 9:30. Ready to run casing at 10:00. Washed in final 20'. Ready to cement at 11:15. See CWS ticket for cement job details. Good circulation at all times. Good cement return to pit. No top off needed. Slight 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	
		80 Vac	
902490	1	Casing Truck	
932900	1	Casing Trailer	
	974.88	Casing	
	5	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	
		Chemhix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

AFE # 013110
API # 15-132-27263

TICKET NUMBER 43233
LOCATION Eulera
FOREMAN Rick Ledford

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
6-27-13	6629	Leck Docks 30-12				Neosho
CUSTOMER Post Rock Energy Corp.			Cust. Jones			
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			520	Allen B.		
STATE KS			601	Jones		
ZIP CODE			88	Ricky M. (D) (Cust. Jones)		

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 982' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 974.88' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5# SLURRY VOL 43 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 238 Bbl DISPLACEMENT PSI 600 MIX PSI 1000 bump plug RATE 4 bpm

REMARKS: Safety meeting. Rig up to 5 1/2" casing w/ workhead & land down 15' to PWD Pump
 500' gel-flush w/ bulls to get water spacer. Mixed 130 sacks thickset cement w/ 5" Kol-seal/ks
 1# phenoseal/ks + 1/4% CFI-115 @ 13.5#/gal. waitout pump + lines release plug. Displace w/ 238
 Bbl fresh water. Final pump pressure 600 PSI. Bump plug to 1000 PSI release pressure. Start + plug held
 Good cement returns to surface = 7 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	70	MILEAGE	4.20	294.00
1126A	130 sacs	thickset cement	20.16	2620.80
1116A	6.50#	5" Kol-seal/ks	.46	299.00
1107A	130#	1# phenoseal/ks	1.35	175.50
1135A	32"	1/4% CFI-115	11.08	354.56
5402A	7.15	tax mileage bulk tax	1.41	705.71
5502C	4 hrs	80 Bbl UAC tax	90.00	360.00
1123	3000 gals	city water	17.30/1000	51.90
			Subtotal	5946.47
			7.3% SALES TAX	255.63
			ESTIMATED TOTAL	6202.10

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

APR 13 110

Date	Start Time	Finish Time	Total Time
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Orderd by : New well, neoshoco

Lease : Leck

Company : PostRock

Well # : 30-12

Type of Job or Rig : ?

Job Description : Drive to loc Rig up Run in 5 1/2 casing,
Recip while cementing. Load clamp rig down

New a

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 : _____

Leck, Doris 30-12

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.47	42.22		Date: 6/27/13
2	42.49	84.46		Well Name & #: Leck 30-12
3	42.42	126.63		Township & Range: 30S-18E
4	42.49	168.87		County/State: Neosho/KS
5	42.52	211.14		AFE#: D13110
6	42.19	253.08		API# 15-133-27663-00-00
7	42.42	295.25		Comments: Projected TD- 1025'
8	42.52	337.52		
9	42.42	379.69		
10	42.42	421.86		Joins are numbered in Yellow
11	42.52	464.13		
12	42.49	506.37		Subs are in orange
13	42.49	551.61		
14	42.38	590.74		
15	42.57	633.06		
16	42.5	675.31		
17	42.51	717.57		Added these subs for flexibility to adjust to actual TD
18	42.41	759.73		
19	42.54	802.02		
20	42.44	844.21		Trailer# 932900
21	42.52	886.48		
22	42.39	928.62		Actual TD - 982
23	42.47	970.84		Log Bottom - 981.90
24	42.4	1012.99		Casing Tally - 974.88
25	15.14	1027.88		No Baffles
26	9.96	1037.59		Centralizers per SOP
27	5.04	974.88		
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PostRock Energy Corp.

