



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183248
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: _____

1183248

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: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	LECK, DORIS 30-17
Doc ID	1183248

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP



PostRock
Energy Corporation

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

TICKET NUMBER 8089
FIELD TICKET REF #
FOREMAN Nathan Gashman
AFE D13130
SSI
API 15-133-27668-00-00

TREATMENT REPORT
& FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
6-28-13	Leek, Doris 30-12			30	305	18 E	Neosho
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gashman	6:15	12:00		905525		5.75	Nathan Gashman
Chris Kincaid	6:00	12:00		902490	932900	6	Chris Kincaid

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 982 CASING SIZE & WEIGHT 5 1/2, 14"
CASING DEPTH 928.35 DRILL PIPE TUBING OTHER bus Jones rig
SLURRY WEIGHT 13.5 SLURRY VOL WATER gal/sk CEMENT LEFT IN CASING 0
DISPLACEMENT 23.9 DISPLACEMENT PSI 500 MIX PSI RATE 4.0

REMARKS: On location at 7:45. Ready to run casing at 8:15. Drilled pit with 80-Vac. Washed in final 8'. Ready to cement at 9:45. See COWS ticket for cement job details. Good circulation at all times. Good cement return to pit. No top off needed. Fair all 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	
		80 Vac	
902	1	Casing Truck	
932900	1	Casing Trailer	
	928.35	Casing	
	5	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	
		Chemhix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

AKC 103140
02/28/13

TICKET NUMBER 432311
LOCATION Levee
FOREMAN Rick Leibel

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	
10-28-13	10628	Levee, Davis 20-1				Neosho	
CUSTOMER Post Rock Energy Corp		MAILING ADDRESS 4402 Johnson Rd Chanute, KS					
CITY		STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Chanute		KS		478	Dave		
				1062	Chris B		

JOB TYPE 1/2 in HOLE SIZE 2 7/8 HOLE DEPTH 920' CASING SIZE & WEIGHT 5 1/2 11 1/2

CASING DEPTH 922.35 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT 13.5" SLURRY VOL 43.101 WATER gal/sk 9.0 CEMENT LEFT in CASING 0

DISPLACEMENT 23.8 cu DISPLACEMENT PSI 500 MIX PSI 1450 @ 4000 RATE 4 Bar

REMARKS: Solid cementing - Pump up to 500 psi casing, 1700 ft cement. Underflow 0' to 11620 Pump 500" psi. Check of hole, 14 Bar water spacer. Manual 129 500. Manual cement 1.5' 11620 seal 150 1" phasing to 1 7/8" 11620. 135" / gal. 200000 pump 1 hour. 12 hours pump. Operation of 23.8 cu. 1000 water. Final pump pressure 500 psi. Pump stop to 1450 psi. 14500 pressure. Check of hole. 1400 1400 cement returns to surface. 5 min sleep to get 200 complete. Pump down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	1	PUMP CHARGE		
5466	70	MILEAGE	1585.00	110950.00
			9.70	279.00
11260	130 cu	Manual cement	20.16	2620.80
11260	1650'	5" 11620 seal	.16	279.00
11260	1360'	1" phasing	1.35	175.50
11350	37"	11620 11620	11.02	359.56
54670	7.15	Low average bucket	1.91	265.21
55620	4 hrs	80 Bar water	90.06	360.06
1123	3000 gals	city water	17.90	537.00
			500 total	5941.47
			7.3%	SALES TAX
				255.63
				ESTIMATED TOTAL
				6,200.10

Revin 3737

AUTHORIZATION Nick Davis TITLE _____ DATE _____

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

Oil 12/31/50

Date	Start Time	Finish Time	Total Time
6-28-13			6:11

Orderd by: no name for washburn Lease: 1 week

Company: Post Rock Well #: 30 11

Type of Job or Rig: 3

Job Description: DRIVE TO JOE RIG UP, RUN IN SENSING
RECP. WHILE CEMENTING LIND. ABOVE RIG JOINT

None

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 : _____

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	6/26/2013
Date Completed	6/27/2013

Operator	A.P.I.#	County	State
Post Rock Energy	15-133-27688-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
30-17	Leck, Doris	30	30	18

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	4	20' 8 5/8	982	7 7/8

Formation Record

0-2	DIRT	780-835	SANDY SHALE		
2-66	SANDY SHALE	835-845	SAND / FAINT ODOR		
66-100	LIME	845-880	SANDY SHALE		
100-125	SANDY SHALE	880-982	SHALE		
125-155	SAND / DAMP	982	TD		
155-233	LIME				
233-239	SHALE				
239-274	LIME				
274-300	SHALE				
300-301	COAL				
301-332	SHALE				
332-336	LIME				
336-349	SANDY SHALE				
349-359	LIME				
359-363	SHALE				
363-400	LIME				
400-435	SHALE				
435-443	SAND				
443-516	SANDY SHALE				
516-517	COAL				
517-519	SHALE				
519-542	LIME (PAWNEE)				
542-582	SHALE				
581	WENT TO WATER				
582-612	LIME (OSWEGO)				
612-618	BLK SHALE (SUMMIT)				
618-635	LIME				
635-641	COAL				
641-645	LIME				
645-780	SHALE				