



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183446
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: _____

1183446

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
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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	WING LIVING TRUST 3-9
Doc ID	1183446

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP

Rig Number: 2	S. 3 T.28 R.16 E
API No. 15-205-28174	County: Wilson
Elev. 1033'	Location: SE-SW-NE-SW

Operator: Post Rock midcontinent Production	
Address: Oklahoma Tower 210 Park Ave Ste 2750 Oklahoma City OK 73102	
Well No: 3-9	Lease Name: Wing Living Trust
Footage Location: 1335 ft. from the (N) (S) Line	
	1725 ft. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC	
Spud date: 6/29/13	Geologist:
Date Completed: 7/1/13	Total Depth: 1260'

Gas Tests:	
880'	0
980'	Slight Blow
1080'	Same
Put oil on Pit from 1095' TO 1125'	

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

Inj water @ 460'			Well Log					
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
lime	0	32	card shab	809	826	shale	1063	1086
shale	32	144	oswego lime	826	841	coal	1086	1087
lime	144	160	Summit	841	851	land/shab	1087	1090
shale	160	284	lime	851	860	oil sand	1090	1115
lime	284	301	mulhey	860	867	coal	1115	1116
shale	301	314	lime	867	869	oil sand	1116	1127
lime	314	320	land/shale	869	871	water sand	1127	1133
sand	320	331	sand	871	896	sand/shale	1133	1177
lime	331	339	sand/shale	896	906	water sand	1177	1201
shale	339	362	shab	906	923	shale	1201	1209
lime	362	450	coal	923	924	coal	1209	1210
coal	450	481	shale	924	936	shale	1210	1236
shale	481	457	coal	936	937	coal	1236	1237
lime	457	544	shale	937	972	shale	1237	1247
shale	544	659	coal	972	973	shale	1247	1260
lime	659	682	shale	973	978	Mississippi		
sand	682	699	coal	978	980			
shale	699	703	shale	980	1007			
sand	703	715	coal	1007	1008			
coal	715	716	oil sand	1008	1017			
shale	716	769	land/shale	1017	1044			
coal	769	771	coal	1044	1045			
lime	771	792	shale	1045	1062			
shale	792	809	coal	1062	1063			



PostRock
Energy Corporation

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

TICKET NUMBER **8084**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13115
SSI _____
API 15-205-28124-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
7-2-13	Wing Living Trust 3-9			3	28S	16E	Wilson
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:00	12:00		905575		6	<i>Nathan Gahman</i>
Chris Kincaid	6:00	12:00		903142	932895	6	<i>Chris Kincaid</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1260 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1254.42 DRILL PIPE _____ TUBING _____ OTHER Bus Jones rig
 SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 30.6 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 7:45. Ready to run casing at 8:15.
Washed in final 10' of casing. Ready to cement at 9:30
See COWS ticket for cement job details. Good circulation
at all times. Good cement return to pit. Fair oil show
Well was very gassy during washing. No top off needed.

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	
903142	1	Casing Truck	
932895	1	Casing Trailer	
	1254.42	Casing	
	7	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	-	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	6 sks	Premium Gel	
		Cal Chloride	
		City Water	
	10 gal	Chemthix P Thixotropic Gelling Gel	
		KOL Seal	
	2 sks	Colton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

AFE # D13115
API # 15 205-25174

TICKET NUMBER 42978

LOCATION Europe KS

FOREMAN Shannon Feck

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
7-2-13	6625	WingLiving Trust 3-9				Wilson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Post Rock Energy Corp			445	Dave L		
MAILING ADDRESS			502	Jeremy M	(Hilbrad Tr)	
4402 Johnson Rd			77	Toby M	Mickey Trucking	
CITY	STATE	ZIP CODE				
Chanute	KS					

JOB TYPE 1/5th HOLE SIZE 7 7/8" HOLE DEPTH 1260' CASING SIZE & WEIGHT 5 7/8" @ 14 lb
 CASING DEPTH 1254.42' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 137 #/gal SLURRY VOL 55 Bbl WATER gal/sk 6.12 CEMENT LEFT in CASING Ø
 DISPLACEMENT 31 1/4 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 Ramp Plug RATE Displace @ 4 BPM

REMARKS: Safety meeting, Rig up to 5 1/2" casing, wash down 8' w/ 70 Bbl H2O. mixed 600 # gel flush w/ hulls ^{Gamma Gel} 10 Bbl H2O spacer. Mixed 210 SKS 50/50 Pozmix cement w/ 2% gel, 2% calcium, 3# cal-seal/sk, 5# kol-seal/sk, 1# phenoseal/sk & 1/4% CFL-115 @ 13.9 #/gal. Shut down wash out pump & lines, displace w/ 31 1/4 Bbl H2O. Final pumping pressure of 500 psi. Bumped plug @ 1000 psi. Plug & float hold, good circulation @ all times. 6th Bbl slurry to pit. Job complete.

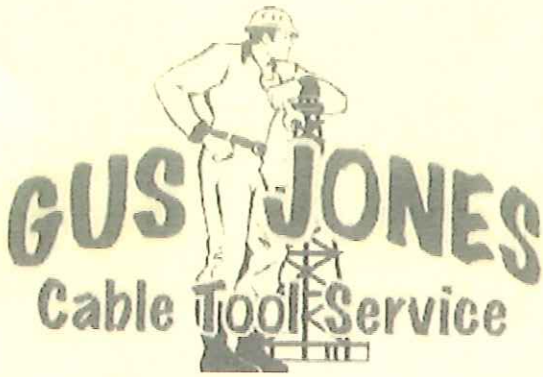
"Thanks Shannon & Crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	1055.00	1055.00	
5406	50	MILEAGE	4.20	210.00	
1124	210 SK	50/50 Pozmix cement	11.50	2300.00	
1118B	353 #	gel @ 2%	.27	77.66	
1102	353 #	calcium @ 2%	.78	275.34	
1101	630 #	cal-seal @ 3#/sk	.42	264.60	
1110A	1050 #	kol-seal @ 5#/sk	.46	483.00	
1107A	210 #	phenoseal @ 1#/sk	1.35	283.50	
1135A	50 #	CFL-115 @ 1/4%	11.08	554.00	
5407A	10 Tons	For mileage bulk Truck	1.71	705.00	
5502C	4 hrs	80 Bbl Vac Truck # 77 Mickey Trucking	90.00	360.00	
1173	3000 gals	city H2O	17.30/1000	5190	
			Sub Total	6650.00	
			6.15%	SALES TAX	263.83
			ESTIMATED TOTAL	6913.83	

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



149 RD 25 – Elk City, KS 67344
 (620) 332-7637 – Gus' Cell
 (620) 642-6315 - Office

Job Sheet

AP# D13115

Date: 6-2-13	Start Time:	Finish Time:	Total Time: 6 Hr min
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Company: PostRock

Lease: wing living trust

Well #: 3-9

<input checked="" type="checkbox"/> New Well	<input checked="" type="checkbox"/> Kansas	County Name:	<input type="checkbox"/> Rig 1	<input checked="" type="checkbox"/> Rig 3
<input type="checkbox"/> Old Well	<input type="checkbox"/> Oklahoma	Wilson	<input type="checkbox"/> Rig 2	<input type="checkbox"/> Gus

Work Performed

<input checked="" type="checkbox"/> Ran casing 5/2	<input checked="" type="checkbox"/> Casing tong x 1 tip	<input type="checkbox"/> Pump truck
<input type="checkbox"/> Pulled rods out	<input type="checkbox"/> Pump change	<input type="checkbox"/> Delivery truck
<input type="checkbox"/> Ran rods in	<input type="checkbox"/> Fishing job/Tool charge	<input type="checkbox"/> Mud Pump
<input type="checkbox"/> Pulled tubing out	<input type="checkbox"/> Replaced tubing joints	<input type="checkbox"/> Power swivel
<input type="checkbox"/> Ran tubing in	<input checked="" type="checkbox"/> Tong charge x 450	
<input type="checkbox"/> Stripping job	<input type="checkbox"/> Swabed	

Job Description: Drive to loc Rig up Run in 5/2 casing Recip white cement load clean Rig Down

[Signature]

Parts Used

Supplied by G.J.

<input type="checkbox"/> Swab cups	<input type="checkbox"/> Tubing subs	<input type="checkbox"/> Rod boxes
<input type="checkbox"/> Rod subs	<input type="checkbox"/> Tubing collars	<input type="checkbox"/> Drill bits
<input type="checkbox"/> Other		