



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183456
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: _____

1183456

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PostRock
Energy Corporation

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

TICKET NUMBER **8085**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13122
SSI _____
API 15-133-27674-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
7-3-13	Triplet, CW 6-1A		6	29S	19E	Neosho	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	8:00	12:00		905525		4	<i>N. Gahman</i>
Chris Kincaid	8:00	12:00		902490	932900	4	<i>C. Kincaid</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1057 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1051.97 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 25.7 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 8:15. Ready to run casing at 8:45. Washed in final 20'. Ready to cement at 10:00. See COWS ticket for cement job details. Good circulation at all times. Good cement return to pit. No oil show. Good gas 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	
902490	1	Casing Truck	
932900	1	Casing Trailer	
	1051.97	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	
		Chemthix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

APE # D13122
API # 15-133-27674

TICKET NUMBER 43242
LOCATION Furka KS
FOREMAN Shannon Lock

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
7-3-13	6625	Triplett, CW 6-1 A				Neosho
CUSTOMER Posi Rock Energy Corp			605			
MAILING ADDRESS 4402 Johnson Rd			Jones			
CITY Chanute		STATE KS	ZIP CODE			
TRUCK #		DRIVER		TRUCK #		DRIVER
445		Dave G				
611		Tony K				
77		Ruth m		Mcroy Trucking		

JOB TYPE 4/5 ° HOLE SIZE 7 7/8" HOLE DEPTH 1057' CASING SIZE & WEIGHT 5 1/2" @ 14#
 CASING DEPTH 1052' 6L DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL 52 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING φ
 DISPLACEMENT 26 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 Pump Plug RATE Displace @ 4 BPM

REMARKS: Rig up to 5 1/2" casing, wash down 5' w/ 70 Bbl H2O, mixed 600 # gel flush w/ bulls, 15 Bbl H2O spacer, mixed 140 sks thick set cement w/ 5 # Kat-seal/sk, 1 # Phenoseal/sk & 1/4 % CFL-115 @ 13.5 #/gal. Shut down wash out pump & lines, displace w/ 26 Bbl H2O. Final pumping pressure of 500 psi, pumped plug @ 1000 psi. Plug & float hold. Good circulation @ all times, 7 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	1085.00	1085.00
5406	70	MILEAGE	4.20	294.00
1126A	140 SKS	Thick Set Cement	20.16	2822.40
1110A	700 #	Kat-seal @ 5 #/sk	.46	322.00
1107A	140 #	Phenoseal @ 1 #/sk	1.35	189.00
1135A	33 #	CFL-115 @ 1/4 %	11.08	365.64
5407A	7.7 Tons	Ton mileage bulk Truck	1.41	759.97
5502C	4 HRS	50 Bbl vac Truck # 77 Mcroy Trucking	90.00	360.00
1123	3300 gal	city H2O	17.30/1000	57.09
			Subtotal	6255.12
			7.15% SALES TAX	268.56
			ESTIMATED TOTAL	6523.68

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.



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

Job Sheet *AFE D13122*

Date: <i>7-3-13</i>	Start Time:	Finish Time:	Total Time: <i>6 Hr min</i>
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Company: *PostRock* Lease: *Triplicity*

Well #: *6-1 A*

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

Work Performed

<input checked="" type="checkbox"/> Ran casing <i>5 1/2</i>	<input checked="" type="checkbox"/> Casing tong x <i>1 trip</i>	<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 type="checkbox"/> Tong charge x _____	
<input type="checkbox"/> Stripping job	<input type="checkbox"/> Swabed _____	

Job Description: *Drive to loc. Rig up Run in 5 1/2 casing Recif white cementing Land clamp Rig down*

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 _____		

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	7/1/2013
Date Completed	7/2/2013

Operator	A.P.I.#	County	State
Post Rock Energy	15-133-27674-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
6-1A	Tripplett, C W	6	29	19

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Gas	Brantley Thornton	5	23' 8 5/8	1057	7 7/8

Formation Record

0-2	MUD	715-716	COAL		
2-66	LIME	716-800	SHALE		
66-90	SANDY SHALE	800-910	SANDY SHALE		
90-100	LIME	910-926	SHALE		
100-101	COAL	926-930	BLK SHALE		
101-110	SANDY SHALE	930-939	SANDY SHALE		
110-181	LIME	939-967	SAND		
181-184	COAL	967-999	SHALE		
184-195	SHALE	999-1000	BLK SHALE / COAL		
195-210	LIME	1000-1010	SHALE		
210-275	SANDY SHALE	1010-1020	LIME (MISS.)		
275-284	LIME	1015	WENT TO WATER		
284-387	SANDY SHALE	1020-1057	CHAT / CHERT		
387-415	LIME (PAWNEE)	1057	TD		
415-481	SANDY SHALE				
481-508	LIME (OSWEGO)				
508-512	BLK SHALE (SUMMIT)	GAS TESTS:			
512-518	LIME	381	NO GAS		
518-524	BLK SHALE (MULKY)	507	NO GAS		
524-526	LIME	606	NO GAS		
526-596	SHALE	732	NO GAS		
596-597	COAL	1007	SLIGHT BLOW		
597-655	SANDY SHALE	1057	SLIGHT BLOW		
655-657	COAL				
657-665	SANDY SHALE				
665-667	COAL				
667-691	SANDY SHALE				
691-692	COAL				
692-715	SANDY SHALE				
692-715	COAL				