



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183463
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 |
|-----------------------------------|-----------------|---|

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: _____

1183463

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum |
|--|---|

| 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 |
|----------------|-------|---------|------------|---|

| | |
|---|--|
| 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> _____ |
|---|--|

| 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> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|--|---|

| | |
|-----------|--------------------------------------|
| Form | ACO1 - Well Completion |
| Operator | PostRock Midcontinent Production LLC |
| Well Name | GROSDIDIER, FRANCIS E 14-6 |
| Doc ID | 1183463 |

All Electric Logs Run

| |
|------|
| |
| CBL |
| CDL |
| NDL |
| DIL |
| TEMP |



PostRock
Energy Corporation

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

TICKET NUMBER **8128**
FIELD TICKET REF # _____
FOREMAN Chris Kincaid
AFE D13139
SSI _____
API 15-133-28682-00-00

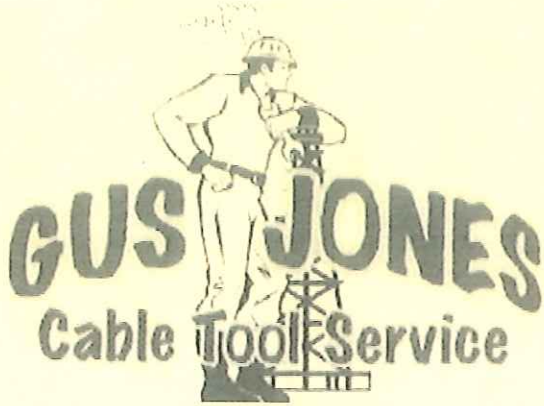
**TREATMENT REPORT
& FIELD TICKET CEMENT**

| DATE | WELL NAME & NUMBER | | SECTION | TOWNSHIP | RANGE | COUNTY | |
|----------------------|----------------------------|-------------|---------------|------------|--------------|----------------|-----------------------|
| 7-5-13 | Grasdieler, Francis E 14-6 | | 141 | 285 | 206 | Neosho | |
| FOREMAN/ OPERATOR | TIME IN | TIME OUT | LESS LUNCH | TRUCK # | TRAILER # | TRUCK HOURS | EMPLOYEE SIGNATURE |
| Chris Kincaid | 11:00 | 2:30 | | 905575 | | 3 1/2 | <i>[Signature]</i> |
| Michael Clines | 11:00 | 2:30 | | 903142 | 932895 | 3 1/2 | <i>[Signature]</i> |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

JOB TYPE Long string HOLE SIZE 7 7/8 HOLE DEPTH 671 CASING SIZE & WEIGHT 5 1/2, 14 1/2"
 CASING DEPTH 627.63 DRILL PIPE _____ TUBING _____ OTHER Cous Jones Rig
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 15.3 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 11:00. Ready to run casing at 11:30. Washed in last 15'. Ready to cement at 12:15. See Cous ticket for cement job details. Good circulation at all times. Good cement return to pit. Slight show of oil. 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 | |
| | 627.63 | Casing | |
| | 4 | Centralizers | |
| | 1 | Float Shoe | |
| | 1 | Wiper Plug | |
| | | Frac Baffles | |
| | | Portland Cement | |
| | | CSA-122 Sodium Silicate | |
| | | CGL-115 Cement Fluid Loss | |
| | 4 SKS | Premium Gel | |
| | | Cal Chloride | |
| | | City Water | |
| | | Chemthix-P Thixotropic | |
| | | KOL Seal | |
| | 1 SKS | Cotton Seed Hulls | |



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

Job Sheet

AFE D13139

| | | | |
|--------------|-------------|--------------|----------------------|
| Date: 7-5-13 | Start Time: | Finish Time: | Total Time: 6 Hr min |
|--------------|-------------|--------------|----------------------|

Company: Post Rock

Lease: Grosdidier

Well #: 14-L

| | | | | |
|--|--|------------------------|--------------------------------|---|
| <input checked="" type="checkbox"/> New Well | <input checked="" type="checkbox"/> Kansas | County Name: Neosho | <input type="checkbox"/> Rig 1 | <input checked="" type="checkbox"/> Rig 3 |
| <input 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 5/2 | <input checked="" type="checkbox"/> Casing tong x 1 | <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 5/2 casing
 RCIP while 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 _____ | | |

Grosdidier, Francis E. 14-6

| Pipe # | Joint Length | Running Total - NO threads | Baffle Location | PostRock Energy- Casing Tally Sheet |
|--------|--------------|----------------------------|-----------------|---|
| 1 | 26.9 | 26.65 | | Date: 7/5/13 |
| 2 | 42.45 | 68.85 | | Well Name & #: Grosdidier 14-6 |
| 3 | 33.86 | 102.46 | | Township & Range: 28S-20E |
| 4 | 42.32 | 144.53 | | County/State: Neosho/KS |
| 5 | 31.3 | 175.58 | | AFE#: D13139 |
| 6 | 42.2 | 217.53 | | API# 15-133-27682-00-00 |
| 7 | 42.38 | 259.66 | | Comments: Projected TD- 625' |
| 8 | 42.1 | 301.51 | | |
| 9 | 29.91 | 331.17 | | Joints are numbered in White |
| 10 | 37.26 | 368.18 | | |
| 11 | 42.09 | 410.02 | | Subs are in orange Avoid Collars 465-475 |
| 12 | 41.71 | 451.48 | | |
| 13 | 41.64 | 495.87 | | Added these subs for flexibility to adjust to actual TD |
| 14 | 41.96 | 534.58 | | |
| 15 | 42.43 | 576.76 | | |
| 16 | 36.7 | 613.21 | | |
| 17 | 10.16 | 623.12 | | Trailer# 932895 |
| 18 | 5.15 | 628.02 | | |
| 19 | 5.01 | 627.63 | | |
| 20 | | | | Actual TD - 631 Log Bottom - 628.90 Casing Tally - 627.63 No Baffles Centralizers per SOP |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 24 | | | | |
| 25 | | | | |
| 26 | | | | |
| 27 | | | | |
| 28 | | | | |
| 29 | | | | |
| 30 | | | | |
| 31 | | | | |
| 32 | | | | |
| 33 | | | | |
| 34 | | | | |
| 35 | | | | |
| 36 | | | | |
| 37 | | | | |
| 38 | | | | |
| 39 | | | | |
| 40 | | | | |

PostRock Energy Corp.