



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183701
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: _____

1183701

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	GROSDIDIER, FRANCIS E 14-8
Doc ID	1183701

All Electric Logs Run

CBL
CDL
NDL
DIL
TEMP

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

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

Operator	A.P.I #	County	State
Post Rock Energy	15-133-27683-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
14-8	Grosdidier, Francis E	14	28	20

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	4	22' 8 5/8	632	7 7/8

Formation Record

0-10	MUD	482-483	COAL		
10-45	SHALE	483-497	SHALE		
45-70	SANDY LIME	497-503	SAND		
45	LOTS OF WATER	503-512	SANDY SHALE		
70-80	SHALE	512-540	SHALE		
80-85	LIME	540-541	LIME		
85-96	LMY SHALE	541-600	SHALE		
96-126	SHALE	600-620	SANDY SHALE		
126-150	LIME	620-632	SHALE		
150-166	SHALE	632	TD		
166-169	LIME				
169-176	SHALE				
176-207	LIME (PAWNEE)				
207-215	BLK SHALE				
215-260	SHALE				
260-282	LIME (OSWEGO)				
282-291	BLK SHALE (SUMMIT)				
291-299	LIME				
299-303	BLK SHALE (MULKY)				
303-305	LIME				
305-312	SAND				
312-348	SANDY SHALE				
348-393	SHALE				
393-395	LIME				
395-397	BLK SHALE				
397-398	COAL (CROWBERG)				
398-451	SHALE				
451-462	SANDY SHALE				
462-471	SAND / LT ODOR				
471-482	SHALE				



PostRock
Energy Corporation

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

TICKET NUMBER **8129**
FIELD TICKET REF # _____
FOREMAN Chris Kincaid
AFE D13140
SSI _____
API 15-133-27683-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
7-5-13	Groschdier, Francis E. 14-8		14	28S	20E	Neosho	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Chris Kincaid	6:00	11:00		905575		5	<i>[Signature]</i>
Michael Clinas	6:15	11:00		903142	932895	4 3/4	<i>[Signature]</i>

JOB TYPE Long string HOLE SIZE 7 7/8 HOLE DEPTH 631 CASING SIZE & WEIGHT 5 1/2, 14 1/2"
 CASING DEPTH 623.45 DRILL PIPE _____ TUBING _____ OTHER Bus Jones Rig
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 15.2 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 7:30. Ready to casing at 8:45. Washed on final 15'. Ready to cement at 10:00. See COB's ticket for cement job details. Good circulation at all times. Good cement return to pit. NO oil show. 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	
	623.45	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 SK	Colton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 43240

LOCATION Evieva

FOREMAN Rene Ladd-Guid

AJE# D13146
AP# 15-133-271073

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-5-13	16622	Granddaddy 14-8				Neosho
CUSTOMER Post Rock Energy Corp			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 4402 Johnson Rd			520	John		
CITY STATE ZIP CODE Chanute KS			1667	Chris B.		
			88	Rudy M (MCCOY 700)		

JOB TYPE 1150 HOLE SIZE 7 7/8 HOLE DEPTH 631' CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH 623.45 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.3" SLURRY VOL 32 bbl WATER gal/sk 90 CEMENT LEFT in CASING 0'
 DISPLACEMENT 15.2 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 Pump/100 RATE 4 BPM

REMARKS: Safety meeting - Rig up to 5 1/2" casing & 1" cement & 1" mudline to P.B.T.D. Pump
 400" of 1" flush & 1" hells, 10 bbl water spacer, 7 bbl dye water. Mixed 85 wt cement
 cement w/ 5" Kal-seal/ku 1" phenosol/ku & 1/4" CR-115 @ 13.3"/gal washed pump & line release
 plus. Displace w/ 15' Bbl fresh water. Final pump pressure 500 psi. Pump plug to 1000 PSI.
 release pressure float & plug hold. Grand cement redheads surface = 5 bbl slurry to pit. Job complete.
 Rig down

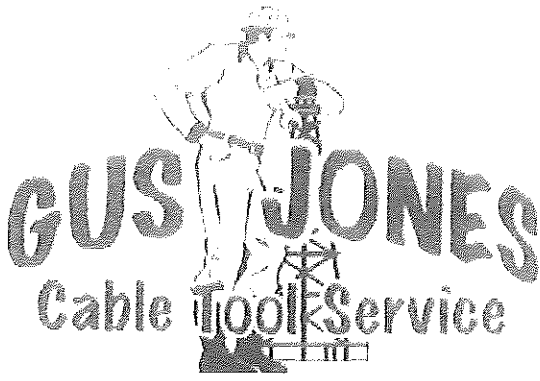
Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	70	MILEAGE 1 st well of 2	4.26	294.00
1126A	85 sacs	Chicvet cement	20.16	1713.60
1110A	475'	5" Kal-seal/ku	.46	195.50
1107A	85'	1" phenosol/ku	1.35	114.75
1135A	21'	1/4" CR-115	11.08	232.68
5407A	4.67	for mileage back tire	1.41	460.93
5502C	3 1/2 hrs	80 bbl vac time	90.00	315.00
1122	3000 gals	city water	17.30/1000	51.90
			subtotal	4463.36
			SALES TAX 7.50%	165.05
			ESTIMATED TOTAL	4628.41

Ravin 3737

AUTHORIZATION _____ 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

ADD 13140

Date: 5-13	Start Time:	Finish Time:	Total Time: 6 1/2 hrs
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Company: Post Proc

Lease: Gus Jones

Well #: 111-8

<input checked="" type="checkbox"/> New Well	<input checked="" type="checkbox"/> Kansas	County Name: DePue	<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'	<input checked="" type="checkbox"/> Casing tong x 4'	<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 the log down to 5' in 5' in casing. Break while connecting and start 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. 14-8

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	31.6	31.35		Date: 7/5/13
2	32.8	63.9		Well Name & #: Grosdidier 14-8
3	42.34	105.99		Township & Range: 28S-20E
4	42.32	148.06		County/State: Neosho/KS
5	31.11	178.92		AFE#: D13140
6	42.35	221.02		API# 15-133-27683-00-00
7	42.45	263.22		Comments: Projected TD- 625'
8	45.43	308.4		
9	29.6	337.75		Joints are numbered in Yellow
10	42.34	379.84		
11	42.16	421.75		Subs are in orange
20	5.24	426.74		
13	41.8	471.29		Avoid Collars 458-466
14	41.66	509.7		Added these subs for flexibility to adjust to actual TD
15	42.42	551.87		
16	42.01	593.63		
17	15.26	566.63		
18	10.4	576.78		
19	5.15	581.68		Trailer# 932895
12	42.02	623.45		
21				Actual TD - 631 Log Bottom - 624.80 Casing Tally - 623.45 No Baffles Centralizers per SOP
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PostRock Energy Corp.