



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1185545
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: _____

1185545

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	BAILEY, MARION L 14-18
Doc ID	1185545

All Electric Logs Run

DIL
CDL
NDL
TEMP
CBL

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	7/12/2013
Date Completed	7/15/2013

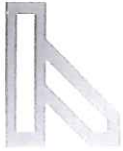
Operator	A.P.I #	County	State
Post Rock Energy	15-133-27686-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
14-18	Balley, Marlon L	14	28	18

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Billy Thornton	4	23' 8 5/8	957	7 7/8

Formation Record

0-6	DIRT	650-652	SHALE		
6-41	SHALE	652-653	COAL		
41-116	LIME	653-671	SHALE		
116-123	BLACK SHALE	671-672	COAL		
123-127	LIME	672-699	SANDY SHALE		
127-131	SANDY SHALE /DAMP	699-701	BLACK SHALE		
131-166	SAND	701-707	SHALE		
166-186	LIME	707-709	COAL		
186-196	SHALE	709-726	SAND		
196-207	LIME	726-736	SANDY SHALE		
207-213	BLACK SHALE	736-744	SAND / OIL ODOR		
213-282	LIME	744-759	SHALE		
282-291	BLACK SHALE	759-760	COAL		
291-313	LIME	760-784	SHALE		
313-320	SHALE	784-788	SAND		
320-373	LIME	788-792	SANDY SHALE		
373-446	SHALE	792-837	SAND / GOOD ODOR		
446-455	LIME	837-850	SANDY SHALE		
455-458	SHALE	850-851	COAL		
458-494	LIME (PAWNEE)	851-892	SHALE		
494-500	BLK SHALE (LEXINGTON)	892-894	COAL		
500-508	SHALE	894-926	SHALE		
508-538	SAND	926-927	COAL		
538-559	LIME (OSWEGO)	927-931	SHALE		
559-566	BLK SHALE (SUMMIT)	931-932	COAL		
566-570	LIME	932-957	SHALE		
570-575	BLK SHALE	957	TD		
575-577	LIME				
577-649	SHALE				
649-650	LIME				



PostRock
Energy Corporation

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

TICKET NUMBER **8086**
FIELD TICKET REF # _____
FOREMAN Nathan Gabura
AFE D13159
SSI _____
API 15-133-27686-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
7-16-13	Bailey, Marion L, 14-18			14	28S	18E	Neosho
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gabura	6:00	1:00		905575		7	<i>[Signature]</i>
Chris Kincaid	6:00	12:30		903142	932895	6.5	<i>[Signature]</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 957 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 951.47 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 23.2 DISPLACEMENT PSI 400 MIX PSI _____ RATE 4.0

REMARKS: On location 8:15. Ready to run casing at 8:45. Washed in final 20' of casing. Ready to cement at 9:45. See COWS ticket for cement job details. Good circulation at all times. Good cement return to pit. Trace oil show. Well was very gassy while 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	
	951.47	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

AFF D13159
APJ 15-133-27686

TICKET NUMBER 43246
LOCATION Encke 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
7-16-13	6628	Boiley 14-18				Neosho
CUSTOMER Post Rock Energy Corp			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 4402 Johnson Rd			445	Dave G		
CITY STATE ZIP CODE Chanute KS			611	Joey K		
			83	Alan G	Murray Trucking	

JOB TYPE 1/5 0 HOLE SIZE 7 7/8" HOLE DEPTH 957' CASING SIZE & WEIGHT 5 1/2" @ 14#
 CASING DEPTH 951.47' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5# SLURRY VOL _____ WATER gal/sk 9.0 CEMENT LEFT in CASING 0
 DISPLACEMENT 23.3 Bbl DISPLACEMENT PSI 400 MIX PSI Bump plug @ 900 RATE Displace @ 4 BPM

REMARKS: Rig up to 5 1/2" casing, wash down 15' w/ 50 Bbl 1120, mixed 500# gel flush w/ balls, 10 Bbl 1120 spacer, mixed 125 sks Thick set cement w/ 5# kat seal/sk, 1# phenoseal/sk & 1/4" CIL 115 @ 13.5 #/gal. Shut down wash out pump & lines, displace w/ 23.3 Bbl 1120. Final pressure of 400 psi, bumped plug @ 900 psi. Good circulation @ all times, 7 Bbl slurry to pit. Job complete

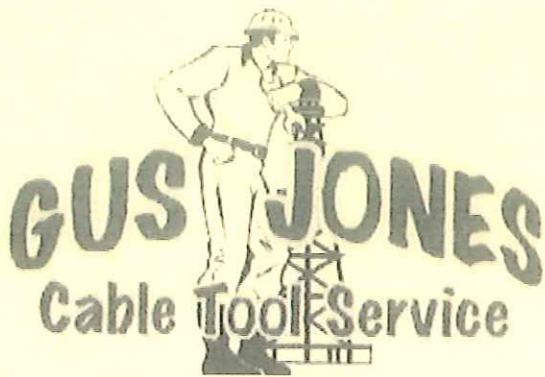
"Thanks Shannon & crew"

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
1176A	125 sks	Thick set cement	20.16	2520.00
1110A	675 #	kat seal @ 5#/sk	.46	287.50
1107A	125 #	Phenoseal @ 1#/sk	1.35	168.75
1135A	30 #	CIL-115 @ 1/4"	11.08	332.40
5407A	6.88 tons	Ton mileage bulk truck	1.41	679.15
5502C	4.5 hrs	80 Bbl vac truck Murray Trucking	90.00	405.00
1123	2000 gal	city 1120	17.24/1000	344.60
			Subtotal	5806.30
			7.15%	SALES TAX 239.04
			ESTIMATED TOTAL	6045.34

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 1713759

Date: 7-16-13	Start Time:	Finish Time:	Total Time: 6 Hr min
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Company: Post-Rock

Lease: Bailey

Well #: 141-18

<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		<input type="checkbox"/> Rig 2	<input type="checkbox"/> Gus

Work Performed

<input checked="" type="checkbox"/> Ran casing 5 1/2	<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 1/2 casing Recip white cementing land clamp 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 _____		

Bailey, Marion L. 14-18

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	44.45	44.2		Date: 7/16/13
2	44.45	88.4		Well Name & #: Bailey, M 14-18
3	44.43	132.58		Township & Range: 28S-18E
4	44.42	176.75		County/State: Neosho/KS
5	44.45	220.95		AFE#: D13159
6	44.46	265.16		API# 15-133-27686-00-00
7	44.46	309.37		Comments: Projected TD- 940'
8	43.79	352.91		
9	44.03	396.69		Joints are numbered in White
10	44.12	440.56		
11	44.46	484.77		Avoid Collars 795-812
12	44.47	528.99		Subs are in orange
13	44.46	576.2		
14	44.46	617.41		
15	44.45	661.61		
16	44.46	705.82		
17	44.46	750.03		Added these subs for
18	44.4	794.18		flexibility to adjust to actual TD
19	44.44	838.37		
20	44.41	882.53		Trailer# 932895
21	44.46	926.74		
22	15	941.49		Actual TD - 957
23	10.23	951.47		Log Bottom - 947.80
24	5.15	956.37		Casing Tally - 951.47
25				No Baffles
26				Centralizers per SOP
27				
28				
29				
30				
31				
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PostRock Energy Corp.