



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1185546
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: _____

1185546

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> _____ <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, MARK E 10-5
Doc ID	1185546

All Electric Logs Run

CBL
DIL
NDL
CDL
TEMP



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

TICKET NUMBER **8088**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13141
SSI _____
API 15-205-28191-00-00

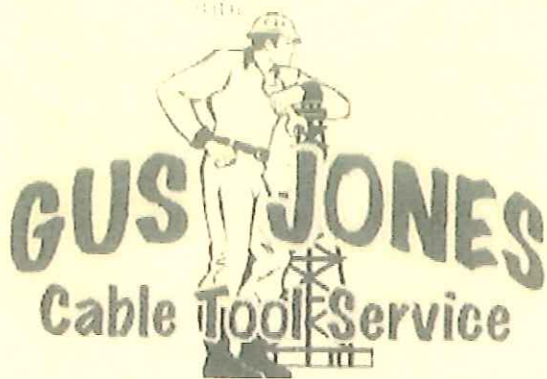
**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
7-17-13	Wing. Mark E 10-5		10	285	16E	Wilson	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	11:00	5:00	4:00	905525		5	<i>Nathan Gahman</i>
Chris Kincaid	11:00	4:00		902490	932900	5	<i>Chris Kincaid</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1220 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1215.88 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
 SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 29.7 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 11:15. Ready to run casing at 11:40
Washed in final 20'. Ready to cement at 1:30. See
COWS ticket for cement job details. Good circulation
at all times. Good cement return to pit. Trace
oil 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	
	1215.88'	Casing	
	2	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	-	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	65 kls	Premium Gel	
	10 gal	Cal Chloride, Casing Gel	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



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

Job Sheet

AFE# D13141

Date: <i>7-17-13</i>	Start Time:	Finish Time:	Total Time: <i>6 Hrs min</i>
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Company: *Post Rock*

Lease: *neosh wing*

Well #: *10-5*

<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	<i>neosh</i>	<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</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 well Rig up Run in 5 1/2 casing Recip white cementing Land clear 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 _____		

Wing Mark E. 10-5

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	44.41	44.16		Date: 7/17/13
2	44.44	88.35		Well Name & #: Wing 10-5
3	44.49	132.59		Township & Range: 28S-16E
4	44.46	176.8		County/State: Wilson/KS
5	44.44	220.99		AFE#: D13141
6	44.44	265.18		API# 15-205-28191-00-00
7	44.44	309.37		Comments: Projected TD- 1220'
8	44.44	353.56		
9	44.44	397.75		
10	44.46	441.96		Joints are numbered in White
11	44.47	486.18		
12	44.45	530.38		Subs are in orange
13	44.43	577.56		Avoid collars 1106 - 1118
14	44.11	618.42		
15	44.12	662.29		
16	44.1	706.14		
17	43.81	749.7		Added these subs for flexibility to adjust to actual TD
18	43.74	793.19		
19	44.45	837.39		
20	44.46	881.6		Trailer# 932900
21	44.45	925.8		
22	44.47	970.02		Actual TD - 1220
23	44.45	1014.22		Log Bottom - 1217.90
24	44.45	1058.42		Casing Tally - 1215.88
25	44.46	1102.63		No Baffles
26	44.45	1146.83		Centralizers per SOP
27	44.47	1191.05		
28	15.01	1205.81		
29	10.32	1215.88		
30	5.01	1220.64		
31	5	1225.39		
32				
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PostRock Energy Corp.