



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1185571
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: _____

1185571

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
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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

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	MIH, MARIAM L 10-15
Doc ID	1185571

All Electric Logs Run

CBL
DIL
NDL
CDL
TEMP



PostRock
Energy Corporation

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

TICKET NUMBER **8090**
FIELD TICKET REF # _____
FOREMAN Nathan Gabman
AFE D131043
SSI _____
API 15-133-27689-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
7-19-13	Mih, Mariani L. 10-15		10	28S	19E	Neosho	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gabman	6:00	12:00		905575		6	<i>Nathan Gabman</i>
Chris Kinegid	6:00	11:30		903142	932895	5.5	<i>Chris Kinegid</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 832 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 825.32 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 20.1 DISPLACEMENT PSI 400 MIX PSI _____ RATE 4.0

REMARKS: On location at 7:45. Ready to run casing at 8:30. Did not have to wash in any 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. 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	
	825.32	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	Colton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 43254
LOCATION Linola, KS
FOREMAN Shannon Lock

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-19-13	6628	Mit, Madam 10-15				Woods
CUSTOMER Post Rock Energy Corp			Gus Jones			
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			445	Dave G		
STATE KS			611	Tracy K		
ZIP CODE			77	Purdy M	McVoy Trucking	

JOB TYPE U/S HOLE SIZE 7 1/2" HOLE DEPTH 832' CASING SIZE & WEIGHT 5 1/2" @ H-4
 CASING DEPTH 825.37 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 # SLURRY VOL 47 Bbl WATER gal/sk 50 CEMENT LEFT in CASING 0
 DISPLACEMENT 20.7 Bbl DISPLACEMENT PSI 400 MIX PSI 900 Bump Plug RATE Displace @ 4 BPM

REMARKS: Rig up to 5 1/2" casing, wash down 3' w/ 50 Tbl H2O, mixed 120 SKS Thickset Cement w/ 5 # kotseal/1" x, 1 # phos seal/1" x & 1/4" CFL 115 @ 13.5 #/gal. Shut down wash out pump & lines, displace w/ 20.7 Bbl H2O, Final pumping pressure of 400 psi, bumped plug @ 900 psi. Plug + float hold, Good circulation @ 9/11 times, 8 Tbl 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	120 SKS	Thickset Cement	20.16	2419.20
1110A	600 #	kotseal @ 5 #/sk	.46	276.00
1167A	120 #	phos seal @ 1 #/sk	1.35	162.00
1135A	29 #	CFL-115 @ 1/4"	11.08	321.32
5407A	6 ⁶ Tons	Ton mileage Lull Truck	1.41	651.42
5502C	4 Hrs	20 Bbl Van Truck # 77 McVoy Trucking	90.00	360.00
1123	3000 gals	city H2O	17.30/1000	51.90
			Sub total	5620.81
			SALES TAX	230.97
			ESTIMATED TOTAL	5851.81

Ravin 3737

AUTHORIZATION Not Good 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.

GUS JONES, LLC

Cable Tool Service
 149 RD 25 • Elk City, KS 67344
 (620) 642-6315

JOB SHEET

AFF# 013143

Date <u>7-19-13</u>	Start Time	Finish Time	Total Time <u>6 Hrs</u>
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Orderd by : New well Mesko Lease : MTH

Company : Post Rock Well # : 10-15

Type of Job or Rig : Rig 3

Job Description : Drive to loc Rig up Run in

5' in casing Rec'd while cementing tool clamp
Rig down

Not in

Fishing Tool or Packer Rental Charges \$ _____

Power Tong Charge \$ _____ (Per Trip In or Out) Number of trips _____

Parts Used : Supplied By G.J. Economy Other _____

Valve Cups _____	Working Barrels _____
Ball & Seats _____	Swab Cups _____
Seating Cups _____	Other _____

Discription of Other : _____

Mih, Mariam L. 10-15

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	44.47	44.22		Date: 7/19/13
2	44.48	88.45		Well Name & #: Mih 10-15
3	44.49	132.69		Township & Range: 28S-19E
4	44.48	176.92		County/State: Neosho/KS
5	44.44	221.11		AFE#: D13143
6	44.46	265.32		API# 15-133-27689-00-00
7	44.46	309.53		Comments:
8	44.47	353.75		Projected TD- 835'
9	44.48	397.98		Avoid Collars 702-716 & 727-736
10	44.48	442.21		Joints are numbered in Yellow
11	44.46	486.42		
12	44.47	530.64		Subs are in orange
13	44.45	577.84		
14	44.47	619.06		
15	44.46	663.27		
20 16	44.47	707.49		
17	44.47	751.71		Added these subs for
18	44.5	795.96		flexibility to adjust to actual TD
19	44.48	840.19		
16 20	15.23	810.69		Trailer# 932895
21	10.37	820.81		
22	10.2	830.76		Actual TD - 832
23	5.01	825.32		Log Bottom - 831.40
24				Casing Tally - 825.32
25				No Baffles
26				Centralizers per SOP
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PostRock Energy Corp.