



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1185572
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: _____

1185572

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> <i>(Submit ACO-4)</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	KRAMER, JERRY L 20-3
Doc ID	1185572

All Electric Logs Run

CDL
NDL
DIL
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	7/18/2013
Date Completed	7/19/2013

Operator	A.P.I #	County	State
Post Rock Energy	15-133-27695-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
20-3	Kramer, Jerry L	20	29	19

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	4	20' 8 5/8	832	7 7/8

Formation Record

0-8	MUD	641-675	SANDY SHALE		
8-15	SANDY LIME	675-676	COAL		
15-20	LIME	676-700	SANDY SHALE / DAMP		
20-66	LIME	700-727	SAND		
66-195	SHALE	727-740	SAND / ODOR & SHOW		
195-220	LIME	740-741	COAL		
220-315	SHALE	741-780	SANDY SHALE		
315-350	LIME	780-832	SHALE		
350-421	SHALE	832	TD		
421-422	COAL				
422-431	SAND				
431-456	LIME (PAWNEE)				
456-460	BLK SHALE				
460-470	SHALE				
470-475	LIME				
475-490	SHALE				
490-491	COAL				
491-503	SANDY SHALE				
503-524	LIME (OSWEGO)				
524-531	BLK SHALE (SUMMIT)				
531-538	LIME				
538-544	BLK SHALE (MULKY)				
544-546	LIME				
546-560	SAND				
560-617	SANDY SHALE				
617-618	COAL				
618-632	SANDY SHALE				
632-633	COAL				
633-640	SHALE				
640-641	COAL				



PostRock
Energy Corporation

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

TICKET NUMBER **8099**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13155
SSI 636790
API 15-158-27695-00-00

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
7-20-13	Kramer, Jerry L. 20-3			20	29S	19E	Neosho
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:00	12:00		905525		6	<i>Nathan Gahman</i>
Chris Kincaid	6:00	12:00		903142	932895	6	<i>Chris Kincaid</i>
Wes Gahman	6:00	11:00		903414	932705	5	<i>Wes Gahman</i>
Erik Bauer	6:50	10:00		904745		3.5	<i>Erik Bauer</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 852 CASING SIZE & WEIGHT 5 1/2, 14#
CASING DEPTH 852.69 DRILL PIPE _____ TUBING _____ OTHER Gvs Jones rig
SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
DISPLACEMENT 20.8 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 7:45. Ready to run casing at 8:15
Washed in final 20'. Ready to cement at 9:30. 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	
903414	1	Transport Truck	
932705	1	Transport Trailer	
904745	1	80 Vac	
903142	1	Casing Truck	
932895	1	Casing Trailer	
	852.69'	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	
		Chemhix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

AFE D13155

TICKET NUMBER 43278

LOCATION Eur. 150

FOREMAN Steve McNeil

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
7-20-13	6628	Kramer, Jerry 20-2				Meashe
CUSTOMER Past Rock Energy Corp.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 4407 Johnson Rd.			495	Alan m		
CITY Chanute			667	ED		
STATE KS		ZIP CODE				

JOB TYPE LIS 0 HOLE SIZE 7 7/8 HOLE DEPTH 857 CASING SIZE & WEIGHT 5 1/2 141
 CASING DEPTH 852.69 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 135# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 21 bbls DISPLACEMENT PSI 500# Bump plug 1000# MIX PSI _____ RATE 14 bbl per min

REMARKS: Safety Meeting. Rig up to 5 1/2 casing with wash head. Break Circulation w/ 15 bbls Fresh water. Pump total 5 bbls Fresh water. Mix 500# Gel Flush w/ Halls + 10 bbl water spacer. Mix 120 sks Thick set Cement w/ 5" Kal Seal + 1" Phenaseal 1st pack + 1/4% CFI 115. Wash out pump lines shut down. Rebase plug. Displace with 21 bbls Fresh water. Final Pumping Pressure 500# Bump plug 1000#. Food cement Returns 7 bbl to pit. Job complete. Rig down.

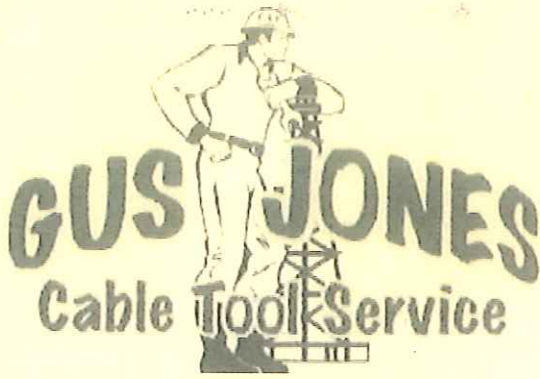
Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	.70	MILEAGE	420	294.00
1126A	120 sks	Thickset Cement	20.16	2419.20
1110A	600 #	Kal-Seal	.46	276.00
1107A	120 #	Phenaseal 1 st pack	1.35	162.00
1135A	30 #	1/4% CFI 115	11.08	332.40
5407A	66 mi	Ten Mileage Bulk Truck	1.41	651.42
			SubTotal	5220.02
			7.15% SALES TAX	228.06
			ESTIMATED TOTAL	5448.08

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# D13155

Date: 7-20-13	Start Time:	Finish Time:	Total Time: 6 Hr min
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Company: PostRock

Lease: Kramer

Well #: 20-3

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

Work Performed

<input checked="" type="checkbox"/> Ran casing <u>5/2</u>	<input checked="" type="checkbox"/> Casing tong x <u>1</u>	<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 ins $\frac{1}{2}$ casing
 Recip 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 <u>Datum</u>		

Kramer, Jerry L. 20-3

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	44.44	44.19		Date: 7/20/13
2	44.45	88.39		Well Name & #: Kramer 20-3
3	44.47	132.61		Township & Range: 29S-19E
4	44.46	176.82		County/State: Neosho/KS
5	44.43	221		AFE#: D13155
6	44.06	264.81		API# 15-133-27688-00-00  
7	44.07	308.63		Comments: Projected TD- 840'
8	44.45	352.83		
9	44.45	397.03		Joints are numbered in Yellow
10	44.47	441.25		
11	44.45	485.45		Avoid Collars 732-750
12	44.13	529.33		Subs are in orange
13	44.05	576.13		
14	44.43	617.31		
15	44.45	661.51		
20	10.12	671.38		
17	44.45	715.58		Added these subs for flexibility to adjust to actual TD
18	44.2	759.53		
19	44.48	803.76		
16	44.44	847.95		Trailer# 932895
21	4.99	852.69		
22				Actual TD - 857
23				Log Bottom - 860.20
24				Casing Tally - 852.69
25				No Baffles
26				Centralizers per SOP
27				
28				
29				
30				
31				
32				
33				
34				
35				
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37				
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40				

PostRock Energy Corp.