



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1185584
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: _____

1185584

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	WING, MARK E 10-7
Doc ID	1185584

All Electric Logs Run

CDL
NDL
DIL
TEMP
CBL

Rig Number: 2	S. 10 T. 28 R. 16 E
API No. 15-205-28193	County: Wilson
Elev. 1053	Location: SE-SE-NW-NE

Gas Tests:
881' Slight Blow
1181' Same

Operator: Post Rock midcontinent Production
Address: Oklahoma Tower 210 Park Ave ste 2750 Oklahoma city OK 73102
Well No: 10-7 Lease Name: wing, mark E
Footage Location: 1165 ft. from the (N) (S) Line
1445 ft. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC
Spud date: 7/16/13 Geologist:
Date Completed: 7/20/13 Total Depth: 1220'

Casing Record		Rig Time:
	Surface	Production
Size Hole:	11"	7 7/8"
Size Casing:	8 5/8"	
Weight:	23#	
Setting Depth:	23	Post Rock
Type Cement:	port	4 "
Sacks:	5	

Put a little oil on pit
From 1125' to 1133'

Tri water @ 450'			Well Log					
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
sand	0	1	OSW	837	855			
lime	1	34	shale	855	862			
shale	34	151	lime	862	871			
lime	151	175	shale	871	877			
shale	175	212	lime	877	879			
lime	212	226	shale	879	894			
shale	226	279	oil sand	894	901			
lime	279	304	sand	901	923			
sand	304	311	sand shale	923	958			
lime	311	328	con	958	959			
shale	328	367	shale	959	1018			
lime	367	369	coal	1018	1019			
shale	369	374	shale	1019	1101			
lime	374	403	coal	1101	1102			
sand	403	408	2nd Wash	1102	1110			
lime	408	443	oil sand	1110	1123			
sand	443	486	coal	1123	1124			
lime	486	548	oil sand	1124	1133			
shale	548	720	sand shale	1133	1152			
lime	720	736	oil sand	1152	1158			
shale	736	741	water sand	1158	1214			
sand shale	741	779	shale	1214	1220			
lime	779	801						
shale	801	837						



PostRock
Energy Corporation

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

TICKET NUMBER **8100**
FIELD TICKET REF # _____
FOREMAN Darrell Cheney
AFE D13143
SSI _____
API 15-205-28193-00-00

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
7-22-13	Wing, Mark E. 10-7		10	28S	16E	Wilson	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Darrell Cheney	12:00	4:45		804810		4.75	<i>[Signature]</i>
Michael Clines	12:00	4:30		903142	932895	4.5	<i>[Signature]</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1220 CASING SIZE & WEIGHT 5.5/14
CASING DEPTH 1213.93 DRILL PIPE _____ TUBING _____ OTHER 6us Jones 1 1/2
SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
DISPLACEMENT 30 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: washed in around 20' Did have light showing of oil

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
904810	1	Foreman Pickup	
Cows	1	Cement Pump Truck	
Cows	1	Bulk Truck	
Cows	1	Transport Truck	
Cows	1	Transport Trailer	
Cows	1	80 Vac	
903142	1	Casing Truck	
932895	1	Casing Trailer	
	1213.93	Casing	
	7	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	1	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	6	Premium Gel	
		Cal Chloride	
		City Water	
	5 gal	Chemthix-P Thixotropic <u>Gamma Gel</u>	
		KOL Seal	
	1	Colton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

APC # D13143
API # 15 265 22193

TICKET NUMBER 43321
LOCATION Livonia 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
7-22-13	6628	Wing, well #10-7				
CUSTOMER Post Rock Energy Corp			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 4402 Johnson Rd			605 Tomas			
CITY STATE ZIP CODE Chanute KS			445 Dave G 611 Jory K 77 Ruby M McCoy Trucking			

JOB TYPE L/S HOLE SIZE 7 1/2" HOLE DEPTH 1770' CASING SIZE & WEIGHT 5 1/2" @ 14#
 CASING DEPTH 1213 93' 6" DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13 9# SLURRY VOL 56 Bbl WATER gal/sk 600 CEMENT LEFT in CASING 0
 DISPLACEMENT 30 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 Pump Mfg RATE Displace @ 1 BPM

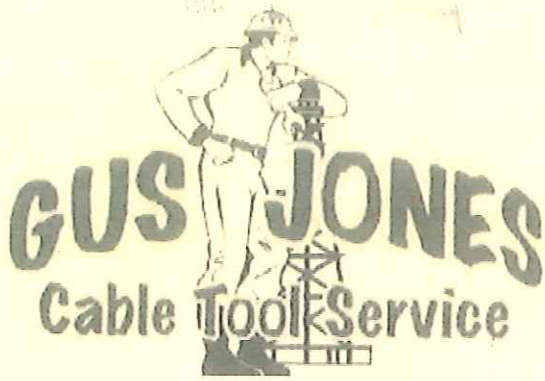
REMARKS: Rig up to 5 1/2" casing, wash down 20' w/ 70 Bbl, mixed 600 # gel flush w/ hulls, 5 gal gamma gel, 5 Bbl spacer, mixed 205 SKS 50/50 permix cement w/ 2% gel, 2% calcium, 3# cal-seal, 5# kat-seal, 1# phenoseal, + 1/4% CFL-115 @ 13.9 #/gal. Shut down wash out pump & lines. Displace w/ 30 Bbl H₂O. Final pumping pressure of 500 PSI, bumped plug @ 1000 PSI, Plug & Float held. Good circulation @ all times. 9 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	20	MILEAGE # 2 of 2 wells	4.20	84.00
1124	205 SKS	50/50 permix cement	11.50	2357.50
1118 B	345 #	gel @ 2%	.22	75.90
1102	345 #	Calcium @ 2%	.78	269.10
1101	615 #	cal-seal @ 3 #/5#	.42	258.30
1110 A	1075 #	kat-seal @ 5 #/5#	.46	471.50
1107 A	205 #	phenoseal @ 1 #/5#	1.35	276.75
1135 A	50 #	CFL-115 @ 1/4%	11.08	554.00
5407 A	9.84 Tons	Tom mileage bulk Truck (x 50 miles)	1.41	693.72
5502 C	4 Hrs	50 Bbl Jar Truck # 77 McCoy Trucking	90.00	360.00
			Sub Total	6485.77
			7.15% SALES TAX	304.80
			ESTIMATED TOTAL	6790.57

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

AFLH D13143

Date: <i>7-22-13</i>	Start Time:	Finish Time:	Total Time: <i>6 hrs min</i>
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Company: *Post Rock*

Lease: *wing*

Well #: *10-7*

<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>Wilson</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 loc Ry up Run in 5 1/2 casing
 Recip white cementing band clamp Ry 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 <i>Dump</i>		

Wing, Mark E. 10-7

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	44.44	44.19		Date: 7/22/13
2	44.45	88.39		Well Name & #: Wing 10-7
3	44.47	132.61		Township & Range: 28S-16E
4	44.49	176.85		County/State: Wilson/KS
5	44.46	221.06		AFE#: D13143
6	44.48	265.29		API# 15-205-28193-00-00
7	44.47	309.51		Comments: Projected TD- 1220'
8	44.47	353.73		
9	44.49	397.97		Avoid Collars 1112-1125
10	44.47	442.19		Joints are numbered in White
11	44.51	486.45		
12	44.5	530.7		
13	44.5	577.95		Subs are in orange
14	44.49	619.19		
15	44.51	663.45		
16	44.51	707.71		
17	44.49	751.95		
18	44.48	796.18		Added these subs for flexibility to adjust to actual TD
19	44.47	840.4		
20	44.46	884.61		Trailer# 932895
21	44.45	928.81		
22	44.48	973.04		
23	44.46	1017.25		Actual TD - 1220
24	44.5	1061.5		Log Bottom -1221.30
25	44.48	1105.73		Casing Tally - 1213.93
26	44.48	1149.96		No Baffles
27	44.48	1194.19		Centralizers per SOP
28	15.26	1209.2		
29	10.38	1219.33		
30	5.23	1213.93		
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PostRock Energy Corp.