



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1185745  
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: \_\_\_\_\_

1185745

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	WING, MARK E 10-11
Doc ID	1185745

All Electric Logs Run

DIL
CDL
NDL
TEMP
CBL

Rig Number: 2	S. 10 T. 28 R. 16E
API No. 15-205-28196	County: Wilson
Elev. 1054'	Location: SE-NE-SE-NE

Operator: Post Rock midcontinent Production	
Address: Oklahoma Tower 210 Park Ave Ste 2750 Oklahoma city OK 73102	
Well No: 10-11	Lease Name: Wing, mark E
Footage Location: 1820 ft. from the (N) (S) Line	180 ft. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC	
Spud date: 7/20/13	Geologist:
Date Completed: 7/22/13	Total Depth: 1220'

Gas Tests:
881' 0
1081' Slight Blow
1181' Same

Casing Record		Rig Time:
	Surface	Production
Size Hole:	11"	7 7/8"
Size Casing:	8 5/8"	
Weight:	23#	
Setting Depth:	23.5'	Post Rock
Type Cement:	Port	" "
Sacks:	5	

Put oil on Pit From  
1129' TO 1134'

Inj water @ 300'			Well Log					
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
Top Soil	0	5	lime	860	879			
lime	5	22	mulley	870	876			
shale	22	132	lime	876	879			
lime	132	161	shale	879	883			
shale	161	239	oil sand	883	892			
sand	239	241	band/shale	892	927			
lime	241	246	coal	927	928			
shale	246	249	shale	928	974			
band	249	312	coal	974	975			
shale	312	331	shale	975	1009			
lime	331	403	coal	1009	1010			
shale	403	409	oil sand	1010	1021			
lime	409	436	band	1021	1024			
shale	436	527	shale	1024	1038			
lime	527	547	band/shale	1038	1096			
shale	547	657	coal	1096	1097			
lime	657	682	shale	1097	1104			
band	682	699	oil sand	1104	1134			
shale	699	732	coal	1134	1135			
band	732	769	oil sand	1135	1172			
lime	769	797	water band	1172	1201			
shale	797	831	band/shale	1201	1220			
oswego lime	831	852						
summit	852	860						



**PostRock**  
Energy Corporation

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

TICKET NUMBER **8103**  
FIELD TICKET REF # \_\_\_\_\_  
FOREMAN Nathan Gabmey  
AFE D13146  
SSI \_\_\_\_\_  
API 15-205-28196-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
7-23-13	Wing, Mark E. 10-11			10	28S	16E	Wilson
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gabmey	11:00	3:30		905575		4.5	<i>[Signature]</i>
Mike Cling	11:00	3:00		903142	932895	4	<i>[Signature]</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1220 CASING SIZE & WEIGHT 5 1/2, 14#  
 CASING DEPTH 1214.91 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Gus Jones rig  
 SLURRY WEIGHT 13.9 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 0  
 DISPLACEMENT 29.6 DISPLACEMENT PSI 500 MIX PSI \_\_\_\_\_ RATE 4.0

REMARKS: On location at 11:30. Read to run casing at 11:45. Washed in final 20'. Ready to cement at 1:00. 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	
	1214.91'	Casing	
	7	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	6 sks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix:P Thixotropic	
	5.991	KOLSech Gamm Gel	
	1 sk	Cotton 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 43324  
LOCATION Eureka L5  
FOREMAN Shannon Fack

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-23-13	6625	Liberty, March #11-11				11/509
CUSTOMER Post Rock Energy Corp			GWS Jones			
MAILING ADDRESS 4402 Johnson Rd						
CITY Chanute		STATE KS	ZIP CODE			
TRUCK #		DRIVER		TRUCK #		DRIVER
445		Dove G				
611		Tony K				
77		Rody M		Mcloy Trucking		

JOB TYPE U/S HOLE SIZE 7 1/2" HOLE DEPTH 1220' CASING SIZE & WEIGHT 5 1/2" @ 14.0  
 CASING DEPTH 1214.916L DRILL PIPE --- TUBING --- OTHER ---  
 SLURRY WEIGHT 139 # SLURRY VOL 54 Bbl WATER gal/sk 6.02 CEMENT LEFT in CASING 0  
 DISPLACEMENT 30 Bbl DISPLACEMENT PSI 500 MIX PSI Pump Plug @ 100 RATE Displace @ 4 BPPM

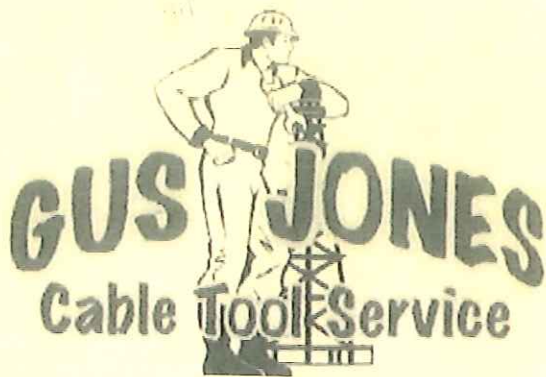
REMARKS: Rig up to 5 1/2" casing, wash down 20' w/ 70 Bbl H2O, mixed 600 # gel. Flush w/ balls, 10 Bbl H2O spacer, 5 gallons gamma gel, mixed 200 sls 50/50 portmix cement w/ 2% gel, 2% calcium, 3 # cal-seal, 5 # kot-seal, 1 # phenoseal & 1/4 % CFL-115 @ 13.9 #/gal, shut down wash out pump & lines, displace w/ 30 Bbl H2O, final pumping pressure at 500 psi, bumped plug @ 100 psi. Plug & float hold, good circulation @ all times, 8 Bbl slurry to pipe. Job complete.

Thanks Shannon & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1055.00	1055.00
5406	20	MILEAGE # 20 @ 7 wells	4.20	84.00
1174	200 sls	50/50 portmix cement	11.50	2300.00
1178B	336 #	gel @ 2%	.22	73.92
1102	336 #	calcium @ 2%	.78	262.08
1101	600 #	cal-seal @ 3 #/sk	.42	252.00
1110A	1000 #	kot-seal @ 5 #/sk	.46	460.00
1107A	200 #	phenoseal @ 1 #/sk	1.35	270.00
1135A	50 #	CFL-115 @ 1/4 %	11.08	554.00
5407A	9.6 Tons	Ton mileage bulk truck (x 50 miles)	1.41	676.80
5502C	3.5 Hrs	80 Bbl Vac Truck #77 Mcloy Trucking	90.00	315.00
			Subtotal	6332.80
			6.15% SALES TAX	256.57
			ESTIMATED TOTAL	6589.37

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

*AFF D13146*

Date: <i>7-28-13</i>	Start Time:	Finish Time:	Total Time: <i>6 Hr min</i>
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Company: *PostRock*

Lease: *wing*

Well #: *10-11*

<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>5/2</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 Rig, up Run in 5/2 casing Recip white cementing Land clamp R, 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. 10-11

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	44.44	44.19		Date: 7/23/13
2	42.48	86.42		Well Name & #: Wing 10-11
3	42.56	128.73		Township & Range: 28S-16E
4	42.55	171.03		County/State: Wilson/KS
5	42.55	213.33		AFE#: D13146
6	42.5	255.58		API# 15-205-28196-00-00
7	42.5	297.83		Comments: Projected TD- 1220'
8	42.54	340.12		
9	42.57	382.44		Joints are numbered in White
10	42.54	424.73		
11	42.52	467		Avoid Collars 1115-1130
12	42.49	509.24		Subs are in orange
13	42.53	554.52		Added these subs for flexibility to adjust to actual TD
14	42.51	593.78		
15	42.53	636.06		
16	42.46	678.27		
17	42.5	720.52		
18	42.52	762.79		
19	42.52	805.06		
20	42.5	847.31		
21	42.47	889.53		Trailer# 932895
22	42.5	931.78		Actual TD - 1220
23	42.49	974.02		Log Bottom - 1217.90
24	42.52	1016.29		Casing Tally - 1214.91
25	42.5	1058.54		No Baffles
26	42.49	1100.78		Centralizers per SOP
27	42.52	1143.05		
28	42.49	1185.29		
29	19.99	1205.03		
30	15.24	1220.02		
31	10.38	1214.91		
32	5.01	1219.67		
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PostRock Energy Corp.