



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1185753
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: _____

1185753

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	PAFF, JERALD L 2-2
Doc ID	1185753

All Electric Logs Run

CBL
CDL
NDL
DIL
TEMP

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	7/19/2013
Date Completed	7/22/2013

Operator	A.P.I #	County	State
Post Rock Energy	15-133-27697-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
2-2	Paff, Jerald L	2	30	17

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	4	25' 8 5/8	1082	7 7/8

Formation Record

0-6	MUD	749-751	LIME		
6-25	LMY SAND	751-754	COAL		
25-31	LMY SHALE	754-832	SANDY SHALE		
31-110	SHALE	832-833	COAL		
110-140	LIME	833-905	SANDY SHALE		
140-150	SANDY SHALE	905-929	SAND		
150-225	LIME	929-955	SAND / GOOD ODOR & SHOW		
225-226	COAL	955-1000	SAND / ODOR		
226-230	SANDY LIME	1000-1020	SANDY SHALE / ODOR		
230-250	SHALE	1025	WENT TO WATER		
250-325	LIME	1020-1055	SANDY SHALE / LOTS OF WATER		
325-385	SANDY SHALE	1055-1082	SHALE		
385-425	LIME	1082	TD		
425-440	SANDY SHALE				
440-450	LIME				
450-555	SANDY SHALE				
555-600	LIME (PAWNEE)				
600-601	COAL				
601-608	LIME				
608-623	SANDY SHALE				
623-624	COAL				
624-631	SANDY LIME				
631-658	LIME (OSWEGO)				
658-662	BLK SHALE (SUMMIT)				
662-673	LIME				
673-679	BLK SHALE (MULKY)				
679-682	LIME				
682-728	SANDY SHALE				
728-729	COAL				
729-749	SANDY SHALE				



PostRock
Energy Corporation

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

TICKET NUMBER **8102**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13146
SSI _____
API 15-133-27697-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER				SECTION	TOWNSHIP	RANGE	COUNTY
7-23-13	Paff, Jerald L. 2-2				2	30S	17E	Neosho
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE	
Nathan Gahman	6:00	11:00		905575		5	N.G.	
Mik Clines	6:30	11:06		903142	932895	4.5	M.C.	

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1081 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1026.23 DRILL PIPE _____ TUBING _____ OTHER Bus Jones rig
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 26.3 DISPLACEMENT PSI 450 MIX PSI _____ RATE 4.0

REMARKS: On location at 8:00. Ready to run casing at 8:30
Washed in final 15', Ready to cement at 9:30. See
COWS ticket for cement job details. Good circulation
at all times. Good cement return to pit. Great 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	
	1026.23	Casing	
	6	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	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

API # ~~013310~~ D13153
API # 15-133-27697

TICKET NUMBER 43323
LOCATION Evrate KS
FOREMAN Shannon Tech

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
7-23-13	6628	Paff # 2-2				Neosho
CUSTOMER Post Rock Energy Corp			605 Jones			
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			445	Dave G		
STATE KS			479	Colby N		
ZIP CODE			77	Rudy M	Mcloy Trucking	

JOB TYPE L/S HOLE SIZE 7 7/8 HOLE DEPTH 1080' CASING SIZE & WEIGHT 5 1/2" @ 14 #/ft
 CASING DEPTH 1076.23 DRILL PIPE --- TUBING --- OTHER ---
 SLURRY WEIGHT 135 # SLURRY VOL 50 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0
 DISPLACEMENT 26.6 Bbl DISPLACEMENT PSI 450 MIX PSI 950 Bump 1/2 RATE Displace @ 4 BPM

REMARKS: Rig up to 5 1/2" casing. Break circulation w/ 60 Bbl 1120, washed down 15' mixed 600 # gel Flush w/ hols, to 13bl 1120 spacer, mixed 135 sks Thick set cement w/ 5 # kot-seal/sk, 1 # phenoseal/sk & 1/4 % CTL-115 @ 135 #/gal. Shut down wash out pump & lines, displace w/ 26.6 Bbl 1120. Final pumping pressure of 450 psi, bumped plug @ 950 psi. Plug & float held, good circulation for all times, 6-7 Bbl slurry to pit. Job complete.

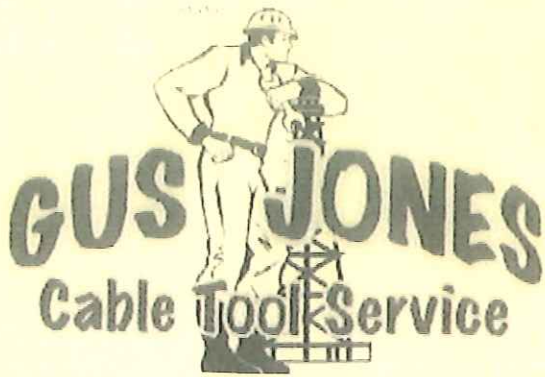
"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	70	MILEAGE #1 of 2 wells	4.20	294.00
1126A	135 sks	Thickset Cement	20.16	2721.60
1110A	675 #	Kot-seal @ 5 #/sk	.46	310.50
1107A	135 #	Phenoseal @ 1 #/sk	1.35	182.25
1135A	32 #	CTL-115 @ 1/4 %	11.08	354.56
5407A	7.12 tons	Ton mileage bulk Truck	1.41	732.35
5522C	4 hrs	80 Bbl Vac Truck #77 Mcloy Trucking	90.00	360.00
1123	3300 gal	city 1120	17.50/1000	57.75
			Sub Total	6097.35
			SALES TAX 7.15%	259.25
			ESTIMATED TOTAL	6356.60

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 D13153

Date: 7-23-13	Start Time:	Finish Time:	Total Time: 6hr min
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Company: Post-Rock Lease: Pull
 Well #: 2-2

<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	neosho	<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"/> Ran rods in _____	<input type="checkbox"/> Fishing job/Tool charge _____	<input type="checkbox"/> Delivery truck _____
<input type="checkbox"/> Pulled tubing out _____	<input type="checkbox"/> Replaced tubing joints _____	_____
<input type="checkbox"/> Ran tubing in _____	<input type="checkbox"/> Tong charge x _____	<input type="checkbox"/> Mud Pump _____
<input type="checkbox"/> Stripping job	<input type="checkbox"/> Swabed _____	<input type="checkbox"/> Power swivel _____

Job Description: Drive to loc Rig up Run in
 5/2 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 _____		

Paff, Jerald L. 2-2

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.42	42.17		Date: 7/23/13
2	42.44	84.36		Well Name & #: Paff 2-2
3	42.48	126.59		Township & Range: 30S-17E
4	42.48	168.82		County/State: Neosho/KS
5	44.51	213.08		AFE#: D13146
6	44.51	257.34		API# 15-133-27697-00-00
7	44.55	301.64		Comments:
8	44.54	345.93		Projected TD- 1060'
9	44.53	390.21		Avoid Collars 920-956
10	44.55	434.51		Joints are numbered in Yellow
11	44.52	478.78		
12	44.53	523.06		Subs are in orange
13	44.54	570.35		
14	44.55	611.65		
15	44.56	655.96		
16	44.53	700.24		
17	44.53	744.52		Added these subs for
18	44.52	788.79		flexibility to adjust to actual TD
19	44.53	833.07		
20	44.52	877.34		Trailer# 932895
21	42.56	919.65		
22	42.5	961.9		Driller TD - 1057
23	42.53	1004.18		Log Bottom - 1081.10
24	42.5	1046.43		Casing Tally - 1076.23
25	15.02	1061.2		No Baffles
26	10.2	1071.15		Centralizers per SOP
27	5.33	1076.23		
28				
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PostRock Energy Corp.