



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1186395
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
-----------------------------------	-----------------	---

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: _____

1186395

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	WING, MARK E 10-8
Doc ID	1186395

All Electric Logs Run

CBL
CDL
NDL
DIL
TEMP

Rig Number: 2	S. 10 T. 28 R. 16E
API No. 15-205-28194	County: Wilson
Elev. 1047'	Location SE-NE-SW-NE

Operator: Post Rock midcontinent Production	
Address: Oklahoma Tower 210 Park Ave Ste 2750 Oklahoma City OK 73102	
Well No: 10-8	Lease Name: Wing, mark E
Footage Location:	820 ft. from the (N) (S) Line 1445 ft. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC	
Spud date: 7/22/13	Geologist:
Date Completed: 7/23/13	Total Depth: 1220'

Gas Tests:	
881'	Slight Blow
1081'	Same
1181'	Same
Put oil on Pit From 1009' TO 1130'	

Casing Record			Rig Time:
Surface	Production		
Size Hole: 11"	7 7/8"		
Size Casing: 8 7/8"			
Weight: 23#			
Setting Depth: 22'	Post Rock		
Type Cement: port	" "		
Sacks: 5			

Inj water @ 300'			Well Log					
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
Top Soil	0	5	Mulkey	861	865	Sand/Shale	1154	1167
lime	5	27	lime	865	867	Water Sand	1167	1193
shale	27	145	shale	867	870	Sand/Shale	1193	1220
lime	145	179	oil sand	870	877			
shale	179	257	Sand/Shale	877	915			
lime	257	276	shale	915	921			
Sand	276	318	coal	921	922			
lime	318	321	shale	922	944			
Shale	321	359	coal	944	945			
lime	359	441	shale	945	975			
Sand	441	470	coal	975	976			
lime	470	546	shale	976	999			
Shale	546	624	coal	999	1000			
lime	624	647	shale	1000	1012			
shale	647	662	Sand/Shale	1012	1046			
lime	662	668	coal	1046	1047			
shale	668	720	Shale	1047	1076			
sand	720	728	coal	1076	1077			
coal shale	728	768	shale	1077	1088			
lime	768	790	coal	1088	1089			
shale	790	829	shale	1089	1096			
Supers lime	829	847	oil sand	1096	1144			
Summit	847	853	Sand/Shale	1144	1150			
lime	853	861	oil sand	1150	1154			



PostRock
Energy Corporation

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

TICKET NUMBER **8104**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13144
SSI _____
API 15-205-28194-00-00

TREATMENT REPORT
& FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
7-24-13	Wing. Mark E 10-8			10	285	16E	Wilson
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>
Mik. Clines	5:45	12:00		903142	932895	6.25	<i>Mik Clines</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1220 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1212.28 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
 SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 29.7 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 8:00. Ready to run casing at 8:30. (Loaded casing and gel before leaving shop). Washed in final 20'. Ready to cement at 9:45. See COWS ticket for cement job details. Good circulation at all times. Good cement return to pit. Very Good oil show. May need top off.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905525	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
903142	1	Casing Truck	
932895	1	Casing Trailer	
	1212.28'	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	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

AFE # 01314
API # 15-205-20194

TICKET NUMBER 43326
LOCATION Foreka, KS
FOREMAN Shannon Fack

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			
7-24-13	6628	Wing, Mark # 10-8				Wilson			
CUSTOMER Post Rock Energy Corp			BUS						
MAILING ADDRESS 4402 Johnson Rd			JOHNS						
CITY Chanute		STATE KS	ZIP CODE						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		445		Dave G					
		515		marter R					
		77		Rudy M		Melroy Trucking			

JOB TYPE 4/5 HOLE SIZE 4 1/2" HOLE DEPTH 1220' CASING SIZE & WEIGHT 5 1/2" @ 14.4
 CASING DEPTH 1217.28' DRILL PIPE --- TUBING --- OTHER ---
 SLURRY WEIGHT 13.714' SLURRY VOL 54 Bbl WATER gal/sk 6.2 CEMENT LEFT in CASING 0
 DISPLACEMENT 30.2 DISPLACEMENT PSI 500 MIX PSI 1000 Bump Plug RATE Displace @ 4 BPM

REMARKS: Rig up to 5 1/2" casing, wash down 15' w/ 70 Bbl H2O, mixed 600# gel flush w/ hulls no gamma bet, 15 Bbl H2O spacer, mixed 200# cement w/ 2% gel, 2% calcium, 3# cal-seal, 5# kol-seal, 1# phenoseal & 1/4% CFL-115 @ 13.9 #/gal. Shut down wash out pump 1 line, displace w/ 30.2 Bbl H2O. Final pumping pressure of 500 psi, bumped plug @ 1000 psi, plug & float held. Good circulation @ all times, 6 Bbl slurry to fix. 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	50	MILEAGE	4.20	210.00	
1124	200 SKS	50/50 portmit cement	11.50	2300.00	
1115 B	336 #	gel @ 2%	.22	73.92	
1102	336 #	calcium @ 2%	.78	262.08	
1101	600 #	cal-seal @ 3 #/sk	.42	252.00	
1110 A	1000 #	kol-seal @ 5 #/sk	.46	460.00	
1107 A	200 #	phenoseal @ 1 #/sk	1.35	270.00	
1135 A	50 #	CFL-115 @ 11/4%	11.08	554.00	
5407 A	96 tons	ton mileage bulk truck	1.71	676.80	
5502 C	4 Hrs	50 Bbl vac truck # 77 melroy trucking	90.00	360.00	
1123	3000 gals	city H2O	17.30/1000	51.90	
			Sub Total	6555.70	
			6.15%	SALES TAX	259.76
			ESTIMATED TOTAL	6815.46	

AUTHORIZATION Nash 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# D13144

Date: 7-24-12	Start Time:	Finish Time:	Total Time: 6 Hrs min
---------------	-------------	--------------	-----------------------

Company: PostRock

Lease: wing

Well #: 10-8

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

Work Performed

<input checked="" type="checkbox"/> Ran casing 5 1/2	<input checked="" type="checkbox"/> Casing tong x 1	<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 1/2 casing Recip white cemently 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		

Wing, Mark E. 10-8

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	44.5	44.25		Date: 7/24/13
2	38.21	82.21		Well Name & #: Wing, Mark 10-8
3	38.3	120.26		Township & Range: 28S-16E
4	44.52	164.53		County/State: Wilson/KS
5	44.53	208.81		AFE#: D13144
6	44.53	253.09		API# 15-205-28194-00-00
7	44.54	297.38		Comments: Projected TD- 1220
8	44.54	341.67		
9	44.51	385.93		Joints are numbered in White
10	44.54	430.22		
11	44.52	474.49		Avoid Collars 1096-1114
12	44.54	518.78		Subs are in orange
13	44.53	566.06		
14	44.53	607.34		
15	44.54	651.63		
16	44.56	695.94		
17	44.5	740.19		Added these subs for
18	44.52	784.46		flexibility to adjust to actual TD
19	44.52	828.73		
20	44.56	873.04		Trailer# 932895
21	44.54	917.33		
22	44.52	961.6		Actual TD - 1220
23	44.5	1005.85		Log Bottom - 1222.40
24	44.52	1050.12		Casing Tally - 1217.28
25	44.53	1094.4		No Baffles
26	44.53	1138.68		Centralizers per SOP
27	44.55	1182.98		
28	15.24	1197.97		
29	15.05	1212.77		
30	10.45	1222.97		
31	5.01	1217.28		
32				
33				
34				
35				
36				
37				
38				
39				
40				

PostRock Energy Corp.