



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1186560  
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: \_\_\_\_\_

1186560

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
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<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> <i>(Submit ACO-4)</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 10-9
Doc ID	1186560

All Electric Logs Run

DIL
CDL
NDL
TEMP
CBL





**PostRock**  
Energy Corporation

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

TICKET NUMBER **8105**  
FIELD TICKET REF # \_\_\_\_\_  
FOREMAN Nathan Gahman  
AFE D13145  
SSI \_\_\_\_\_  
API 15-205-28198-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
7-25-13	Wing, Mark E. 10-9			10	28S	16E	Wilson
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	8:00	1:00		905525		5	<i>[Signature]</i>
Mike Cline	8:00	12:30		902490	932900	4.5	<i>[Signature]</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1220 CASING SIZE & WEIGHT 5 1/2, 14#  
 CASING DEPTH 1216.93 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Bus 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 8:45. Ready to run casing at 9:15. Washed in final 25'. Ready to cement at 10:45. See COWS ticket for cement job details. Good circulation at all times. Good cement return to pit. 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	
902490	1	Casing Truck	
932900	1	Casing Trailer	
	1216.93	Casing	
	2	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 # D13145  
APT # 15-205-28198

TICKET NUMBER 43328  
LOCATION Foraka 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			
7-25-13	6628	Wing, Mark # 10-9				Wilson			
CUSTOMER Post Rock Energy Corp			605						
MAILING ADDRESS 4402 Johnson Rd			Jones						
CITY Chanute		STATE KS	ZIP CODE						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		445		Dave G					
		611		Tony K					
		77		Rody M		Murray Trucking			

JOB TYPE U/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 1220' CASING SIZE & WEIGHT 5 1/2" @ 14#  
 CASING DEPTH 1216.9361 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.9 # SLURRY VOL 54 Bbl WATER gal/sk 6.02 CEMENT LEFT in CASING 0  
 DISPLACEMENT 30.2 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 Bump Plug RATE Displace @ 4 BPM

REMARKS: Dig up to 5 1/2" casing, wash down 25' w/ 70 Bbl H2O. mixed 600# gel flush w/ hulk, no gamma gel 10 Bbl H2O spacer, mixed 200 SKS 50/50 permit 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 & line, displace w/ 30.2 Bbl H2O. Final pumping pressure of 500 psi, bumped plug @ 1000 psi. Plug & float held. Good circulation @ all times, 6-7 Bbl slurry to pit. Job complete.

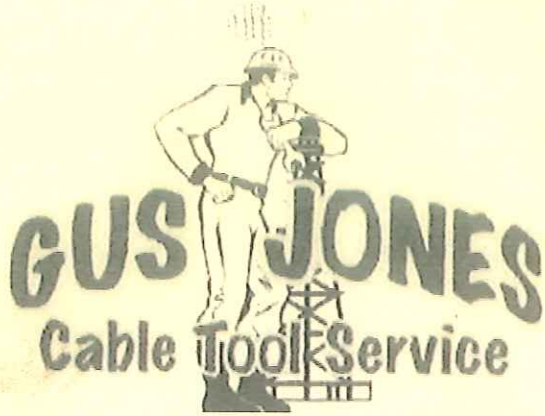
"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
1124	200 SKS	50/50 permit cement	11.50	2300.00
115B	336 #	Gel @ 2%	.22	73.92
1102	336 #	Calcium @ 2%	.78	262.08
1101	600 #	cal-seal @ 3#/sk	.42	252.00
1110A	1000 #	kol-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	1.41	676.80
5502C	4 Hrs	80 Bbl Vac Truck #77 Murray Trucking	90.00	360.00
1123	3000 gal	city H2O	17.30/1000	51.90
			Sub Total	6555.70
			SALES TAX 6.15%	259.76
			ESTIMATED TOTAL	6815.46

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

ACE D13145

Date: 7-25-13	Start Time:	Finish Time:	Total Time: 6 Hr min
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Company: Post Rock

Lease: wing

Well #: 10-9

<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 40 Run in 5 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		



# Wing, Mark E. 10-9

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	44.53	44.28		Date: 7/25/13
2	44.54	88.57		Well Name & #: Wing, Mark 10-9
3	44.5	132.82		Township & Range: 28S-16E
4	44.54	177.11		County/State: Wilson/KS
5	44.49	221.35		AFE#: D13145
6	44.52	265.62		API# 15-205-28198-00-00
7	44.55	309.92		Comments: Projected TD- 1060'
8	44.53	354.2		
9	44.51	398.46		Avoid Collars 1095-1113
10	44.53	442.74		Joints are numbered in Yellow
11	44.52	487.01		Subs are in orange
12	44.52	531.28		
13	44.53	578.56		Added these subs for flexibility to adjust to actual TD
14	44.53	619.84		
15	44.51	664.1		
16	44.55	708.4		
17	44.54	752.69		Trailer# 932900
18	44.53	796.97		
19	44.54	841.26		From Wing 10-8
20	44.55	885.56		
21	44.51	929.82		
22	44.51	974.08		
23	44.5	1018.33		
24	44.52	1062.6		
27	44.49	1106.84		From Wing 10-8
26	44.46	1151.05		
25	44.56	1195.36		
25	16.82	1212.68		Actual TD - 1220
26	15.02	1227.45		
27	7.95	1235.15		
28	5	1216.93		Log Bottom - 1214.20
29				Casing Tally - 1216.93
30				No Baffles
31				Centralizers per SOP
32				
33				
34				
35				
36				
37				
38				
39				
40				