



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1187123  
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: \_\_\_\_\_

1187123

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

<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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	HARDIN, B 27-9
Doc ID	1187123

All Electric Logs Run

CDL
DIL
NDL
TEMP
CBL



PostRock  
Energy Corporation

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

TICKET NUMBER **8107**  
FIELD TICKET REF # \_\_\_\_\_  
FOREMAN Nathan Gabman  
AFE D13167  
SSI \_\_\_\_\_  
API 15-205-28203-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
7-27-13	Hardin, B 27-9			27	27S	17E	Wilson
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gabman	6:00	11:00		905575		5	<i>Nathan Gabman</i>
Mike Clines	6:00			903142	932895	5	<i>Mike Clines</i>
Wes Gabman	6:00			903414	932705	5	<i>Wes Gabman</i>
Greg Blackman	6:30			903605	932235	4.5	<i>Greg Blackman</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1032 CASING SIZE & WEIGHT 5 1/2, 14#  
 CASING DEPTH 1022.56 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Gus Jones rig  
 SLURRY WEIGHT 13.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 0  
 DISPLACEMENT 25.1 DISPLACEMENT PSI 400 MIX PSI \_\_\_\_\_ RATE 4.0

REMARKS: Set up on location at 7:45. Rig crew on location at 8:15  
Ready to run casing at 8:30. Washed in final 15'. Ready  
to cement at 9:45. 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	
903414	1	Transport Truck	
932705	1	Transport Trailer	
931610	1	<del>80</del> Vac Dozer	
903142	1	Casing Truck	
932895	1	Casing Trailer	
	1022.56	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	-	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	5 sks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemhix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



**CONSOLIDATED**  
Oil Well Services, LLC

AFE # D13167  
API # 15-205-28703

TICKET NUMBER 43331  
LOCATION Eureka, 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			
7-27-13	6628	Harting, B #27-9				Wagon			
CUSTOMER Post Rock Energy Corp			65						
MAILING ADDRESS 4402 Johnson Rd			Jones						
CITY Chanute		STATE KS	ZIP CODE						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		445		Dave G					
		515		Marle R					
		77		Rody W		McLoy Trucking			
		x-tri head		Colby N					

JOB TYPE L/S HOLE SIZE 7 1/8" HOLE DEPTH 1032' CASING SIZE & WEIGHT 5 1/2" @ 17#  
 CASING DEPTH 1027 56 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5 # SLURRY VOL 49 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0  
 DISPLACEMENT 25.5 Bbl DISPLACEMENT PSI 400 MIX PSI 900 Rmp plug RATE Displace @ 4 BPM

REMARKS: Rig up to 5 1/2" casing, wash down 10' w/ 65 Bbl H<sub>2</sub>O, mixed 500 # gel flush w/ hulls, 10 Bbl H<sub>2</sub>O Spacer, mixed 135 sacks Thickset cement w/ 5 # kot-seal, 1 # phenoseal & 1/4 % CFL-115 @ 13.5 #/gal. Shut down wash out pump & lines, displace w/ 25.5 Bbl H<sub>2</sub>O, Final pumping pressure of 400 psi, lumped plug @ 900 psi. Plug & float held. Good circulation @ all times, 6 Bbl Slurry to plt, Job complete.

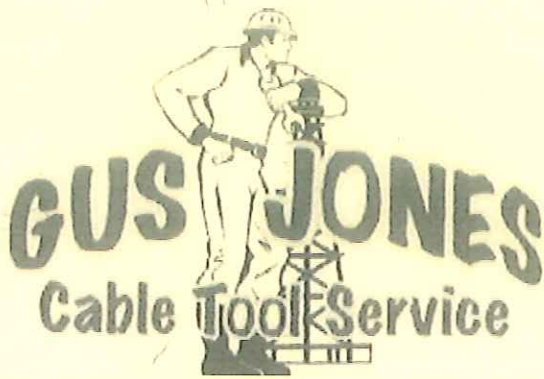
"Thanks Shannon & crew"

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	294.00
1126A	135 Sks	Thickset Cement	20.16	2721.60
1110A	675 #	kot-seal @ 5 #/sk	.46	310.50
1107H	135 #	phenoseal @ 1 #/sk	1.35	182.25
1135A	32 #	CFL-115 @ 1/4 %	11.08	354.56
5407A	742 Tons	70M mileage bulk Truck	1.41	523.11
5502C	4 Hrs	80 Bbl Vac Truck #77 McLoy Trucking	90.00	360.00
1123	3300 gal	oil H <sub>2</sub> O	17.30/1000	57.09
			Sub Total	5888.11
			6.15% SALES TAX	227.99
			ESTIMATED TOTAL	6116.10

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

1713167

Date: 7-27-13	Start Time:	Finish Time:	Total Time: 6 hrs min
---------------	-------------	--------------	-----------------------

Company: PostRock

Lease: Hardin

Well #: 27-9

<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 5/8	<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 5/8 casing Recip white cementing band 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		

# Hardin, B. 27-9

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	44.51	44.26		Date: 7/27/13
2	44.51	88.52		Well Name & #: Hardin 27-9
3	44.51	132.78		Township & Range: 27S-17E
4	44.49	177.02		County/State: Wilson/KS
5	44.51	221.28		AFE#: D13167
6	44.49	265.52		API# 15-205-28203-00-00
7	44.53	309.8		Comments: Projected TD- 1050'
8	44.51	354.06		
9	44.5	398.31		Joints are numbered in Yellow Avoid Collars Subs are in orange  Added these subs for flexibility to adjust to actual TD  Trailer# 932895  Actual TD - 1032 Log Bottom - 1026.80 Casing Tally - 1027.56 No Baffles Centralizers per SOP
10	44.48	442.54		
11	44.51	486.8		
12	44.49	531.04		
13	44.52	578.31		
14	44.51	619.57		
15	44.5	663.82		
16	44.49	708.06		
17	44.5	752.31		
18	44.48	796.54		
19	44.49	840.78		
20	44.49	885.02		
21	44.49	929.26		
22	44.5	973.51		
23	44.51	1017.77		
24	14.92	1032.44		
25	10.29	1027.56		
26	7.92	1035.23		
27	5.31	1040.29		
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

PostRock Energy Corp.

Air Drilling Specialist  
Oil & Gas Wells

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

PO Box 449  
Caney, KS 67333

Date Started	<b>7/25/2013</b>
Date Completed	<b>7/26/2013</b>

Operator	A.P.I.#	County	State
<b>Post Rock Energy</b>	<b>15-205-28203-00-00</b>	<b>Wilson</b>	<b>Kansas</b>

Well No.	Lease	Sec.	Twp.	Rge.
<b>27-9</b>	<b>Hardin, B</b>	<b>27</b>	<b>28</b>	<b>17</b>

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
<b>Oil</b>	<b>Brantley Thornton</b>	<b>4</b>	<b>22' 8 5/8</b>	<b>1032</b>	<b>7 7/8</b>

**Formation Record**

0-4	MUD	930-940	SAND		
4-240	SANDY SHALE	940-955	SAND/ GOOD ODOR & SHOW		
240-310	LIME	955-981	SANDY SHALE		
310-360	SHALE	981-982	COAL		
360-365	LIME	982-1032	SANDY SHALE		
365-370	SAND	1032	TD		
370-385	LIME				
385-415	SANDY LIME				
415-430	LIME				
430-500	SANDY SHALE				
456	WENT TO WATER				
500-502	LIME				
502-522	SHALE				
522-528	LIME				
528-637	SANDY SHALE				
637-640	LIME				
640-641	COAL (MULBERRY)				
641-646	BLK SHALE				
646-675	LIME (PAWNEE)				
675-680	BLK SHALE (LEXINGTON)				
680-719	SHALE				
719-740	LIME (OSWEGO)				
740-746	BLK SHALE (SUMMIT)				
746-754	LIME				
754-762	BLK SHALE (MULKY)				
762-842	SHALE				
842-844	LIME				
844-846	BLK SHALE				
846-847	COAL				
847-930	SANDY SHALE				