



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1187125
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: _____

1187125

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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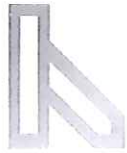
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	STICH, WILLIAM A 20-21
Doc ID	1187125

All Electric Logs Run

CDL
DIL
NDL
TEMP



PostRock
Energy Corporation

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

TICKET NUMBER **8109**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13150
SSI _____
API 15-133-27671-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
7-29-13	Stich, William 20-21		20	28S	19E	Neosho	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:00	11:00		905575		5	<i>Nathan Gahman</i>
Mark Smavelly	7:00	11:00		902490	932900	4	<i>Mark Smavelly</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 782 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 778.22 DRILL PIPE _____ TUBING _____ OTHER Bus Jones rig
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 8
 DISPLACEMENT 19 DISPLACEMENT PSI 400 MIX PSI _____ RATE 4.0

REMARKS: Loaded materials for job. On location at 8:00. 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. Very light cement return to pit. Trace oil show. Very gassy well. Will need topoff.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905575	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
	1	Transport Truck	
	1	Transport Trailer	
		80 Vac	
902490	1	Casing Truck	
932900	1	Casing Trailer	
	778.22'	Casing	
	4	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	1	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	4 sks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	1 sk	Colton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

ATE# D13150
API# 15-133-27671

TICKET NUMBER 43403
LOCATION Everc
FOREMAN Ravin Ledford

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	Stich William 20-21				Neosho
CUSTOMER Post Rock Energy Corp			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 4402 Johnson Rd			520	Chris B.		
CITY Chanute			611	Joey		
STATE Ks			88	Rudy M. (Moby) Tere		
ZIP CODE						

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 782' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 778.22 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5# SLURRY VOL 32 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 19 Bbl DISPLACEMENT PSI 400 MIX PSI 900 Bumpus RATE 4 BPM

REMARKS: Safety meeting. Rig up to 5 1/2" casing. Break circulation. 1 1/2 Bbl fresh water. Pump 400# gel-flush w/ bull's in 1st water spacer. Mixed 85 sacks thru and cement w/ 5" Holsel/50. 1" phenoseal/50 + 1 1/2% CST-45 @ 13.5#/gal. Washed pump & lines, release plug. Displace w/ 1 1/2 Bbl fresh water. Final pump pressure 400 PSI. Bump plug to 300 PSI. Release pressure. Shifted plug head and colored water to surface. Job complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1685.00	1685.00
5406	70	MILEAGE 1st well of 2	4.20	294.00
1126A	85 sacks	thru set cement	20.16	1713.60
1116A	425#	5" Holsel/50	.46	195.50
1107A	85#	1" phenoseal/50	1.35	114.75
1135A	21#	1 1/2% CST-45	11.08	232.68
5400A	4.67	Long mileage bulk tar	1.41	460.93
5502C	3 1/2 hrs	86 Bbl w/ 1.781	90.00	315.00
1123	3000 gals	city water	17.30/1000	51.90
			subtotal	4463.36
			7.15%	SALES TAX 165.05
				ESTIMATED TOTAL 4628.41

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 D13150

Date: 7-29-13	Start Time:	Finish Time:	Total Time: 6:10 min
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Company: Post Rock

Lease: Stich

Well #: 20-21

<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	ncosho	<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 the Rig up Run in 5 1/2 casing Recip white cement, Land clamp Rig down

NCS

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		

Stich, William 20-21

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	44.54	44.29		Date: 7/29/13
2	44.52	88.56		Well Name & #: Stich 20-21
3	44.49	132.8		Township & Range: 28S-19E
4	44.49	177.04		County/State: Neosho/KS
5	44.51	221.3		AFE#: D13150
6	44.52	265.57		API# 15-133-27671-00-00
7	44.5	309.82		Comments: Projected TD- 770' Avoid Collars Joints are numbered in Yellow Subs are in orange Added these subs for flexibility to adjust to actual TD Trailer# 932900 Actual TD - 782 Log Bottom - 776.80 Casing Tally - 778.22 No Baffles Centralizers per SOP
8	44.52	354.09		
9	44.54	398.38		
10	44.53	442.66		
11	44.49	486.9		
12	44.54	531.19		
13	44.52	578.46		
14	44.52	619.73		
15	44.53	664.01		
16	44.49	708.25		
17	44.48	752.48		
18	10.3	762.53		
19	8.25	770.53		
20	7.94	778.22		
21				
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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	7/26/2013
Date Completed	7/27/2013

Operator	A.P.I #	County	State
Post Rock Energy	15-133-27671-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
20-21	Stich, William A	20	28	19

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	4	23' 8 5/8	782	7 7/8

Formation Record

0-4	DIRT	571-572	COAL		
4-22	SANDY SHALE	572-602	SAND		
22-50	LIME	602-603	COAL		
50-54	SHALE	603-640	SAND		
54-58	LIME	640-660	SAND / ODOR		
58-81	SHALE	660-782	SANDY SHALE		
81-100	LIME	782	TD		
100-116	SHALE				
116-133	LIME				
133-175	LIME SHALE / DAMP				
175-220	SHALE				
220-221	COAL				
221-255	SANDY SHALE				
255-262	LIME				
262-263	BLK SHALE				
263-264	LIME				
264-334	SANDY SHALE				
334-345	LIME				
345-351	SHALE				
351-387	LIME (PAWNEE)				
387-390	BLACK SHALE				
390-436	SHALE				
436-450	LIME (OSWEGO)				
450-456	BLK SHALE (SUMMIT)				
456-466	LIME				
466-472	BLK SHALE				
472-474	LIME				
474-545	SANDY SHALE				
545-546	COAL				
546-571	SANDY SHALE				