



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1187139
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: _____

1187139

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: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	CARLSON, BARRY L 5-8
Doc ID	1187139

All Electric Logs Run

DIL
CDL
NDL
TEMP
CBL

Rig Number: 2	S. 5 T. 28 R. 7 E
API No. 15-205-28189	County: Wilson
Elev. 991'	Location: NW-SW-NW-NE

Gas Tests:
750' Slight Blow
930' Same

Operator: Post Rock midcontinent Production
Address: Oklahoma Tower 210 Park Ave Ste 2750 Oklahoma city, OK 73102
Well No: 5-8 Lease Name: Carbon Barry L
Footage Location: 770 ft. from the (N) (S) Line
2460 ft. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC
Spud date: 7/29/13 Geologist:
Date Completed: 7/31/13 Total Depth: 1100'

Put a little oil on bit
From 994' to 1009'

Casing Record		Rig Time:
Surface	Production	
Size Hole: 11"	7 7/8"	
Size Casing: 8 5/8"		
Weight: 23#		
Setting Depth: 20'	Post Rock	
Type Cement: port	11 1'	
Sacks: 5		

Inj Water @ 200'			Well Log					
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
Sand/clay	0	6	lime	711	718			
lim	6	14	mulley	718	722			
shale	14	74	lime	722	725			
lime	74	112	shale	725	737			
sand	112	123	oil sand	737	753			
coal	123	124	sand	753	794			
shale	124	130	sand/shale	794	811			
sand/shale	130	223	oil sand	814	850			
lime	223	312	sand	850	863			
shale	312	323	sand/shale	863	878			
sand	323	346	shale	878	944			
lime	346	408	coal	944	945			
shale	408	461	shale	945	969			
coal	461	462	oil sand	969	1044			
sand	462	492	sand/shale	1044	1053			
lime	492	507	water sand	1053	1089			
shale	507	530	coal	1089	1090			
lime	530	548	sand/shale	1090	1100			
sand	548	560						
shale	560	632						
lime	632	655						
shale	655	684						
(N.S.)	684	704						
Summit	704	711						



PostRock
Energy Corporation

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

TICKET NUMBER **8114**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13137
SSI _____
API 15-205-28189-00-00

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
8-1-13	Carlson, Barry L, 5-8			5	28S	17E	Wilson
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	8:00	11:30		905575		3.5	<i>Nathan Gahman</i>
Chris Kincaid				902490	932900	1	<i>Chris Kincaid</i>
Greg Blackmore						1	<i>Greg Blackmore</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1100 CASING SIZE & WEIGHT 5 1/2, 14 #
CASING DEPTH 1095.85 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
DISPLACEMENT 26.7 DISPLACEMENT PSI 1000 MIX PSI _____ RATE 4.0

REMARKS: On location at 8:30. Spotted trucks with dozer. Ready to run casing at 9:00. Washed in final 25'. Ready to cement at 10:30. See COWS ticket for cement job details. Good circulation at all times. Good cement return to pit. Fair 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	
930050	1	80 Vac <u>Dozer</u>	
902490	1	Casing Truck	
932900	1	Casing Trailer	
	1095.85'	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

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

AFLD D13137
AP3 15-205-28189

TICKET NUMBER 43408

LOCATION Finco

FOREMAN Rick Ledford

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-1-13	6622	Carlson, Barry 5-8				Wilson
CUSTOMER Post Rock Energy Corp.			6-1 5-15			
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			485	AJAN M		
STATE KS			491	Jeremy M. (oldorado)		
ZIP CODE 66720			637	Ed		

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 1100' CASING SIZE & WEIGHT 5 1/2" 14#
 CASING DEPTH 1095.85 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5# SLURRY VOL 50 bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 26.7 bbl DISPLACEMENT PSI 1000 MIX PSI 1500 Pumping RATE 4 GPM

REMARKS: Safety meeting. Rig up to 5 1/2" casing w/ washout. Washdown 25' to BSTD Pump
 6000 gal flush w/ huffs 10 bbl water spacer. Mixed 140 sacs thickset cement w/ 5" Ret seal/br
 1" phenoseal/br + 11/2" CIL-115 @ 13.5#/gal washout pump & lines. release plug. Displace w/ 26.7 bbl
 fresh water. Final pump pressure 1000 PSI. Pump plug to 1500 PSI release pressure. float & plug held
 Good cement return to surface = 2 bbl slurry to pit. Job complete. Rig down.

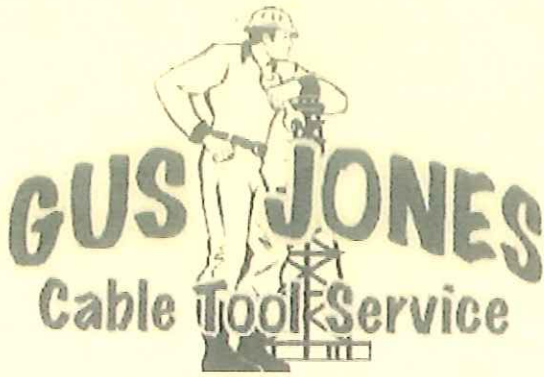
Thank You

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	910.00
1126A	140 sacs	thickset cement	20.16	2822.40
1116A	700#	5" Ret seal/br	.46	322.00
1107A	140#	1" phenoseal/br	1.35	189.00
1135A	33#	11/2" CIL-115	11.07	365.64
5400A	7.0	for mileage bulk air	1.41	542.85
5502C	4 hrs	80 bbl vac 70"	90.00	360.00
1123	3000 gals	city water	17.30/1000	51.90
			Subtotal	5948.77
			6.15% SALES TAX	230.68
			ESTIMATED TOTAL	6179.47

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# D13137

Date: 8-1-13	Start Time:	Finish Time:	Total Time: 6 Hr min
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Company: PostRock

Lease: Carlson

Well #: 5-8

<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 <u>5 1/2</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"/> 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 Record while cementing Land clamp Rig down

Nack

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 _____		

Carlson, Barry L. 5-8

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	44.49	44.24		Date: 8/1/13
2	44.48	88.47		Well Name & #: Carlson, B 5-8
3	44.46	132.68		Township & Range: 28S-17E
4	44.19	176.62		County/State: Wilson/KS
5	44.47	220.84		AFE# D13137
6	44.45	265.04		API# 15-205-28189-00-00
7	44.46	309.25		Comments:
8	44.4	353.4		Projected TD- 1100'
9	44.46	397.61		
10	44.46	441.82		Joints are numbered in Yellow
11	44.46	486.03		Avoid Collars 982-997
12	44.49	530.27		Subs are in orange
13	44.46	577.48		
14	44.49	618.72		
15	44.47	662.94		
16	44.44	707.13		
17	44.44	751.32		Added these subs for
18	44.46	795.53		flexibility to adjust to actual TD
19	44.47	839.75		
20	44.49	883.99		Trailer# 932900
21	44.45	928.19		
22	44.49	972.43		Actual TD - 1100
23	44.43	1016.61		Log Bottom - 1087.60
24	44.49	1060.85		Casing Tally - 1095.85
25	44.49	1105.09		No Baffles
26	15.41	1075.76		Centralizers per SOP
27	10.31	1085.82		
28	10.28	1095.85		
29	7.95	1103.55		
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PostRock Energy Corp.