



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1187144
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: _____

1187144

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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	CARLSON, BARRY L 5-7
Doc ID	1187144

All Electric Logs Run

CDL
DIL
NDL
TEMP
CBL

Rig Number: 2	S. 5 T. 28 R. 7E
API No. 15-205-28190	County: Wilson
Elev. 983'	Location: NW-NW-SE-NE

Gas Tests:
705' 0
1006' Slight Blow
Put a little oil on pit From 977' to 990'

Operator: Post Rock midcontinent Production
Address: Oklahoma Tower 210 Park Ave Ste 2750 Oklahoma city, OK 73102
Well No: S-7 Lease Name: Carlson, Barry L
Footage Location: 1455 ft. from the (N) (S) Line 1085 ft. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC
Spud date: 8/2/13 Geologist:
Date Completed: 8/5/13 Total Depth: 1100'

Casing Record	Rig Time:
Surface	Production
Size Hole: 11"	7 7/8"
Size Casing: 8 5/8"	
Weight: 23#	
Setting Depth: 22'	Post Rock
Type Cement: port	" "
Sacks: 6	

Inj Water @ 150'			Well Log					
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
Top Soil	0	4	Mulkey	692	697			
Shale	4	59	Lime	697	698			
Lime	59	95	Shale	698	717			
Shale	95	105	Oil Sand	717	738			
Sand	105	147	Sand	738	747	no sho		
Shale	147	222	Sand/Shale	747	767			
Lime	222	304	Coal	767	768			
Sand/Shale	304	346	Sand/Shale	768	793			
Lime	346	369	Sand	793	808	no sho		
Shale	369	374	Sand/Shale	808	849			
Lime	374	390	Sand	849	869	no sho		
Shale	390	475	Sand/Shale	869	900			
Lime	475	525	Shale	900	941			
Shale	525	549	Coal	941	942			
Coal	549	550	Shale	942	954			
Shale	550	569	Oil Sand	954	1001			
Sand/Shale	569	602	Sand/Shale	1001	1008			
Lime	602	604	Sand	1008	1027	no sho		
Coal	604	605	Water Sand	1027	1090			
Lime	605	632	Coal	1090	1091			
Shale	632	664	Sand/Shale	1091	1100	no sho		
OSU top lime	664	680						
Blummit	680	685						
lime	685	692						



PostRock
Energy Corporation

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

TICKET NUMBER **8116**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13136
SSI _____
API 15-205-28190-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
8-7-13	Carlson, Barry L, 5-7		5	28S	17E	Wilson	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:00	12:00		905525		6	<i>[Signature]</i>
Chris Kincaid	6:00	12:00		903142	932895	6	<i>[Signature]</i>
Greg Blackmore	6:00	12:00		Extra		6	<i>[Signature]</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1100 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1096.20 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 26.8 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 7:45. Drained pits with 80-Vacs. Spotted all trucks with dozer Ready to run casing at 9:00. Washed in final 55'. Ready to cement at 11:00. See COWS ticket for cement job details. Good circulation at all times. Good cement return to pit. Very Good oil show. No top off needed. Pressed up pad and road after completing job.

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	
930050	1	80 Vac Dozer	
903142	1	Casing Truck	
932895	1	Casing Trailer	
	1096.20'	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	
		Chemthix-P Thixotropic	
	10 gal	KOL Seal <u>Gaming Gel</u>	
	1 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

AFE # 013136
API # 15-205-28190

TICKET NUMBER 43410
LOCATION Edwards
FOREMAN Rick Lockard

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
8-7-13	6628	Carlson, Barry 5-7				Wilson
CUSTOMER Post Rock Energy, Corp			6628 2000			
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			485	Alan M.		
STATE KS			6627	Merle		
ZIP CODE 66720			88	Rudy M. (M King Town)		

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 1160' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 1096.20 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5# SLURRY VOL 50 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 26.8 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 Bingham RATE 4 BPM

REMARKS: Safety meeting. Rig up to 5 1/2" casing w/ washout. Washdown 45' to PBTD
 Pump 500 gal flush w/ hells 10 Bbl water spacer mixed 140 srs thixot cement
 w/ 5# Ket-seal/hr 1# phenosec/hr + 14% CSL-115 @ 13.5#/gal washout pump & lines, release
 plug Displace w/ 26.8 Bbl fresh water final pump pressure 500 PSI. Rig plug to 1000 PSI
 release pressure. Shut & plug hold. Good cement returns to surface. 6 Bbl slurry to pit. Job complete.
 Rig down

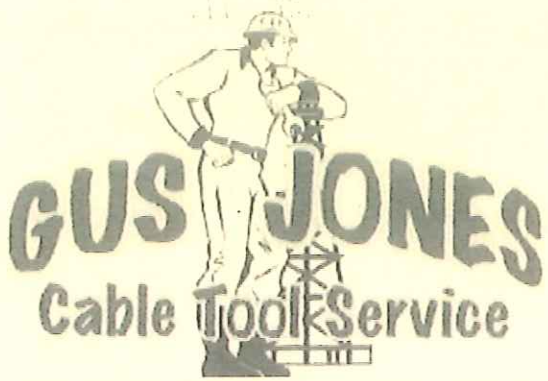
Note: Ran 10 gal gamma gel ahead of cement

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 1st mil of 2	4.20	210.00
1126A	140 srs	thixot cement	20.16	2822.40
1110A	205#	5# Ket-seal/hr	.16	322.00
1107A	140#	1# phenosec/hr	1.35	189.00
1135A	33#	14% CSL-115	11.08	365.64
5407A	7.7	for mileage b. 1st mil	1.41	542.85
5502C	4 hrs	80 Bbl water TPT	90.00	360.00
1123	3000 gals	city water	17.32/1000	51.96
			Subtotal	5948.79
			SALES TAX 6.15%	736.68
			ESTIMATED TOTAL	6779.47

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# D13136

Date: 8-7-13 Start Time: Finish Time: Total Time: 6 Hr min

Company: POST ROCK

Lease: CARLSON

Well #: S-7

<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"/> Ran rods in	<input type="checkbox"/> Fishing job/Tool charge	<input type="checkbox"/> Delivery truck
<input type="checkbox"/> Pulled tubing out	<input type="checkbox"/> Replaced tubing joints	
<input type="checkbox"/> Ran tubing in	<input type="checkbox"/> Tong charge x	<input type="checkbox"/> Mud Pump
<input type="checkbox"/> Stripping job	<input type="checkbox"/> Swabed	<input type="checkbox"/> Power swivel

Job Description: Drive to loc Rig up 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		

Carlson, Barry L. 5-7

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	44.47	44.22		Date: 8/7/2013
2	44.47	88.44		Well Name & #: Carlson 5-7
3	44.5	132.69		Township & Range: 28S-17E
4	44.45	176.89		County/State: Wilson/KS
5	44.5	221.14		AFE#: D13136
6	44.44	265.33		API# 15-205-28190-00-00
7	44.51	309.59		Comments: Projected TD- 1,100
8	44.48	353.82		
9	44.5	398.07		Avoid Collars 800-820
10	44.5	442.32		Joints are numbered in White
11	44.26	486.33		Subs are in orange
12	44.13	530.21		
13	44.52	577.48		Added these subs for flexibility to adjust to actual TD
14	44.49	618.72		
15	44.49	662.96		
16	44.52	707.23		
17	44.48	751.46		
18	44.49	795.7		Trailer# 932895
19	44.49	839.94		
20	44.47	884.16		Actual TD - 1100 Log Bottom - 1090.20 Casing Tally - 1096.20 No Baffles Centralizers per SOP
21	44.49	928.4		
22	44.49	972.64		
23	44.48	1016.87		<div style="color: red;"> Actual TD - 1100 Log Bottom - 1090.20 Casing Tally - 1096.20 No Baffles Centralizers per SOP </div>
24	44.47	1061.09		
25	5.06	1065.9		
26	15.39	1081.04		
27	5.38	1086.17		
28	10.28	1096.2		
29	10.25	1106.2		

yellow

PostRock Energy Corp.