



KANSAS CORPORATION COMMISSION 1050645
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33343
Name: PostRock Midcontinent Production LLC
Address 1: Oklahoma Tower
Address 2: 210 Park Ave, Ste 2750
City: OKLAHOMA CITY State: OK Zip: 73102 + _____
Contact Person: LANCE GALVIN
Phone: (405) 600-7704
CONTRACTOR: License # 5675
Name: McPherson, Ron dba McPherson Drilling
Wellsite Geologist: KEN RECOY

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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
10/13/2010 10/14/2010 10/26/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-133-27531-00-00
Spot Description: _____
_____ SW_NW Sec. 31 Twp. 28 S. R. 20 East West
1,980 Feet from North / South Line of Section
660 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Neosho
Lease Name: BEACHNER BROS Well #: 31-28-20-1
Field Name: _____
Producing Formation: MULTIPLE
Elevation: Ground: 874 Kelly Bushing: 0
Total Depth: 907 Plug Back Total Depth: 897
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 897
feet depth to: 0 w/ 150 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
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

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 02/14/2011



1050645

Operator Name: PostRock Midcontinent Production LLC Lease Name: BEACHNER BROS Well #: 31-28-20-1
 Sec. 31 Twp. 28 S. R. 20 East West County: Neosho

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Attached	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE ATTACHED
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CASING RECORD <input checked="" 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
SURFACE	11	8.625	20	40	A	25	
PRODUCTION	7.875	5.5	16	897.63	A	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
6	760-763	300gal 15%HCLw/ 63bbls 2%kcl water and 17 aka Rock Salt, 300bbls water w/ 2% KCL, Biocide, Max Flo, 4	760-763
6	702-704	550gal 15%HCLw/ 123bbls 2%kcl water and 15aka Rock Salt, 871bbls water w/ 2% KCL, Biocide, Max Flo, 9	702-704
6	507-509/492-495	300gal 15%HCLw/ 64bbls 2%kcl water, 807bbls water w/ 2% KCL, Biocide, Max Flo, 2900# 20/40 sand	507-509/492-495
4	346-352	400gal 15%HCLw/ 44bbls 2%kcl water, 1020bbls water w/ 2% KCL, Biocide, Max Flo, 15200# 20/40 sand	346-352

TUBING RECORD:	Size: <u>1.5</u>	Set At: <u>821</u>	Packer At: <u>n/a</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. <u>11/05/2010</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>14</u>	Water Bbls. <u>20</u>
Gas-Oil Ratio		Gravity	

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	BEACHNER BROS 31-28-20-1
Doc ID	1050645

All Electric Logs Run

CDL
DIL
NDL
TEMP

QUEST

Resource Corporation

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

D10065

TICKET NUMBER

6979

FIELD TICKET REF # _____

FOREMAN Joe BIANCHERO

SSI _____

API _____

TREATMENT REPORT & FIELD TICKET CEMENT

DATE		WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
10-13-10		Beachner Bros 31-28-20-1			3/28	28	20	No
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE	
Joe BIANCHERO	7:00	12:00		904850		5	Joe BIANCHERO	
Darrell Chaney	↓	↓		903255		5	Darrell Chaney	
Larry Reddick	↓	↓		903206		5	Larry Reddick	

JOB TYPE Surface HOLE SIZE 11 HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8 Surface
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4bpm

REMARKS:

Drill Rig ARRIVED At 9:45am. At 10:30 we started Pumping gel to gel pit while Rig Drilled Surface. when Rig Reached Surface Bottom we shut down. Pulled Drilled pipe Raw Surface Pipe Pumped 25 SKS of cement At 4bpm to get cement to surface. Shut valve in on Surface Pipe cleaned Equipment Left location at 12:00 pm

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	5 hr	Foreman Pickup	
903255	↓ hr	Cement Pump Truck	
903206	↓ hr	Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
	0	Casing	
	0	Centralizers	
	0	Float Shoe	
	0	Wiper Plug	
	0	Frac Baffles	
	25 SKS	Portland Cement	
	0	Gilsonite	
	0	Flo-Seal	
	0	Premium Gel	
	0	Cal Chloride	
	0	KCL	
	5000 gal	City Water	

QUEST

Resource Corporation

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

Called Becke At KCC At 9:00 AM

TICKET NUMBER 6984

D10065

FIELD TICKET REF # _____

FOREMAN Joe Blanchard

SSI ~~625~~ 623510

TREATMENT REPORT & FIELD TICKET CEMENT

API _____

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-16-10	Bechner Bros 31-28-20-1	31	28	20	NO

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	7:00	1:00		904850		6	Joe Blanchard
Curt Collins	7:00			901300	932900		Curt Collins
LARRY ELLER	7:00			903206			Larry Eller
Darrell Chaney	7:00			903197			Darrell Chaney

JOB TYPE Long string HOLE SIZE 7 7/8 HOLE DEPTH 907 CASING SIZE & WEIGHT 5 1/2 16#
 CASING DEPTH 897.63 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 21.37 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4bpm

REMARKS:

RAW 897 Ft Casing in hole. Installed cement head RAW 4 SKS gel of 15 bbl water to get circulation. RAW 16 bbl dye of 150 SKS of cement to get dye to surface. Flushed pump. Pumped wiper plug to bottom of set float shoe. Stroked casing 18 inches up & down during cement job.

Pump truck fueled this morning because straps on fuel tank was just replaced so tank was empty

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	6 hr	Foreman Pickup	
903197	hr	Cement Pump Truck	
903206	hr	Bulk Truck	
903414	hr	Transport Truck	
932170	hr	Transport Trailer	
		80 Vac	
	897.63 Ft	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" at 4 1/2	
	130 SK	Portland Cement	
	30 SK	Gilsonite	
	3 SK	Flo-Seal	
	18 SK	Premium Gel	
	5 SK	Cal Chloride	
		KCL	
	7000 gal	City Water	
	1	Cement Basket 5 1/2"	

