1053011

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 #:

11/30/2010	12/1/2010	3/4/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-27881-00-00
Spot Description:
_ - _ - SW - NW Sec. 18 Twp. 28 S. R. 17 ☑ 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: Wilson
Lease Name: THORSELL, WILLIAM Well #: 18-2
Field Name:
Producing Formation: MULTIPLE
Elevation: Ground: 1072 Kelly Bushing: 0
Total Depth: 1045 Plug Back Total Depth: 1037
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from: 1037
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: ~~03/30/2011~~
☐ **Confidential Release Date:**
☑ **Wireline Log Received**
☑ **Geologist Report Received**
☐ **UIC Distribution**
ALT ☐ I ☑ II ☐ III **Approved by:** NAOMI JAMES **Date:** 03/31/2011