



KANSAS CORPORATION COMMISSION 1056352
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 #: _____

<u>01/15/2011</u>	<u>01/17/2011</u>	<u>02/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-133-27536-00-00
Spot Description: _____
NW SE SW SW Sec. 2 Twp. 29 S. R. 18 East West
385 Feet from North / South Line of Section
680 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Neosho
Lease Name: TRIPLETT, C W Well #: 2-4
Field Name: _____
Producing Formation: MULTIPLE
Elevation: Ground: 949 Kelly Bushing: 0
Total Depth: 1141 Plug Back Total Depth: 1131
Amount of Surface Pipe Set and Cemented at: 22 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1131
feet depth to: 0 w/ 151 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 Gerrick Date: 05/23/2011



1056352

Operator Name: PostRock Midcontinent Production LLC Lease Name: TRIPLETT, C W Well #: 2-4
 Sec. 2 Twp. 29 S. R. 18 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 Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) 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 (If no, Submit Copy) List All E. Logs Run: CDL NDL TEMP	<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	12.25	8.625	22	22	A	4	
PRODUCTION	7.875	5.5	14.5	1130.85	A	151	

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	-			
	-			

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
4	980-983/922-924/917-919	400GAL 15% HCL W/ 30 BBLs 2% KCL WATER, 655 BBLs W/ 2% KCL, BIOCIDES, MAXFLOW, 6300# 20#	980-983/922-924/917-919
4	737-739/708-710/668-670/646-650	400GAL 15% HCL W/ 41 BBLs 2% KCL WATER, 759 BBLs W/ 2% KCL, BIOCIDES, MAXFLOW, 6800# 20#	737-739/708-710/668-650
4	566-570/553-557	400GAL 15% HCL W/ 47 BBLs 2% KCL WATER, 695 BBLs W/ 2% KCL, BIOCIDES, MAXFLOW, 12600# 20#	566-570/553-557

TUBING RECORD: Size: <u>1.5</u> Set At: <u>1083</u> Packer At: <u>N/A</u> LIner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>2/22/2011</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 Bbbs. <u>0</u> Gas Mcf <u>20</u> Water Bbbs. <u>29</u> Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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QUEST

Resource Corporation



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

TICKET NUMBER

7019

FIELD TICKET REF #

FOREMAN OTTO BOWERS

SSI D10081

API 15-133-27536

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
1-21-11	Triplet CW R-4			29S	18E	Woods	
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
OTTO BOWERS	12:00	5:00		904850		5	<i>OTTO BOWERS</i>
Matt Natt		4:00		903600			<i>Matt Natt</i>
Chris Middleton		5:00		903197		5	<i>Chris Middleton</i>
Wes Graham		5:00		931585	921387		<i>Wes Graham</i>
Nathan Gahn		3:30		903142	932895		<i>Nathan Gahn</i>

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 1140 CASING SIZE & WEIGHT _____
 CASING DEPTH 1130.85 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:

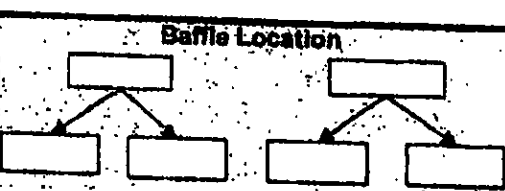
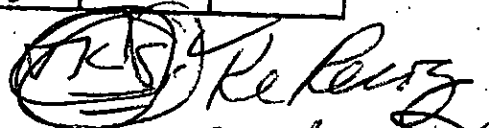
Wash casing down 4' then pumped 2 sks of gel then water then die the water to cement pumped 15 sks of cement till I got die up to surface then stopped wash out pump & then pumped down to 1130.85 set float shoe cement to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	1	Foreman Pickup	
903197	1	Cement Pump Truck	
931795	1	Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
	<u>1130.85</u>	<u>Casing Trailer</u>	
	<u>5</u>	Centralizers	
	<u>1</u>	Float Shoe	
	<u>1</u>	Wiper Plug	
	<u>2</u>	Frac Baffles	
	<u>116 sks</u>	Portland Cement	
	<u>20 sks</u>	Gilsonite	
	<u>1</u>	<u>20 Seal Basket</u>	
	<u>10 sks</u>	Premium Gel	
	<u>5 sks</u>	Cal Chloride	
	<u>1</u>	<u>10 Seal Basket</u>	
	<u>7000 gal</u>	City Water	
	<u>1 sks</u>	<u>Flo Seal</u>	

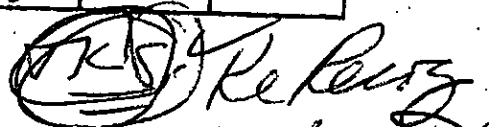
TD'd. Michaels Drilling Monday 01-17-11 @ 12 Noon.

API # 15-133-27536

295-18E

Pipe #	Length	Running Total	Baffle Location	Casing Tally Sheet	
1	39.32	39.32		Location: Triplett 2-4	
2	35.67	74.99	Conard	SSI#	
3	39.11	114.10		Date: 1/17/10	630860
4	35.92	150.02	Booked	Well TD: 1140	D10081
5	38.62	188.64		Neosho Co., KS.	
6	39.30	227.94	39 ft.	Jennifer Ken	
7	39.99	267.93	74 ft.		
8	38.73	306.66		Baffle Location 	
9	38.28	344.94			
10	38.97	383.91		Notes	
11	39.65	423.56			
12	38.30	461.86		Set Upper Baffle @ 696.88 ft. Big hole.	
13	39.47	501.33			
14	39.27	540.60		Set Lower Baffle @ 855.13 ft. Small Hole.	
15	38.17	578.77			
16	39.09	617.86		Use all 29 joints + No Sub.	
17	38.96	656.82			
18	40.06	696.88		Be Safe!	
19	39.50	736.38			
20	39.66	776.04		Post Rock	
21	39.06	815.10			
22	40.03	855.13		Miss Top = 994 ft. Tally Bottom = 1130.85 ft. Driller TD = 1140 ft. Log Bottom = 1141.10 ft.	
23	39.40	894.53			
24	39.89	934.42		 Sr. Geologist 620 305-9900 Cell 01-18-2011	
25	38.62	973.04			
26	39.75	1012.79			
27	39.34	1052.13			
28	39.31	1091.44			
29	39.41	1130.85	Tally Bottom		

Miss Top = 994 ft.
 Tally Bottom = 1130.85 ft.
 Driller TD = 1140 ft.
 Log Bottom = 1141.10 ft.


 Sr. Geologist
 620 305-9900
 Cell
 01-18-2011

Michael Drilling, LLC

**P.O. Box 402
Iola, KS 66749
620-496-7795**

P.O.#D10081

Company: Post Rock Energy Corp.
Address: 210 Park Ave. Suite 2750
Oklahoma City, Oklahoma 73102
Ordered By: LRG 011811-2

Date: 01/17/11
Lease: C.W. Triplett
County: Neosho
Well#: 2-4
API#: 15-133-27536-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-22'	Overburden	525-526	Coal
22-50	Shale	526-552	Lime
50-105	Lime	552-559	Black Shale
105-120	Shale	559-564	Lime
120-145	Sandy Shale	560	Gas Test 0"at 1/4" Choke
145-155	Lime	564-565	Coal
155-167	Shale	565-634	Shale
167-245	Lime - Water	590	Gas Test 0"at 1/4" Choke
245-315	Shale	634-635	Coal
315-348	Lime	635-663	Shale
348-381	Shale	663-664	Coal
381-382	Coal	664-687	Shale
382-415	Shale	665	Gas Test 0"at 1/4" Choke
415	Gas Test 0"at 1/4" Choke	687-688	Coal
415-416	Coal	688-705	Shale
416-430	Shale	705-706	Coal
430-431	Coal	706-760	Shale
431-478	Lime	715	Gas Test 0"at 1/4" Choke
448	Gas Test 0"at 1/4" Choke	760-761	Coal
478-479	Coal	761-789	Shale
479-489	Shale	770	Gas Test 0"at 1/4" Choke
489-490	Coal	789-790	Coal
490-525	Shale	790-810	Shale
515	Gas Test 0"at 1/4" Choke	810-811	Coal

RECEIVED
JAN 21 2011
BY: _____

Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-496-7795

P.O.#D10081

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Well#: 2-4
API#: 15-133-27536-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
811-913	Shale		
815	Gas Test 0"at 1/4" Choke		
913-915	Coal		
915-923	Shale		
923-924	Coal		
924-945	Shale		
940	Gas Test 8"at 1/4" Choke		
945-946	Coal		
946-995	Shale		
990	Gas Test 18"at 1/4" Choke		
995-1140	Mississippi Lime		
1015	Gas Test 18"at 1/4" Choke		
1140	TD		
	Surface 22'		

RECEIVED
JAN 21 2011
 BY: _____