



KANSAS CORPORATION COMMISSION 1056309
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>01/07/2011</u>	<u>01/08/2011</u>	<u>01/27/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-133-27532-00-00
Spot Description: _____
NW SE NE NW Sec. 34 Twp. 28 S. R. 18 East West
700 Feet from North / South Line of Section
2100 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 #: 34-4
Field Name: _____
Producing Formation: MULTIPLE
Elevation: Ground: 936 Kelly Bushing: 0
Total Depth: 1140 Plug Back Total Depth: 1137
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: 1137
feet depth to: 0 w/ 160 sx cmf.

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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garrison</u> Date: <u>05/23/2011</u>



1056309

Operator Name: PostRock Midcontinent Production LLC Lease Name: TRIPLETT, C W Well #: 34-4
 Sec. 34 Twp. 28 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 <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: 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	21	A	4	
PRODUCTION	7.875	5.5	14.5	1136.95	A	160	

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	989-993/933-935/928-930	350 GAL 15% HCL W/ 132 BBLs 2% KCL WATER, 900 BBLs W/ 2% KCL, BIocide, MAXFLOW, 8500# 20	989-993/933-935/928-930
4	777-779/743-748/738-740/720-723	150 GAL 15% HCL W/ 45 BBLs 2% KCL WATER, 788 BBLs W/ 2% KCL, BIocide, MAXFLOW, 8500# 20	777-779/743-748/738-740
4	681-684/656-658	400 GAL 15% HCL W/ 79 BBLs 2% KCL WATER, 900 BBLs W/ 2% KCL, BIocide, MAXFLOW, 7400# 20	681-684/656-658
4	580-584/567-571	400 GAL 15% HCL W/ 61 BBLs 2% KCL WATER, 728 BBLs W/ 2% KCL, BIocide, MAXFLOW, 12500# 20	580-584/567-571

TUBING RECORD: Size: <u>1.5</u> Set At: <u>1083</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>2/16/2011</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 Bbls. <u>0</u> Gas Mcf <u>29</u> Water Bbls. <u>0</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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QUEST

Resource Corporation



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

TICKET NUMBER

✓ 7007

FIELD TICKET REF #

D10080

FOREMAN Joe Blanchard

SSI

API

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
1-12-11	TRIPlett CW 34-4			34	28	18	NO
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	7:00	5:45		904850		10.75	Joe Blanchard
OTTO Powers	7:00	5:00		903197		10	OTTO Powers
John Walker	7:00	4:00		931310	932895	9	John Walker
Wes Gahman	7:00	5:00		931585	931387	10.5	Wes Gahman
MARK AUST	7:00	3:30		903600		8.5	Mark Aust

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1140 CASING SIZE & WEIGHT 5 1/2 16#
 CASING DEPTH 1136.95 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 27.07 DISPLACEMENT PSI _____ MIX PSI _____ RATE 46pm

REMARKS:

Safety Meeting 7:00 TO 8:00 AFTER thawing trucks out we arrived on location at 10:45 started in hole 11:10 washed an almost every joint. landed casing around 1:30 pm waited 1hr on transport to go AFTER load of H₂O. started cement 2:30 installed cement head Ran 18 bbl dye at 160 SKS of cement to get dye to surface. Flush Pump. Pump wiper plug to bottom of set float shoe. left location 3:30 pm cement to surface. Cold & valves kept freezing up.

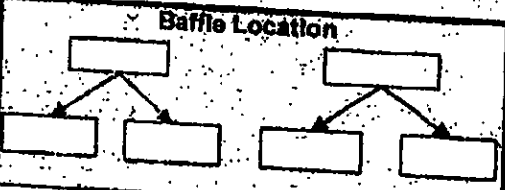
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	10.75 hr	Foreman Pickup	
903197	10 hr	Cement Pump Truck	
903600	8.5 hr	Bulk Truck	
931585	10.5 hr	Transport Truck	
931387	10.5 hr	Transport Trailer	
		80 Vac	
	1136.95 FT	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	0	Frac Baffles	
	110 SK	Portland Cement	
	30 SK	Gilsonite	
	2 SK	Flo-Seal	
	13 SK	Premium Gel	
	5 SK	Cal Chloride	
	1	KGL 5 1/2 Basket	
	7000 gal	City Water	
931300	9 hr	Casing tractor	
932852	9 hr	Casing trailer	

TD'd Michael Drilling Saturday 01-08-2011 @ 4PM
 API# 15-133-27532 285-18E

140ft
 +
 Found
 EFS
 into

Pipe #	Length	Running Total	Baffle Location	Casing Tally Sheet	
1	36.99	36.99		Location: CW Triplet 34-4	
2	36.83	73.82	Set a	SSI# D10080 630870	
3	36.36	110.18	Connect	Date: 1/10/10	
4	36.33	146.51		Well TD: 1140	
5	36.29	182.80	Basket	Alaska Co., AK	
6	36.27	219.07			
7	36.07	255.14	36 ft		
8	36.75	291.49	ft		
9	36.76	328.25	7.5 ft		
10	36.58	364.83	above		
11	36.38	401.21	the		
12	36.74	437.95	Start.		
13	36.88	474.83			
14	36.22	511.05			
15	36.88	547.93			
16	36.87	584.80			
17	36.78	621.58			
18	36.92	658.50			
19	36.30	694.80			
(20)	36.33	731.13	Set down Baffle @ 694.80 ft. Big Hole.		
21	36.39	767.52			
22	36.38	803.90			
23	36.34	840.24			
24	36.31	876.55			
25	36.80	913.35	Set down Baffle @ 913.35 ft. Small Hole.		
(26)	37.26	950.61			
27	36.30	986.91			
28	36.27	1023.18			
29	36.34	1059.52			
30	36.64	1096.16			
(31)	36.79	1132.95			
(Sub)	4.00	1136.95	Tally Bottom		

Casing Tally Sheet
 Location: CW Triplet 34-4
 SSI# D10080 630870
 Date: 1/10/10
 Well TD: 1140
 Alaska Co., AK



Notes

Jennifer
 Kon

Use all 31 joints + the 4 ft. Sub.

Post Rock

Miss Top = 1005 ft.
 Tally Bottom = 1136.95 ft.
 Log Bottom = 1139.50 ft.
 Driller TD = 1140 ft.

(TR 5) Ke Lewy
 Sr. Geologist
 620-305-9900
 Cell

Michael Drilling, LLC

P.O.#D10080

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

Company: Post Rock Energy Corp.
Address: 210 Park Ave. Suite 2750
Oklahoma City, Oklahoma 73102
Ordered By: LRG 011811-1

Date: 01/08/11
Lease: C.W. Triplett
County: Neosho
Well#: 34-4
API#: 15-133-27532-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-21	Overburden	790-816	Shale
21-70	Lime	816-818	Coal
70-190	Shale	818-840	Shale
190-265	Lime - Water	840-841	Coal
265-364	Shale	841-985	Shale
364-380	Lime	940	Gas Test 3"at 1/4" Choke
380-448	Shale	985-988	Coal
448-460	Lime	988-1000	Shale
460-461	Coal	990	Gas Test 12"at 1/4" Choke
461-466	Shale	1000-1140	Mississippi Lime
466-515	Lime	1015	Gas Test 12"at 1/4" Choke
515-516	Coal	1140	Gas Test 12"at 1/4" Choke
516-523	Shale	1140	TD
523-524	Coal		
524-539	Lime		Surface 21'
539-540	Coal		
540-547	Shale		
547-548	Coal		
548-580	Lime		
580-581	Coal		
581-710	Shale		
710-712	Coal		
712-789	Shale		
789-790	Coal		

RECEIVED
JAN 21 2011
BY: _____