



KANSAS CORPORATION COMMISSION 1056320
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 # 33783
Name: Michael Drilling LLC
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>01/09/2011</u>	<u>01/10/2011</u>	<u>02/17/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-133-27534-00-00

Spot Description: _____
_____ SE NE Sec. 36 Twp. 28 S. R. 18 East West
1980 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: TRIPLETT, SHIRLEY A Well #: 36-3

Field Name: _____
Producing Formation: MULTIPLE

Elevation: Ground: 921 Kelly Bushing: 0
Total Depth: 1090 Plug Back Total Depth: 1086
Amount of Surface Pipe Set and Cemented at: 23 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1086
feet depth to: 0 w/ 135 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

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: 05/23/2011



1056320

Operator Name: PostRock Midcontinent Production LLC Lease Name: TRIPLETT, SHIRLEY A Well #: 36-3

Sec. 36 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	23	A	4	
PRODUCTION	7.875	5.5	14.5	1085.75	A	135	

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
4	944-948	400GAL 15% HCL W/ 768BLS 2% KCL WATER, 390BLS W/ 2% KCL, BIocide, MAXFLOW, 5200# 2044	944-948
4	889-891/883-885	400GAL 15% HCL W/ 73BLS 2% KCL WATER, 650BLS W/ 2% KCL, BIocide, MAXFLOW, 6100# 2044	889-891/883-885
4	676-678/638-641/614-616	530GAL 15% HCL W/ 688BLS 2% KCL WATER, 755BLS W/ 2% KCL, BIocide, MAXFLOW, 9044# 2044	676-678/638-641/614-616
4	531-535/517-521	400GAL 15% HCL W/ 458BLS 2% KCL WATER, 843BLS W/ 2% KCL, BIocide, MAXFLOW, 12089# 2044	531-535/517-521

TUBING RECORD: Size: <u>1.5</u> Set At: <u>1025</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>2/17/2011</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>51</u>	Water Bbls. <u>262</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

AFE D10077
231

TICKET NUMBER

916
7005 ✓

FIELD TICKET REF #

FOREMAN Joe Blanchard

SSI

API

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-13-11	TRIPlett Shirley 36-3	36	28	18	NO

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	12:30	5:00		904850		4.5	Joe Blanchard
John Walker		3:30		903142	932890	3	John Walker
OTTO PARKER'S		5:00		903197		4.5	OTTO PARKER'S
Wes Graham		5:15		931585	931387	4.75	Wes Graham
Wes		5:00				4.5	Wes
Matt Naff		5:00		903600		4.5	Matt Naff

MATHAN ✓

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1090 CASING SIZE & WEIGHT 5 1/2 16#
 CASING DEPTH 1085.75 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 25.85 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS:

Washed 15 Ft 5 1/2 inch hole sumpt 200 LBS gel. Installed cement head RAW 18
 bbl dye + 13.5 sacks of cement to set dyto surface. Flush pump. Pump pipe
 Plug to bottom of set float shoe.

Started casing 1:15 started cement 3:30 left location 4:30 pm

Cement to Surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	4.5 hr	Foreman Pickup	
903197	4.5 hr	Cement Pump Truck	
903600	4.5 hr	Bulk Truck	
931585	4.75 hr	Transport Truck	
931387	4.75 hr	Transport Trailer	
		80 Vac	
	1085.75 FT	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" H 4 1/2"	
	100 SK	Portland Cement	
	25 SK	Gilsonite	
	2 SK	Flo-Seal	
	9 SK	Premium Gel	
	4 SK	Cal Chloride	
	1	KCL 5 1/2 Basket	
	7000 gal	City Water	
903142	3 hr	Casing tractor	
932895	3 hr	Casing trailer	

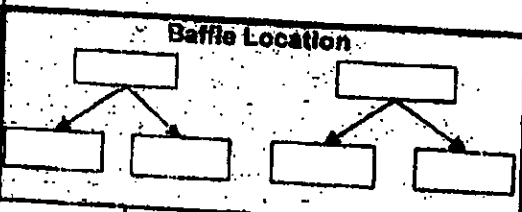
TD'd. Michael Dilling Monday 01-10-2011
@ 5 PM

API # 15-133-27534

140 ft
S.
IRVING
West
into

Pipe #	Length	Running Total	Baffle Location	Casing Tally Sheet	
1	36.63	36.63		Location: Shirley Triplett 36-3	
2	36.83	73.46	Concret	SSID	
3	36.78	110.24	Basket	Date: 1/13/10	D10077
4	36.08	146.32		Well TD: 1090	630800
5	37.14	183.46	110 ft	285-18E Neosho Co., KS.	
6	36.64	220.10			
7	36.36	256.46			
8	36.10	292.56			
9	36.34	328.90			
10	37.21	366.11			
11	36.28	402.39			
12	36.29	438.68			
13	36.52	475.20			
14	36.10	511.30			
15	36.77	548.07			
16	36.38	584.45			
17	36.72	621.17			
18	36.73	657.90			
19	36.72	694.62			
20	36.74	731.36			
21	36.24	768.20			
22	36.51	804.71			
23	36.73	841.44			
24	36.38	877.82	Set Upper Baffle @ 841.44 ft. Big Hole.		
25	36.35	914.17	Set Lower Baffle @ 914.17 ft. Small Hole.		
26	36.80	950.97			
27	36.56	987.53			
28	36.70	1024.23			
29	36.52	1060.75			
Sub	25	1085.75	Tally Bottom		

Jennifer
KOH



Notes

Use all 29 joints & the 25 ft. Sub.

QUEST

TKS Keacey
Sr. Geologist
620 305 9900
Cell

Miss Top = 956 ft.
Tally Bottom = 1085.75 ft.
Log Bottom = 1088.20 ft.
Drill TD = 1090 ft.

This sheet received @ 10 AM 01/13/2011.

Michael Drilling, LLC

P.O.#D10077

**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 011811-3

Date: 01/10/11
Lease: Shirley Triplett
County: Neosho
Well#: 36-3
API#: 15-133-27534-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-23	Overburden	629-640	Lime
23-65	Lime	640	Gas Test 0"at 1/4" Choke
65-120	Shale	640-641	Coal
120-221	Lime	641-863	Shale
221-403	Shale	863-864	Coal
400	Gas Test 0"at 1/4" Choke	864	Gas Test 0"at 1/4" Choke
403-408	Lime	864-885	Shale
408-412	Sand	885-887	Coal
412-452	Lime	887-905	Shale
452-454	Coal	900	Gas Test 0"at 1/4" Choke
454-480	Shale	905-906	Coal
465	Gas Test 0"at 1/4" Choke	906-951	Shale
480-481	Coal	940	Gas Test 0"at 1/4" Choke
481-493	Shale	950	Gas Test 38"at 1/2" Choke
493-494	Coal	951-952	Coal
494-512	Lime	952-955	Shale
512-513	Coal	955-1090	Mississippi Lime
513-521	Shale	965	Gas Test 38"at 1/2" Choke
515	Gas Test 0"at 1/4" Choke	1090	TD
521-529	Lime		
529-530	Coal		Surface
530-628	Shale		RECEIVED JAN 21 2011
540	Gas Test 0"at 1/4" Choke		
628-629	Coal		BY: _____