



KANSAS CORPORATION COMMISSION 1056318
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 SLOW
- 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>01/08/2011</u>	<u>01/09/2011</u>	<u>01/24/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-133-27535-00-00

Spot Description: _____
SW NE SE SE Sec. 36 Twp. 28 S. R. 18 East West
690 Feet from North / South Line of Section
535 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 #: 36-4
Field Name: _____
Producing Formation: MULTIPLE
Elevation: Ground: 944 Kelly Bushing: 0
Total Depth: 1091 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/ 130 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: 05/23/2011



1056318

Operator Name: PostRock Midcontinent Production LLC Lease Name: TRIPLETT, SHIRLEY A Well #: 36-4
 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 Wireline 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 MDL 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	1085.76	A	130	

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	943-947	400GAL 15% HCL W/ 52BBLs 2% KCL WATER, 821BBLs W/ 2% KCL, BIOCID, MAXFLOW, 4400# 2040	943-947
4	887-889/882-884	500GAL 15% HCL W/ 75BBLs 2% KCL WATER, 540BBLs W/ 2% KCL, BIOCID, MAXFLOW, 6200# 2040	887-889/882-884
4	630-633/607-609	400GAL 15% HCL W/ 60BBLs 2% KCL WATER, 830BBLs W/ 2% KCL, BIOCID, MAXFLOW, 7500# 2040	630-633/607-609
4	526-530/513-517	400GAL 15% HCL W/ 47BBLs 2% KCL WATER, 818BBLs W/ 2% KCL, BIOCID, MAXFLOW, 20500# 2040	526-530/513-517

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>2/16/2011</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>59</u>	Water Bbls. <u>40</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

AFE
D10078

231

TICKET NUMBER

7001

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 36-4			36	28	18	NO
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	7:00	12:30		904850		5.5	Joe Blanchard
John Walker	7:00			908142	932895		John Walker
OTTC G. Powers	7:00			903197			OTTC G. Powers
Ves Gabran	7:00			921585	931387		Ves Gabran
MATT NUTT	7:AM			903600			MATT NUTT
Nathan Gabran	7:00						Nathan Gabran

JOB TYPE Logging HOLE SIZE 7 7/8 HOLE DEPTH 1090 CASING SIZE & WEIGHT 5 1/2 16#
 CASING DEPTH 1085.76 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 4bpm

REMARKS:

washed 10 ft 5 1/2 in hole. Ran 200 LBS gal. Sump to surface. Installed cement head ran 18 BBL dyed 130 SKS of cement to get dye to surface. Flush pump. Pump wiper plug to bottom of set float shoe.

ARRIVED on location 9 AM had to fix air lines on casing truck. started in hole 9:30 started cement 11:30 left location 12:30
 Cement to surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	5.5 hr	Foreman Pickup	
903197	hr	Cement Pump Truck	
903600	hr	Bulk Truck	
	hr	Transport Truck	
	hr	Transport Trailer	
		80 Vac	
	1085.76 Ft	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" 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	5.5 hr	Casing tractor	
932895	5.5 hr	Casing trailer	

TD'd. Michael Dilling Sunday 01-09-2011 @ 4PM.

API #15-133-27535

Triplet, Shirley A. 36-4

130ft
+
IRVING
West
1/4mi.
+
North
into

Pipe #	Length	Running Total	Baffle Location	Casing Tally Sheet	
1	36.58			Location: Triplet 36-4	
2	36.52	73.10	Corner	Date: 0100.78 285-18E	
3	36.41	109.51		Well TD: 1090 SSF# 638810	
4	36.32	145.83	Boxed	Neosho Co., KS.	
5	37.09	182.92	109 ft	Jennifer Kon	
6	36.75	219.67			
7	36.78	256.45	145 ft	above Hushpuckney shale.	
8	36.50	292.95			
9	36.26	329.21		Baffle Location	
10	36.27	365.48			
11	36.90	402.38		Notes	
12	36.64	439.02			
13	36.72	475.74		Set upper baffle @ 872.04 ft. Big Hole.	
14	36.38	512.12			
15	36.73	548.85		Set lower baffle @ 915.73 ft. Small Hole.	
16	36.72	585.57			
17	36.33	621.90		Use all 29 joints + the 30 ft. Sub.	
18	36.86	658.76			
19	36.45	695.21		Post Rock	
20	36.95	732.16			
21	36.77	768.93		Miss. Top = 958 ft.	
22	36.73	805.66			
23	36.38	842.04		Tally Bottom = 1085.76 ft.	
24	36.76	878.80			
25	36.93	915.73		Driller TD = 1090.00 ft.	
26	36.91	952.64			
27	36.95	989.59		Logger Bottom = 1090.80 ft.	
28	36.51	1026.10			
29	36.66	1062.76		Ke Roush Sr. Geologist 620-385-9900 Cell	
Sub	20ft	1085.76	Tally Bottom		

Miss. Top = 958 ft.

Tally Bottom = 1085.76 ft.

Driller TD = 1090.00 ft.

Logger Bottom = 1090.80 ft.

756

Ke Roush
Sr. Geologist
620-385-9900
Cell

Michael Drilling, LLC

P.O.#D10078

**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 011811-4

Date: 01/09/11
Lease: Shirley Triplett
County: Neosho
Well#: 36-4
API#: 15-133-27535-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-23	Overburden	540	Gas Test 60"at 1/4" Choke
23-58	Lime	615-616	Coal
58-110	Shale	615	Gas Test 60"at 1/2" Choke
110-136	Lime	616-629	Shale
136-155	Shale	629-634	Lime
155-177	Lime	634-635	Coal
177-268	Shale	635-657	Shale
268-287	Lime	640	Gas Test 60"at 1/2" Choke
287-297	Shale	657-658	Coal
297-371	Lime	658-727	Shale
371-401	Shale	665	Gas Test 8"at 1" Choke
401-450	Lime	727-729	Coal
415	Gas Test 0"at 1/4" Choke	729-768	Shale
450-487	Shale	740	Gas Test 8"at 1" Choke
465	Gas Test 0"at 1/4" Choke	768-770	Coal
487-488	Coal	770-885	Shale
488-511	Lime	790	Gas Test 8"at 1" Choke
490	Gas Test 50"at 1/4" Choke	885-886	Coal
511-512	Coal	886-938	Shale
512-521	Shale	915	Gas Test 8"at 1" Choke
515	Gas Test 50"at 1/4" Choke	938-940	Coal
521-527	Lime	940-955	Shale
527-528	Coal	950	Gas Test 19"at 1" Choke
528-615	Shale	955-1090	Mississippi Lime

RECEIVED
JAN 21 2011
BY: _____

