

CONFIDENTIAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1054735

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			API No. 15 - 15-099-24634-00-00
Name:PostRock Midcontinent Production LLC			Spot Description:
Address 1: Oklahoma Tower			SW NE NW NE Sec. 2 Twp. 35 S. R. 17 Y East West
Address 2: 210 Park Ave, Ste 2750			430 Feet from North / South Line of Section
City: OKLAHOMA CITY State: OK Zip: 73102 +			1,965 Feet from 🗹 East / 🗌 West Line of Section
Contact Person: LANCI			Footages Calculated from Nearest Outside Section Corner:
Phone: (405) 600	-7704		Øne □nw □se □sw
CONTRACTOR: License	_# _5675		County: Labette
Name: McPherson, Ron dba McPherson Drilling			Lease Name: TRANSUE, JAMES L Well #: 2-1
Wellsite Geologist: KEN	RECOY	1011081	Field Name:
Purchaser:			Producing Formation: MULTIPLE
Designate Type of Completion:			Elevation: Ground: 791 Kelly Bushing: 0
✓ New Well Re-Entry Workover			Total Depth: 1035 Plug Back Total Depth: 1026
□ Oii □ ws	SW □ SWD	Slow	Amount of Surface Pipe Set and Cemented at: 21 Feet
☑ Gas ☐ D8	=	SIGW	Multiple Stage Cementing Collar Used? Yes No
□ og	☐ GSW	Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Meth	ane)		If Alternate II completion, cement circulated from: 1026
Cathodic Other (Core, Expl., etc.):			feet depth to: 0 w/ 130 sx cmt.
If Workover/Re-entry: Old	d Well Info as follows:		W SA GITTLE
Operator:			
Well Name:		 	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:			Chloride content: 0 ppm Fluid volume: 0 bbls
Deepening	Re-perf. Conv. to EN	HR Conv. to SWD	
	Conv. to GS	:W	Dewatering method used: Evaporated
Plug Back:	Plug B	ack Total Depth	Location of fluid disposal if hauled offsite:
Commingled	Permit #:		Operator Name:
Dual Completion	Permit #:		Lease Name: License #:
SWD	Permit #:		
■ ENHR	Permit #:		Quarter Sec. Twp. S. R. East West
☐ GSW	Permit #:		County: Permit #:
12/28/2010	12/29/2010	1/08/2011	
Spud Date or Recompletion Date		ompletion Date or	

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

*	ICC Office Use ONLY
Letter of Confide	
=	ase Date:
Wireline Log Rec	aived
Geologist Report	Received
UIC Distribution	
ALT [] t [] ii [] iii	Approved by: NAOMI JAMES Date: 04/27/2011