



CONFIDENTIAL

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>12/29/2010</u> | <u>12/30/2010</u> | <u>1/13/2011</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-099-24625-00-00
 Spot Description: _____
SE NW NW NW Sec. 11 Twp. 35 S. R. 17 East West
380 Feet from North / South Line of Section
395 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Labette
 Lease Name: HAYES, CHARLEY H Well #: 11-1
 Field Name: _____
 Producing Formation: MULTIPLE
 Elevation: Ground: 809 Kelly Bushing: 0
 Total Depth: 1060 Plug Back Total Depth: 1049
 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: 1049
 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: 04/26/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 04/27/2011