



KANSAS CORPORATION COMMISSION 1060717

Form ACO-1

June 2009

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORMForm Must Be Typed
Form must be Signed
All blanks must be Filled**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: CLARK EDWARDS
 Phone: (620) 4319500
 CONTRACTOR: License # 33286
 Name: Lorenz, Barton T.
 Wellsite Geologist: MARK BRENCHISEN
 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: 33343
 Well Name: HINKLE, DAVID W 6-1
 Original Comp. Date: 6/4/2004 Original Total Depth: 987
☐ 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 #:

06/23/11

6/23/2011

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - 15-099-23476-00-01

Spot Description:
 NE NE Sec. 6 Twp. 33 S. R. 18 ☒ East ☐ West
 660 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: Labette

Lease Name: HINKLE DAVID W Well #: 6-1

Field Name:

Producing Formation: CHEROKEE COALS

Elevation: Ground: 871 Kelly Bushing: 0

Total Depth: 987 Plug Back Total Depth: 986

Amount of Surface Pipe Set and Cemented at: 22 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: 986

feet depth to: 0 w/ 126 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: ppm Fluid volume: bbls

Dewatering method used:

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: 08/02/2011

☐ Confidential Release Date:☒ Wireline Log Received☐ Geologist Report Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 08/03/2011