



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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: CLARK EDWARDS Phone: (620) 4319500 CONTRACTOR: License # 5675 Name: McPherson, Ron dba McPherson Drilling Wellsite Geologist: KEN RECOY Purchaser:

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [] Oil [] WSW [] SWD [] SLOW [X] 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 #:

7/6/2011 Spud Date or Recompletion Date 7/7/2011 Date Reached TD 8/3/2011 Completion Date or Recompletion Date

API No. 15 - 15-133-27558-00-00 Spot Description: SE NW NE SW Sec. 34 Twp. 29 S. R. 20 [X] East [] West 2140 Feet from [] North [X] South Line of Section 1850 Feet from [] East [X] West Line of Section Footages Calculated from Nearest Outside Section Corner: [] NE [] NW [] SE [X] SW County: Neosho Lease Name: BEACHNER BROS Well #: 34-29-20-1 Field Name: Producing Formation: CHEROKEE COALS Elevation: Ground: 909 Kelly Bushing: 0 Total Depth: 856 Plug Back Total Depth: 824 Amount of Surface Pipe Set and Cemented at: 22 Feet Multiple Stage Cementing Collar Used? [] Yes [X] No If yes, show depth set: Feet If Alternate II completion, cement circulated from: 824 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

[X] Letter of Confidentiality Received Date: 09/22/2011 [] Confidential Release Date: [X] Wireline Log Received [] Geologist Report Received [] UIC Distribution ALT [] I [X] II [] III Approved by: NAOMI JAMES Date: 09/26/2011