



KANSAS CORPORATION COMMISSION 1065559  
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: CLARK EDWARDS  
Phone: ( 620 ) 4319500  
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     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 #: \_\_\_\_\_  
04/28/2011    04/29/2011    05/19/2011  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-133-27555-00-00  
Spot Description: \_\_\_\_\_  
SW NE SW SW Sec. 30 Twp. 28 S. R. 20  East  West  
675 Feet from  North /  South Line of Section  
750 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Neosho  
Lease Name: BEACHNER BROS Well #: 30-28-20-1  
Field Name: \_\_\_\_\_  
Producing Formation: CHEROKEE COALS  
Elevation: Ground: 886 Kelly Bushing: 0  
Total Depth: 905 Plug Back Total Depth: 902  
Amount of Surface Pipe Set and Cemented at: 45 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 902  
feet depth to: 0 w/ 140 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: 10/19/2011



1065559

Operator Name: PostRock Midcontinent Production LLC Lease Name: BEACHNER BROS Well #: 30-28-20-1  
 Sec. 30 Twp. 28 S. R. 20  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 Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  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 <i>(If no, Submit Copy)</i>  List All E. Logs Run: <b>Attached</b>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name _____ Top _____ Datum _____ <b>SEE ATTACHED</b>
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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	45	A	20	
PRODUCTION	7.875	5.5	14.5	901.84	A	140	

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	751-759/699-701/693-695	400GAL 15% HCL W/ 45BBSLS 2% KCL WATER, 1000BBSLS W/ 2% KCL, BIOCID, MAXFLOW, 10200# 20	751-759/699-701/693-695
4	482-484/455-458	400GAL 15% HCL W/ 50BBSLS 2% KCL WATER, 825BBSLS W/ 2% KCL, BIOCID, MAXFLOW, 8900# 2040	482-484/455-458
4	340-344/330-334	400GAL 15% HCL W/ 54BBSLS 2% KCL WATER, 800BBSLS W/ 2% KCL, BIOCID, MAXFLOW, 15800# 204	340-344/330-334

TUBING RECORD: Size: <u>1.5</u> Set At: <u>850</u> Packer At: <u>n/a</u> Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>6/2/2011</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>57</u> Water Bbls. <u>0</u> Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	BEACHNER BROS 30-28-20-1
Doc ID	1065559

All Electric Logs Run

GRN
DIL
DCL
NDL
TEMP

# QUEST

Resource Corporation



211 W. 14TH STREET,  
CHANUTE, KS 66720  
620-431-9500

D11030

## TREATMENT REPORT & FIELD TICKET CEMENT

TICKET NUMBER

7055

FIELD TICKET REF # \_\_\_\_\_

FOREMAN Joe Blanchard

SSI \_\_\_\_\_

API \_\_\_\_\_

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-28-11	Beachuer 30-28-20-1	30	28	20	NO

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	7:00	1:30		904850		6.5	<i>Joe Blanchard</i>
Justin T. Jaosen	↓	↓		903206		↓	<i>Justin T. Jaosen</i>
Nathan G. K. M. R. N.	↓	↓		903255		↓	<i>Nathan G. K. M. R. N.</i>
Dustin P. P. P.	↓	↓		903206		↓	<i>Dustin P. P. P.</i>
Jeff Mitchell	↓	↓		Extra		↓	<i>Jeff Mitchell</i>

JOB TYPE Set Surface HOLE SIZE 11" HOLE DEPTH 35 CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4bpm

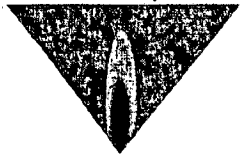
REMARKS:

Pumped 8 sacks 800 pounds gel During Drilling of Surface. gel circulated to gel pit. Circulated out of gel pit until Rig Reached surface TD. Rig Polled Drill pipe out of hole & RAN Surface Casing Pumped 1 bbl water to achieve circulation pumped 20 SKS of cement to get good heavy cement to surface. Stopped cement pump 1 bbl H<sub>2</sub>O TO displace shut casing in. Cleaned up left location.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	6.5 hr	Foreman Pickup	
903255	↓	Cement Pump Truck	
903206	↓	Bulk Truck	
	↓	Transport Truck	
	↓	Transport Trailer	
904735	↓	80 Vac	
	n/a	Casing	
	↓	Centralizers	
	↓	Float Shoe	
	↓	Wiper Plug	
	↓	Frac Baffles	
	20 SK	Portland Cement	
	↓	Gilsonite	
	↓	Flo-Seal	
	↓	Premium Gel	
	↓	Cal Chloride	
	↓	KCL	
	↓	City Water	

# QUEST

Resource Corporation



211 W. 14TH STREET,  
CHANUTE, KS 66720  
620-431-9500

Called Judy @ KCC 8:00 AM

TICKET NUMBER 7057

FIELD TICKET REF # \_\_\_\_\_

FOREMAN Joe Blanchard

SSI 631400

API 15-133-27555

D11030

## TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-3-11	Beachuer 30-28-20-1	30	28	20	NO

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	7:00	11:00		904850		4	Joe Blanchard
DUSTY PORTER				930600			Dusty Porter
Justin T Jansen				Tractor			Justin T Jansen
<del>Ken Colston</del>				<del>903139</del>	<del>932895</del>		<del>Ken Colston</del>
Nathan Gohara				903255			Nathan Gohara
Wes Blum				931505	931395		Wes Blum

See other timesheet

JOB TYPE Long string HOLE SIZE 7 7/8 HOLE DEPTH 904 CASING SIZE & WEIGHT 5 1/2 147H  
 CASING DEPTH 901.84 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 21.45 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS:

washed 4 ft 5 1/2 casing whole swept 15K gal. Installed cement head RAN 12 bbl dye + 140 SKS of cement to get dye to surface. Flush pump Pump wiper plug to bottom + set float shoe  
 Cement to surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	4 hr	Foreman Pickup	
903255	1 hr	Cement Pump Truck	
903600	1 hr	Bulk Truck	
931505	1 hr	Transport Truck	
931595	1 hr	Transport Trailer	
931435	1 hr	80 Vac	
	901.84 ft	Casing 5 1/2	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" + 4 1/2"	
	110 SK	Portland Cement	
	30 SK	Gilsonite	
	2 SK	Flo-Seal	
	10 SK	Premium Gel	
	5 SK	Cal Chloride	
	1	5 1/2 Cement Basket	
	2000 gal	City Water	
903139	4 hr	Casing tractor	
932895	4 hr	Casing trailer	







Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

October 07, 2011

POSTROCK MIDCONTINENT PRODUCTION LLC  
OKLAHOMA TOWER  
210 PARK AVE, STE 2750  
OKLAHOMA CITY, OK 73102

RE: API Well No. 15-133-27555-00-00  
BEACHNER BROS 30-28-20-1  
SWNESWSW, 30-28S-20E  
NEOSHO County, Kansas

Dear Operator:

Upon review of the above referenced well, the following documentation appears to be incomplete pursuant to K.A.R. 82-3-107. The requested information below should be submitted to the KCC to my attention by October 21, 2011 for processing. Failure to submit the requested documentation may be punishable by an administrative penalty pursuant to the General Rules and Regulations for the State of Kansas.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> All drilling and completion information. No ACO-1 has been received as of this date. | <input type="checkbox"/> TD and Completion date. (Month, Day, Year)   |
| <input type="checkbox"/> Must be notarized and signed.   | <input type="checkbox"/> Must have Footages from nearest outside corner of section.   |
| <input type="checkbox"/> Must have the ORIGINAL HARD COPY of ACO-1.  | <input type="checkbox"/> Side two on back of ACO-1 must be completed.   |
| <input type="checkbox"/> We do not accept fax copies.  | <input type="checkbox"/> Must have final copies of DST's/Charts.  |
| <input type="checkbox"/> Must be put on new form and typed.  | <input type="checkbox"/> All original complete open and cased hole wireline logs run.   |
| <input type="checkbox"/> API # or date when original well was first drilled.   | <input type="checkbox"/> A copy of geological reports compiled by wellsite geologist.   |
| <input type="checkbox"/> Contractor License #.   | <input type="checkbox"/> A copy of all cement job logs showing type, amounts and additives used to cement casing strings, squeeze and/or to plug and abandon. (Note: Cement tickets must be from company providing the cement, not necessarily the contractor.) |
| <input type="checkbox"/> Designate type of Well Completion.  | <input type="checkbox"/> Any commingling information; File on the ACO-4 form.   |
| <input type="checkbox"/> If Workover/Re-entry, need old well information, including original completion date.            | <input type="checkbox"/> Anything HIGHLIGHTED on ACO-1.   |
| <input type="checkbox"/> Spud date. (Month, Day, Year)   |   |
| <input type="checkbox"/> Other:  |   |

K.C.C. regulation 82-3-107 provides confidentiality, upon written request, for a period of one year from the date of such letter request. Confidentiality rights are waived if the ACO-1 remains incomplete, or is not timely filed (within 120 days from the well's spud date) including: electric logs, geologist's wellsite reports, driller's logs, and Kansas Geological Survey requested samples.

Do not hesitate to call the Kansas Corporation Commission, Conservation Division, at (316) 337-6200 if there are any questions. PLEASE RETURN THIS FORM AND ANY ENCLOSURES WITH YOUR REPLY. Note: If the intent is incorrect, you need to file a corrected intent.

Sincerely,

DEANNA GARRISON  
Production Department

CONSERVATION DIVISION  
Finney State Office Building, 130 S. Market, Room 2078, Wichita, KS 67202-3802  
(316) 337-6200 • Fax (316) 337-6211 • <http://kcc.ks.gov/>