



KANSAS CORPORATION COMMISSION 1065835
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 SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Cora, 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 #: _____

6/14/2011	6/15/2011	7/6/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32089-00-00
Spot Description: _____
SW NE NE SE Sec. 4 Twp. 35 S. R. 17 East West
2150 Feet from North / South Line of Section
475 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: DECKER, PAUL M Well #: 4-1
Field Name: _____

Producing Formation: CHEROKEE COALS
Elevation: Ground: 777 Kelly Bushing: 0
Total Depth: 1041 Plug Back Total Depth: 1032
Amount of Surface Pipe Set and Cemented at: 23 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1032
feet depth to: 0 w/ 160 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 Gerlach Date: 10/24/2011



1065835

Operator Name: PostRock Midcontinent Production LLC Lease Name: DECKER, PAUL M Well #: 4-1
 Sec. 4 Twp. 35 S. R. 17 East West County: Montgomery

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: Attached	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE ATTACHED
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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	23	A	4	
PRODUCTION	7.875	5.5	14.5	1032.6	A	160	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	-			
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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	897-899/828-830	400GAL 15% HCL WF 68BBL 2% KCL WATER, 681BBL WF 2% KCL, BIocide, MAXFLOW, 4000F 2040	897-899/828-830
4	625-627/488-490/458-460/433-435	400GAL 15% HCL WF 64BBL 2% KCL WATER, 730BBL WF 2% KCL, BIocide, MAXFLOW, 8000F 2040	625-627/488-490/458-460/433-435
4	424-428	400GAL 15% HCL WF 32BBL 2% KCL WATER, 600BBL WF 2% KCL, BIocide, MAXFLOW, 12000F 2040	424-428
4	384-387	400GAL 15% HCL WF 51BBL 2% KCL WATER, 830BBL WF 2% KCL, BIocide, MAXFLOW, 6200F 2040	384-387

TUBING RECORD:	Size: <u>1.5</u>	Set At: <u>996</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. <u>7/29/2011</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>0</u>	Water Bbls. <u>53</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	DECKER, PAUL M 4-1
Doc ID	1065835

All Electric Logs Run

GRN
DIL
CDL
NDL
TEMP



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

1800 + 5700 South 5/8 wind

AFE
D11048

TICKET NUMBER

7089

FIELD TICKET REF #

FOREMAN Joe Blanchard

SSI 630070

API 15-125-32089

TREATMENT REPORT
& FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
6-16-11	Decker Paul 4-1			4	35	17	MG
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	6:00	10:00		904850		4	Joe Blanchard
Wes Gylman	6:00	↓		931505	931395	↓	Wes Gylman
DUSTIN PORTER	6:06	↓		903600		↓	Dustin Porter
Justin T. Johnson	6:00	↓		903197		↓	Justin T. Johnson

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1040 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 1032.60 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 24.58 DISPLACEMENT PSI _____ MIX PSI _____ RATE 46pm

REMARKS:

Installed Cement head Ran 1 sk gel & 16 BBI dye & 160 SKS of cement
 To get dye to surface. Flush pump. Pump wiper plug to bottom & set float
 shoe.

started casing 8:00 started cement 9:15

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	4 hr	Foreman Pickup	
903197	4 hr	Cement Pump Truck	
903600	4 hr	Bulk Truck	
931505	4 hr	Transport Truck	
931395	4 hr	Transport Trailer	
		80 Vac	
	1032.60 Ft	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	1	Frac Baffles 4 1/2" Big hole	
	125 SK	Portland Cement	
	35 SK	Gilsonite	
	1 SK	Flo-Seal	
	9 SK	Premium Gel	
	6 SK	Cal Chloride	
	1	5 1/2 Basket	
	7000 gal	City Water	
903142	4 hr	Casing tractor	
933900	4 hr	Casing trailer	

Dr. M. Pherson Drilling 06/15/11 Wednesday @ 1 PM.

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	39.62	39.62		Date: 6/14/11
2	39.81	79.43	Cement Basket	Well Name & #: Decker, Paul M. 4-1
3	39.74	119.17		Township & Range: 35S-17E
4	38.23	157.40	@ 157 ft.	County/State: Montgomery / Kansas
5	39.08	196.48		SSI #: 630070
6	39.88	236.36		AFE#: D11048
7	38.54	274.90		Road Location: 1800 Rd. & 5700 Rd., S & W into
8	39.17	314.07		API# 15-125-32089
9	39.14	353.21		
10	38.40	391.61		
11	39.45	431.06	No Upper Baffle here. Had enough room.	
12	39.28	470.34		
13	39.62	509.96		
14	38.52	548.48		
15	40.24	588.72		
16	40.12	628.84		
17	40.60	669.44		
18	39.67	709.11		
19	39.62	748.73		
20	39.54	788.27	Set Lower Baffle @ 788.27 ft. Big Hole. *	
21	38.78	827.05		Using up Big Holes on Lower Baffle.
22	39.58	866.63		
23	38.54	905.17		
24	39.68	944.85		
25	38.93	983.78		
26	38.82	1022.60		
27	39.49	1062.09	out	
Sub	10.00	1072.09	Tally Bottom 1032.60 ft.	
Use 26 joints & the 10 ft. Sub.				
Do Not use joint # 27.				
Be Safe.				
Bottom String:				

Miss Top 909 ft.
Tally Bottom 1032.60 ft.
Driller TD 1040 ft.
Log Bottom 1040.70 ft.

Teamwork works! Put Safety 1st!

TKD. Ke Raw
 Sr. Geologist
 Cell 820-305-9900
 06-15-2011

