



KANSAS CORPORATION COMMISSION 1065843
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 (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>6/17/2011</u>	<u>6/20/2011</u>	<u>7/19/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-099-24649-00-00
Spot Description: _____
NE SW Sec. 24 Twp. 32 S. R. 18 East West
1980 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Labette
Lease Name: HOGAN, CARL C Well #: 24-1
Field Name: _____
Producing Formation: CHEROKEE COALS
Elevation: Ground: 843 Kelly Bushing: 0
Total Depth: 933 Plug Back Total Depth: 921
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: 921
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: Osanna Gantzer Date: 10/24/2011



1065843

Operator Name: PostRock Midcontinent Production LLC Lease Name: HOGAN, CARL C Well #: 24-1
 Sec. 24 Twp. 32 S. R. 18 East West County: Labette

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: GRN	<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	921.41	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	745-747/738-740	400GAL 15% HCL WF 748BBL 2% KCL WATER, 430BBL 2% KCL, BIocide, MAXFLOW, 4000# 2040	745-747/738-740
4	470-472/443-445/437-439/404-406	400GAL 15% HCL WF 808BBL 2% KCL WATER, 755BBL 2% KCL, BIocide, MAXFLOW, 8000# 2040	470-472/443-445/437-439
4	339-343	400GAL 15% HCL WF 488BBL 2% KCL WATER, 788BBL 2% KCL, BIocide, MAXFLOW, 8000# 2040	339-343
4	314-318	400GAL 15% HCL WF 308BBL 2% KCL WATER, 555BBL 2% KCL, BIocide, MAXFLOW, 7480# 2040	314-318

TUBING RECORD: Size: <u>1.5</u> Set At: <u>850</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>8/4/2011</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>6</u> Water Bbls. <u>3</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"/> Duality 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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QUEST

Resource Corporation



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

AFE
D11042

TICKET NUMBER

7104 ✓

FIELD TICKET REF #

FOREMAN Joe Blanchard

SSI 630220

API 15-099-24649

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
6-21-11	Hogues Carl 24-1		24	32	18	LB	
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	11:30	6:00		904850		6.5	<i>Joe Blanchard</i>
DUSTIN PORR		5:00		903600		5.5	<i>Dustin Porr</i>
Justin T. Jansen		6:00		903197		6.5	<i>Justin T. Jansen</i>
Wes Cochran		6:00		931505	931395	6.5	<i>Wes Cochran</i>

JOB TYPE longstring HOLE SIZE 7 7/8 HOLE DEPTH 932 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 921.41 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 21.93 DISPLACEMENT PSI _____ MIX PSI _____ RATE 46pm

REMARKS:

Installed Cement head Ran 1sk gal of 11 BBI dye & 140 lbs of Cement to get dye to surface. Flush pump. Pump wiper plug to bottom & set float shoe.

started casing 12:00 started cement 4:00 had to wait 2 1/2 hr on Bulk truck to Reload and drive to our location.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	6.5 hr	Foreman Pickup	
903197	6.5 hr	Cement Pump Truck	
903600	5.5 hr	Bulk Truck	
931505	6.5 hr	Transport Truck	
931395	6.5 hr	Transport Trailer	
		80 Vac	
	921.41 Ft	Casing 5 1/2"	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" #4 1/2"	
	115 SK	Portland Cement	
	25 SK	Gilsonite	
	1 SK	Flo-Seal	
	9 SK	Premium Gel	
	5 SK	Cal Chloride	
	1	400 5 1/2 Basket	
	500 gal	City Water	
903139	1.5 hr	Casing tractor	
932900	1.5 hr	Casing trailer	

DD's. M^c Pherson Drilling Monday 06-20-11 @ 12 Noon.

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	39.21	39.21		Date: 6/20/11
2	39.33	78.54	Cement Basket	Well Name & #: Hogan, Carl C. 24-1
3	39.92	118.46		Township & Range: 32S-18E
4	38.65	157.11	@ 157.11 ft.	County/State: Labette / Kansas
5	38.93	196.04		SSI #: 630220
6	38.81	234.85		AFE#: D11042
7	38.97	273.82		Road Location: 17,000 & Irving, W 2/3 mi & N into
8	39.79	313.61		API# 15-099-24649
9	39.49	353.10		
10	40.19	393.29		Set Upper Baffle @ 353.10 ft. Big Hole
11	38.70	431.99		
12	38.27	470.26		
13	40.07	510.33		
14	39.84	550.17		
15	37.95	588.12		
16	39.89	628.01		
17	39.15	667.16		
18	38.25	705.41		Set Lower Baffle @ 705.41 ft. Small Hole.
19	39.41	744.82		
20	38.90	783.72		
21	39.40	823.12		
22	38.57	861.69		
23	38.72	900.41		
Sub	21.00	921.41	Tally Bottom	

Use all 23 joints + the 21 ft Sub.

Be Safe!

Drunk fluids + take breaks.

Bottom Load

Miss Top 787 ft.

Tally Bottom 921.41 ft.

Duller DD 930 ft.

Log Bottom 932.80 ft.

Teamwork works! Put Safety 1st!

(Signature) Ke Reuziger Sr. Geologist

6203059900

06-20-2011

