



KANSAS CORPORATION COMMISSION 1065847
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 # 33606
Name: Thornton Air Rotary, LLC
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>6/21/2011</u>	<u>6/22/2011</u>	<u>7/18/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-133-27563-00-00
Spot Description: _____
NE SW SW NE Sec. 10 Twp. 30 S. R. 18 East West
2015 Feet from North / South Line of Section
2180 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Neosho
Lease Name: BRUNGARDT, RANDALL F Well #: 10-2
Field Name: _____
Producing Formation: CHEROKEE COALS
Elevation: Ground: 1037 Kelly Bushing: 0
Total Depth: 1190 Plug Back Total Depth: 1186
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1186
feet depth to: 0 w/ 175 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: 10/24/2011



1065847

Operator Name: PostRock Midcontinent Production LLC Lease Name: BRUNGARDT, RANDALL F Well #: 10-2
 Sec. 10 Twp. 30 S. R. 18 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: 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	21.6	A	4	
PRODUCTION	7.875	5.5	14.5	1185.89	A	175	

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	1045-1048/993-995/986-988	400GAL 15% HCL W/ 80BBL 2% KCL WATER, 530BBL W/ 2% KCL, BIocide, MAXFLOW, 4000# 2044	1045-1048/993-995/986
4	838-840/766-768/728-729/704-706	400GAL 15% HCL W/ 100BBL 2% KCL WATER, 610BBL W/ 2% KCL, BIocide, MAXFLOW, 3600# 2044	838-840/766-768/728-729
4	620-624/608-612	400GAL 15% HCL W/ 77BBL 2% KCL WATER, 498BBL W/ 2% KCL, BIocide, MAXFLOW, 8000# 2044	620-624/608-612

TUBING RECORD: Size: <u>1.5</u> Set At: <u>1100</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>23</u> Water Bbls. <u>64</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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Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Canny, KS 67333

Date Started	6/21/2011
Date Completed	6/22/2011

Well No.	Operator	Lease	A.P.I.#	County	State
10-2	Post Rock Energy	Brungardt, Randall	15-133-27563-00-00	Neosho	Kansas
1/4	1/4	1/4	Sec. 10	Twp. 30	Rge. 18C

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Sean	Gas	4	22' 8 5/8"	1190	7 7/8"

Formation Record

0-2	DIRT	533-537	LIME	921-1008	SHALE
2-12	CLAY	537-541	BLK SHALE (LEXINGTON)	931	GAS TEST - SAME
12-88	SHALE	541-560	SHALE	1008-1009	COAL
88-128	LIME	555	GAS TEST - NO GAS	1009-1042	SHALE
128-163	SAND	560-574	SAND	1031	GAS TEST - SAME
163-166	SHALE	574-583	SANDY SHALE	1042-1043	COAL
166-167	COAL	583-605	LIME (OSWEGO)	1043-1048	SHALE
167-170	SHALE	605-613	BLK SHALE (SUMMIT)	1048	GAS TEST - SAME
170-181	SAND	613-619	LIME	1048-1057	CHAT/CHIRT
181-191	SANDY SHALE	619-623	BLK SHALE (MULKY)	1056	GAS TEST - SAME
191-209	LIME	623-626	LIME	1057-1130	LIME/CHIRT
209-224	SHALE	626-702	SHALE	1130-1190	CHAT/CHIRT
224-242	LIME	630	GAS TEST 2 1/2" O.L. 1 7/8" I.D. 86 MCF	1190	ID
242-273	SHALE	702-704	COAL (BEVIER)		
280	WENT TO WATER	704-721	SHALE		
273-288	LIME	721-723	LIME (VERDIGRIS)		
288-315	SHALE	723-726	BLACK SHALE		
315-350	SAND	726-727	COAL (CROWBERG)		
350-376	SHALE	727-735	SHALE		
376-388	LIME	735-755	SANDY SHALE		
388-391	SHALE	755-762	SHALE		
391-403	LIME	762-763	COAL		
403-450	SHALE	763-776	SHALE		
450-482	SAND	776-777	COAL		
482-503	SANDY SHALE	777-786	SHALE		
503-504	COAL (MULBERRY)	780	GAS TEST - SAME		
504-505	SHALE	786-800	SAND		
505	GAS TEST - NO GAS	800-846	SANDY SHALE		
506-531	LIME (PAWNEE)	846-920	SHALE		
531-533	BLACK SHALE	920-921	COAL		



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

AFE #
D11663

TICKET NUMBER 7107
FIELD TICKET REF # _____
FOREMAN Joe Blanchard
SSI 631570
API 15-133-27563

TREATMENT REPORT
& FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
6-23-11	Boungardt Randall 10-2			10	30	18	NO.
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	6:00	10:30		904850		4.5	Joe Blanchard
Was Gubman	↓			931505	931395	↓	Was Gubman
JUSTIN JANSIN	↓			903197		↓	Justin Jansin
POST IN PORTER	↓			903600		↓	Post In Porter

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 1185.89 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 28.23 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

EMARKS:

washed 25 Ft 5/2. Sump 2 SKS gel. Installed cement head RAN 18 BBL dye & 175 SKS of cement to get dye to surface. Flush pump. Pump plug to bottom & set float shoe.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	4.5 hr	Foreman Pickup	
903197	↓ hr	Cement Pump Truck	
903600	↓ hr	Bulk Truck	
931505	↓ hr	Transport Truck	
931395	↓ hr	Transport Trailer	
		80 Vac	
	1185.89 Ft	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" x 4 1/2"	
	140 SK	Portland Cement	
	35 SK	Gilsonite	
	2 SK	Flo-Seal	
	11 SK	Premium Gel	
	5 SK	Cal Chloride	
	1	5 1/2 Cement Basket	
	700 gal	City Water	
903142	4.5 hr	Casing tractor	
932900	4.5 hr	Casing trailer	