



KANSAS CORPORATION COMMISSION 1065840
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 #: _____

<u>6/16/2011</u>	<u>6/17/2011</u>	<u>7/13/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-099-24647-00-00

Spot Description: _____

SW NE NE SE Sec. 31 Twp. 33 S. R. 18 East West

2200 Feet from North / South Line of Section

490 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Labette

Lease Name: BUSSMAN, RUSSELL L Well #: 31-1

Field Name: _____

Producing Formation: CHEROKEE COALS

Elevation: Ground: 764 Kelly Bushing: 0

Total Depth: 981 Plug Back Total Depth: 964

Amount of Surface Pipe Set and Cemented at: 22 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 964

feet depth to: 0 w/ 155 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



1065840

Operator Name: PostRock Midcontinent Production LLC Lease Name: BUSSMAN, RUSSELL L Well #: 31-1
 Sec. 31 Twp. 33 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	22	A	4	
PRODUCTION	7.875	5.5	14.5	964.79	A	155	

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	820-823/797-799	500GAL 15% HCL W/ 165BBLs 2% KCL WATER	820-823/797-799
4	573-576	400GAL 15% HCL W/ 66BBLs 2% KCL WATER, 426BBLs W/ 2% KCL, 8HOClE, MAXFLOW, 2160# 2040	573-576
4	465-467/454-456/407-409	400GAL 15% HCL W/ 72BBLs 2% KCL WATER, 776BBLs W/ 2% KCL, 8HOClE, MAXFLOW, 6540# 2040	465-467/454-456/407-409
4	365-370	400GAL 15% HCL W/ 426BBLs 2% KCL WATER, 791BBLs W/ 2% KCL, 8HOClE, MAXFLOW, 12180# 2040	365-370
4	333-337	400GAL 15% HCL W/ 426BBLs 2% KCL WATER, 639BBLs W/ 2% KCL, 8HOClE, MAXFLOW, 7270# 2040	333-337

TUBING RECORD: Size: <u>1.5</u> Set At: <u>908</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>7/22/2011</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>19</u>	Water Bbls. <u>0</u>	Gas-Oil Ratio	Gravity
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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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QUEST

Resource Corporation



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

AFE
D11044

TREATMENT REPORT & FIELD TICKET CEMENT

TICKET NUMBER

7094

FIELD TICKET REF #

FOREMAN Joe Blanchard

SSI 628390

API 15-099-24047

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
6-20-11	Bussman Russell 31-1			31	33	18	LB
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	10:45	6:15		904850		7.5	<i>Joe Blanchard</i>
John T. Jansen	10:45	6:15		903197		7.5	<i>John T. Jansen</i>
Wes Cochran	10:45	4:30		931905	931395	5.75	<i>Wes Cochran</i>
Dustin Parks	10:45	5:00		903600		6.25	<i>Dustin Parks</i>

JOB TYPE Longstroke HOLE SIZE 7 7/8 HOLE DEPTH 981 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 964.79 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 22.97 DISPLACEMENT PSI _____ MIX PSI _____ RATE 46pm

REMARKS:

Installed Cement head RAW 25x5 gal & 14 BBI dye & 155 SKS of cement to set dye to surface. Flush pump. Pump wiper plug to bottom of set float shoe.

started casing 11:15 Bulk truck showed up after Reloading at 3:30

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	7.5 hr	Foreman Pickup	
903197	7.5 hr	Cement Pump Truck	
903600	6.25 hr	Bulk Truck	
931905	5.75 hr	Transport Truck	
931395	5.75 hr	Transport Trailer	
		80 Vac	
	964.79 Ft	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" x 4 1/2"	
	120 SK	Portland Cement	
	32 SK	Gilsonite	
	1 SK	Flo-Seal	
	9 SK	Premium Gel	
	5 SK	Cal Chloride	
	1	400 5 1/2 Basket	
	2000 gal	City Water	
903139	2 hr	Casing tractor	
932895	2 hr	Casing trailer	

DD's McPherson Drilling Fraclog 06/17/11 @ 12 Noon.

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	38.79	38.79		Date: 6/17/11
2	38.89	77.68	Cement Basket	Well Name & #: Bussman, Russell L. 31-1
3	38.22	115.90		Township & Range: 33S-18E
4	39.74	155.64	@ 155 ft.	County/State: Labette / Kansas
5	40.11	195.75		SSI #: 628390
6	38.24	233.99		AFE#: D11044
7	38.81	272.80		Road Location: 9000 & Clay, N & E into
8	39.18	311.98		API# 15-099-24647
9	38.46	350.44		
10	38.54	388.98	Set Upper Baffle @ 388.98 ft. Big Hole.	
11	38.66	427.64		
12	38.93	466.57		
13	39.87	506.44		
14	38.74	545.18		
15	39.61	584.79		
16	39.21	624.00		
17	39.61	663.61		
18	39.90	703.51	Set Lower Baffle @ 703.51 ft. Small Hole.	
19	38.89	742.40		
20	39.08	781.48		
21	40.02	821.50		
22	39.51	861.01		
23	39.86	900.87		
24	38.92	939.79		
25	25.00	964.79	Tally Bottom	
Use all 25 joints & No Sub.				
Be Safe.				
Bottom Load				

Miss Top 832 ft.
Tally Bottom 964.79 ft.
Driller DD 975 ft.
Log Bottom 981.40 ft.

Teamwork works! Put Safety 1st!

D.D. Keeney
 Sr. Geologist
 6203059900 Cell
 06-17-2011.