



KANSAS CORPORATION COMMISSION 1069802
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>7/29/2011</u>	<u>8/2/2011</u>	<u>8/10/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-27902-00-00

Spot Description: _____
_____ NE SW Sec. 26 Twp. 28 S. R. 16 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: Wilson

Lease Name: FOLLMER, WILLIAM C Well #: 26-1

Field Name: _____

Producing Formation: CHEROKEE COALS

Elevation: Ground: 863 Kelly Bushing: 0

Total Depth: 1220 Plug Back Total Depth: 1212

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: 1212

feet depth to: 0 w/ 200 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 Carls Date: 12/09/2011



1069802

Operator Name: PostRock Midcontinent Production LLC Lease Name: FOLLMER, WILLIAM C Well #: 26-1
 Sec. 26 Twp. 28 S. R. 16 East West County: Wilson

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	22	A	4	
PRODUCTION	7.875	5.5	14.5	1211.85	A	200	

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	879-881/833-835/815-817	8000AL 15% HCL W/ 880LS 2% KCL WATER, 8258LS W 2% KCL, BIOCD, MAXFLOW, 10327# 20#	879-881/833-835/815-817
4	683-687/671-675	8000AL 15% HCL W/ 7100LS 2% KCL WATER, 8760LS W 2% KCL, BIOCD, MAXFLOW, 20517# 20#	683-687/671-675

TUBING RECORD: Size: <u>1.5</u> Set At: <u>931</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>8/18/2011</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.	Gas Mcf	Water Bbls.
		31	8
			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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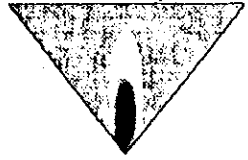
Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	FOLLMER, WILLIAM C 26-1
Doc ID	1069802

All Electric Logs Run

DIL
CDL
NDL
TEMP
GRN

QUEST

Resource Corporation



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

AFE # D10096

TREATMENT REPORT & FIELD TICKET CEMENT

TICKET NUMBER

✓ 7146

FIELD TICKET REF #

FOREMAN Nathan Cochran

SSI 630090

API 15-205-27902

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-5-11	Fallmer, William C 26-1	26	28	16	Wilson

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Cochran	8:00	1:00					Nathan Cochran
Joe Blanchard	8:00	1:00		904850		6	Joe Blanchard
Justin T. Johnson	8:00	1:00		903255		6	Justin T. Johnson
Wes Edman	8:00	1:00		971505	971295	6	Wes Edman
Robt Rice	8:00	1:00		902189	932895		Robt Rice
DUSTY DORR	8:00	1:00		903600		6	Dusty Dorrr

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1219 CASING SIZE & WEIGHT 5 1/2 14 #
 CASING DEPTH 1211.85 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 0
 DISPLACEMENT 29.56 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS:

Spotted equipment on location. Helped rig crew run in casing. Installed wash head and washed down approx. 45' swept with 1 sk gel. Installed cement head. Pump 18 bbl dye then 200 sks cement to get dye to surface. Flushed pump. Pumped wiper plug to bottom and set float shoe.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	1	Foreman Pickup	
903255	1	Cement Pump Truck	
903600	1	Bulk Truck	
931505	1	Transport Truck	
931295	1	Transport Trailer	
904730	1	80 Vac	
	1211.85	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles	
	137 sk	Portland Cement	
	40 sk	Gilsonite	
	2 sk	Flo-Seal	
	15 sk	Premium Gel	
	6 sk	Cal Chloride	
	2	Cement Basket	
	7000 gal	City Water	
903130	1	Casing tractor	
932895	1	Casing trailer	

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	7/29/2011
Date Completed	8/2/2011

Well No.	Operator	Lease	A.P.I.#	County	State
26-1	Post Rock Energy	Follmer, William	15-205-27902-00-00	Wilson	Kansas
1/4	1/4	1/4	Sec. 26	Twp. 28 S	Rge. 16 E

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Sean	Gas	4	22' 8 5/8	1220	7 7/8

Formation Record

0-3	DIRT	650-670	LIME (OSWEGO)		
3-16	CLAY	670-676	BLK SHALE (SUMMIT)		
16-45	SHALE	676-683	LIME		
45-53	LIME	680	G.T.-18 oz, 1/8" = 2.24 MCF		
53-77	SHALE	683-686	BLK SHALE (EXCELLO)		
77-125	SAND	686-687	COAL (MULKY)		
105	WENT TO WATER	687-698	SHALE		
125-148	SANDY SHALE	698-732	SAND		
148-153	LIME	705	G.T.-1 oz, 1/4" = 1.68 MCF		
153-160	SAND	732-814	SANDY SHALE		
160-168	SHALE	814-815	COAL		
168-254	LIME	815-836	SAND		
254-289	SHALE	836-837	COAL		
289-309	LIME	837-930	SHALE		
309-315	SHALE	856	G.T.-10oz, 1/4" = 5.32 MCF		
315-368	LIME	930-937	SAND		
368-375	SHALE	937-950	SANDY SHALE		
375-382	LIME	950-1028	SAND		
382-435	SHALE	1028-1069	SHALE		
435-492	LIME	1068-1071	COAL		
492-520	SAND	1071-1075	SHALE		
520-583	SANDY SHALE	1072	GAS TEST -SAME		
583-585	LIME	1075-1108	CHAT/CHIRT (MISS.)		
585-586	COAL (MULBERRY)	1081	GAS TEST - SAME		
586-607	LIME (PAWNEE)	1108-1160	LIME		
605	GAS TEST - NO GAS	1160-1220	CHAT/CHIRT		
607-612	BLK SHALE (LEXINGTON)	1220	GAS TEST - SAME		
612-640	SHALE	1220	TD		
630	G.T.-1 1/2oz, 1/8" = 603 MCF				
640-650	SAND				