



KANSAS CORPORATION COMMISSION 1069775
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 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 #: _____
7/26/2011 7/27/2011 8/16/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-205-27957-00-00
Spot Description: _____
SW NE SW NW Sec. 10 Twp. 29 S. R. 17 East West
1727 Feet from North / South Line of Section
790 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: FAIL, IVAN Well #: 10-2
Field Name: _____
Producing Formation: CHEROKEE COALS
Elevation: Ground: 917 Kelly Bushing: 0
Total Depth: 1175 Plug Back Total Depth: 1171
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: 1171
feet depth to: 0 w/ 170 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 Gamble Date: 12/09/2011



1069775

Operator Name: PostRock Midcontinent Production LLC Lease Name: FAIL, IVAN Well #: 10-2
 Sec. 10 Twp. 29 S. R. 17 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
---	---

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	1171.36	A	170	

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	1020-1022/971-973/966-968	400GAL 15% HCL W/ 618BLS 2% KCL WATER, 775BLS W/ 2% KCL, BIocide, MAXFLOW, 4400# 20/40	1020-1022/971-973/966
4	752-754/716-718/699-701	400GAL 15% HCL W/ 748BLS 2% KCL WATER, 625BLS W/ 2% KCL, BIocide, MAXFLOW, 5500# 20/40	752-754/716-718/699-701
4	631-635/618-622	500GAL 15% HCL W/ 638BLS 2% KCL WATER, 630BLS W/ 2% KCL, BIocide, MAXFLOW, 12300# 20/40	631-635/618-622

TUBING RECORD: Size: <u>1.5</u> Set At: <u>1072</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>8/30/2011</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.
		14	15
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: _____ _____
--	--	--

Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	FAIL, IVAN 10-2
Doc ID	1069775

All Electric Logs Run

CDL
NDL
TEMP
GRN

QUEST

Resource Corporation



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

AEF#
D11074

TREATMENT REPORT & FIELD TICKET CEMENT

TICKET NUMBER **7123**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
SSI 631670
API 15-205-27957

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
8-1-11	Fgill, Fwy 10-2		10	29	17	Wilson	
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Jim Blanchard	10:00	3:00		904850		5.5	<i>[Signature]</i>
Nathan Gahman	10:00	3:00					<i>[Signature]</i>
DUSTEN PORTER		1:30		903600		3.5	<i>[Signature]</i>
Nathan Gahman		1:30		907400	932705	3.5	<i>[Signature]</i>
Justin Jensen		2:00		903255		4	<i>[Signature]</i>
Port E. C.		2:30		903142	907900	4.5	<i>[Signature]</i>

JOB TYPE Long String HOLE SIZE > 7/8" HOLE DEPTH 1174 CASING SIZE & WEIGHT 5 1/2" 14#
 CASING DEPTH 1171.36 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 28.58 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS:
Installed wash head and washed down approx 15 ft, swept 1 sk of gel. Installed plug equipment. Ran 12 bbl dye and 170 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	4.5 hr	Foreman Pickup	
903255	4 hr	Cement Pump Truck	
903600	3.5 hr	Bulk Truck	
903400	3.5 hr	Transport Truck	
932705	3.5 hr	Transport Trailer	
904730	3.5 hr	80 Vac	
	1171.36	Casing 5 1/2"	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles	
	135 sk	Portland Cement	
	35 sk	Gilsonite	
	2 sk	Flo-Seal	
	14 sk	Premium Gel	
	5 sk	Calc Chloride	
	1	Net Cement Bucket	
	7000 gal	City Water	
903142	4.5	Casing tractor	
932900	4.5	Casing trailer	

DD. Thornton Drilling Wednesday 07-27-11 @ 6 PM.

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	38.98	38.98		Date: 7/27/11
2	40.76	79.74	Cement Basket	Well Name & #: Fail, Ivan.10-2
3	38.42	118.16		Township & Range: 29S-17E
4	38.79	156.95		County/State: Wilson / Kansas
5	38.49	195.44	@ 156 ft.	SSI #: 631670
6	39.33	234.77		AFE#: D11074
7	38.90	273.67		Road Location: 120th & Yale, S & E into
8	39.71	313.38		API# 15-205-27957
9	39.25	352.63		
10	38.51	391.14		
11	38.64	429.78		
12	40.21	469.99		
13	39.23	509.22		
14	38.04	547.26		
15	39.08	586.34		
16	38.23	624.57		
17	38.39	662.96	← Set Upper Baffle @ 662.96 ft. Big Hole.	
(18)	39.78	702.74		
19	38.84	741.58		
20	38.55	780.13		
21	38.98	819.11		
22	39.98	859.09		
23	38.17	897.26		
24	39.78	937.04	← Set Lower Baffle @ 937.04 ft. Small Hole.	
(25)	38.82	975.86		
26	38.16	1014.02		
27	38.97	1052.99		Be Safe!
28	39.63	1092.62		Drink fluids!
29	39.51	1132.13		Take breaks!
(30)	39.23	1171.36	Tally Bottom	
31	38.87	1210.23	Leave this joint out.	
Sub	10.06		Leave this Sub out.	
	20.15		Leave this Sub out.	
Use 30 joints & do Not use joint 31				
Do Not use the Subs.				

Miss Top 1025 ft.
Tally Bottom 1171.36 ft.
Log Bottom 1174.10 ft.
Drill TD 1175 ft.

Put Safety 1st! Teamwork works!!
 J. Ke Rosy Sr. Geol.
 620-305-9900 cell
 07-27-2011

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	7/26/2011
Date Completed	7/27/2011

Well No.	Operator	Lease	A.P.I #	County	State
10-2	Post Rock Energy	Fail, Ivan	15-205-27957-00-00	Wilson	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			10	29 S	17 E

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Sean	Gas	4	22' 8 5/8	1175	7 7/8

Formation Record

0-2	DIRT	555	GAS TEST - SAME	1031	GAS TEST - SAME
2-9	CLAY	556-590	SHALE	1050-1069	LMY / CHIRT
9-12	LIIME	590-615	LIME	1069-1175	CHAT / CHIRT
12-42	SAND	615-623	BLACK SHALE	1175	TD
42-43	COAL	623-631	LIME		
43-69	SHALE	630	G.T. - 2 1/2 oz., 1/8" = .800 MCF		
69-72	LIME	631-633	BLACK SHALE		
72-99	SHALE	633-634	COAL		
99-101	LIME	634-699	SHALE		
101-109	SHALE	655	GAS TEST - SAME		
109-191	LIME	699-700	COAL		
191-196	BLK SHALE (WET)	700-713	SHALE		
196-198	LIME	713-715	LIME		
198-229	SANDY SHALE	715-752	SHALE		
205	WENT TO WATER	752-753	COAL		
229-325	LIME	753-830	SANDY SHALE		
325-379	SHALE	755	GAS TEST - SAME		
379-382	LIME	830-895	SAND		
382-416	SHALE	881	G.T. - 1 oz., 1/4" = 1.68 MCF		
416-422	LIME	895-896	COAL ?		
422-426	SHALE	896-965	SANDY SHALE		
426-431	LIME	965-967	COAL		
430	GAS TEST - NO GAS	967-970	SHALE		
431-470	SAND	970-971	COAL		
470-503	SANDY SHALE	971-1019	SHALE		
503-509	LIME	981	G.T. - 1 1/2 oz., 1/4" = 2.07 MCF		
509-510	COAL	1019-1021	COAL		
510-551	LIME	1021-1025	SHALE		
530	G.T. - 1 1/2 oz., 1/8" = .643 MCF	1023	GAS TEST - SAME		
551-556	BLACK SHALE	1025-1050	CHAT/CHIRT (MISS.)		