



KANSAS CORPORATION COMMISSION 1070204
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 #: _____

<u>8/2/2011</u>	<u>8/4/2011</u>	<u>8/23/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-27963-00-00

Spot Description: _____
_____ SE NW Sec. 31 Twp. 29 S. R. 17 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: ESTES, WILLIAM W Well #: 31-2

Field Name: _____
Producing Formation: CHEROKEE COALS

Elevation: Ground: 870 Kelly Bushing: 0
Total Depth: 1100 Plug Back Total Depth: 1089
Amount of Surface Pipe Set and Cemented at: 43 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1089
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: 12/14/2011



1070204

Operator Name: PostRock Midcontinent Production LLC Lease Name: ESTES, WILLIAM W Well #: 31-2
 Sec. 31 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	43	A	8	
PRODUCTION	7.875	5.5	14.5	1088.63	A	155	

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	958-960	300GAL 15% HCL W/ 64BBLs 2% KCL WATER, 425BBLs W/ 2% KCL, BIocide, MAXFLOW, 2050# 2040	958-960
4	568-572/551-556	500GAL 15% HCL W/ 97BBLs 2% KCL WATER, 1355BBLs W/ 2% KCL, BIocide, MAXFLOW, 20250# 20	568-572/551-556

TUBING RECORD: Size: <u>1.5</u> Set At: <u>1010</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>9/14/2011</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.
		20	13
		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: _____ _____
--	--	--

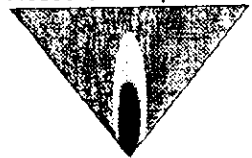
Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	ESTES, WILLIAM W 31-2
Doc ID	1070204

All Electric Logs Run

CDL
NDL
TEMP
GRN

QUEST

Resource Corporation



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

AFE D11078
TREATMENT REPORT
& FIELD TICKET CEMENT

TICKET NUMBER

✓ 7148

FIELD TICKET REF # _____

FOREMAN Joe Blanchard

SSI 631690

API 15-205-27963

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
8-9-11	Estes William 31-2		31	29	17	W.L.	
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	6:00	11:00		904850			Joe Blanchard
Mike Thomas	6:00	10:00		903142	932900		Mike Thomas
Wes Gohman	6:00	11:00		931505	971395		Wes Gohman
Dustin Parker	6:00	11:00		903600			
Justin Janson	6:00	11:00		903255			Justin Janson

JOB TYPE Longstrins HOLE SIZE 7 7/8 HOLE DEPTH 1100 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 1088.63 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 25.91 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4bpm

REMARKS:

Installed Cement head RAW 15 BBI dye & 155 SKS of cement to get dye to surface. Flush pump. Pump wiper plug to bottom of set float shoe

started casing 8:30 started cement 10:00 small pad in corner field had to drag casing truck around & spot him.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	4 hr	Foreman Pickup	
903255	hr	Cement Pump Truck	
903600	hr	Bulk Truck	
931505	hr	Transport Truck	
931395	hr	Transport Trailer	
932730	hr	80 Vac	
	1088.63 ft	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" & 4 1/2"	
	125 sk	Portland Cement	
	30 sk	Gilsonite	
	1 sk	Flo-Seal	
	10 sk	Premium Gel	
	4 sk	Cal Chloride	
	2	5 1/2 Baskets	
	7000 gal	City Water	
903142	4 hr	Casing material	
932900	4 hr	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	8/2/2011
Date Completed	8/4/2011

Well No.	Operator	Lease	A.P.I #	County	State
31-2	Post Rock Energy	Estes, William	15-205-27963-00-00	Wilson	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			31	29 S	17 E

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Sean	Gas	8	43' 8 5/8"	1100	7 7/8"

Formation Record

0-2	DIRT	488-493	BLK SHALE (LEXINGTON)	963-991	CHAT / CHIRT
2-28	CLAY	493-496	SHALE	981	G.T.- 13oz., 1" = 93.6 MCF
28-32	LIME	496-510	SAND	991-1004	LMY CHIRT
32-37	SHALE	505	G.T.-5 1/2 oz., 1/2" = 14.7 MCF	1004-1100	CHAT / CHIRT
37-40	LIME	510-526	SHALE	1100	GAS TEST -SAME
40-81	SHALE	526-551	LIME (OSWEGO)	1100	TD
81-86	LIME	551-557	BLK SHALE (SUMMIT)		
86-88	SHALE	555	G.T.- 7 1/2oz., 1/2" = 16.9 MCF		
88-99	LIME	557-567	LIME		
99-101	SHALE	567-571	BLK SHALE (EXCELLO)		
101-139	LIME	571-572	COAL (MULKY)		
139-143	BLK SHALE (WET)	572-578	LIME		
143-147	SHALE	578-624	SHALE		
147-251	LIME	580	G.T.- 10oz., 1/2" = 19.9 MCF		
155	WENT TO WATER	624-626	COAL		
251-302	SHALE	626-640	SHALE		
302-356	LIME	640-750	SAND		
356-375	SAND	750-844	SANDY SHALE		
375-385	SANDY SHALE	844-855	SAND		
385-387	COAL	855-882	SANDY SHALE		
387-390	SHALE	882-906	SAND		
390-400	SAND	906	G.T.-5 oz., 1" = 57.7 MCF		
400-449	SANDY SHALE	906-908	COAL		
405	G.T.-19oz., 1/4" = 7.32 MCF	908-911	SHALE		
449-451	LIME	911-912	COAL		
451-453	COAL (MULBERRY)	912-957	SHALE		
453-479	LIME (PAWNEE)	931	G.T. -SAME		
479-480	SHALE	957-959	COAL		
480	G.T.-4 oz., 1/2" = 12.5 MCF	959-963	SHALE		
480-488	LIME	960	G.T. - SAME		