



KANSAS CORPORATION COMMISSION 1070228
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: (405) 600-7704
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 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>8/11/2011</u>	<u>8/19/2011</u>	<u>8/29/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-099-24657-00-00

Spot Description: _____
N2 SE SE SE Sec. 2 Twp. 35 S. R. 18 East West
450 Feet from North / South Line of Section
330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Labette

Lease Name: LOONEY, DOUGLAS P Well #: C2-1

Field Name: _____

Producing Formation: NOT YET COMPLETED

Elevation: Ground: 951 Kelly Bushing: 0

Total Depth: 1330 Plug Back Total Depth: 1323

Amount of Surface Pipe Set and Cemented at: 45 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1323
feet depth to: 0 w/ 160 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



1070228

Operator Name: PostRock Midcontinent Production LLC Lease Name: LOONEY, DOUGLAS P Well #: C2-1
 Sec. 2 Twp. 35 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: 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	45.2	A	8	
PRODUCTION	7.875	5.5	14.5	1323	A	160	

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (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	LOONEY, DOUGLAS P C2-1
Doc ID	1070228

All Electric Logs Run

DIL
CDL
NDL
TEMP

TD'd. McPherson Drilling Tuesday 08/16/11 @ 9AM. TD 1215'
 TD'd. McPherson Drilling Friday 08/19/11 @ 9AM. TD 1330'

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	38.57	38.57		Date: 8/19/11
2	39.07	77.64		Well Name & #: Looney, Douglas P. C2-1
3	38.74	116.38		Township & Range: 35S-18E
4	38.15	154.53	Cement Basket	County/State: Labette / Kansas
5	38.88	193.41		SSI #: 631560
6	38.14	231.55		AFE#: D11080
7	38.75	270.30		Road Location: Harper & 3000, S 2/3 mile, E into
8	38.87	309.17	No	API# 15-099-24657
9	40.40	349.57		
10	39.90	389.47	Baffle	
11	38.32	427.79		
12	38.79	466.58		
13	38.79	505.37	to	
14	39.50	544.87	Set	
15	37.94	582.81	here.	
16	39.86	622.67		
17	39.49	662.16		
18	39.90	702.06		
19	39.23	741.29		
20	39.00	780.29		
21	38.51	818.80	Cement Basket	
22	38.60	857.40		
23	38.80	896.20		
24	38.87	935.07	Cement Basket	
25	39.66	974.73		
26	38.88	1013.61		
27	38.85	1052.46		
28	39.54	1092.00		
29	38.97	1130.97		
30	39.61	1170.58		
31	37.62	1208.20		
32	39.58	1247.78		
33	39.08	1286.86		
(34)	36.36	1323.22	Tally Bottom	
Use all 34 joints, No Submer.				

Miss. Top 844 ft.
 Art buckle Top 1203 ft.
 Log Bottom 1219.50 ft.
 Tally Bottom 1323.22 ft.
 Driller Final TD 1330 ft.

Teamwork works! Put Safety 1st!

TRK Ke Roush
 Sr. Geologist
 Cell 620 305 9900
 08-19-2011

