



KANSAS CORPORATION COMMISSION 1072016
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 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 #: _____
8/29/2011 8/31/2011 9/6/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-019-27059-00-00
Spot Description: _____
E2 W2 SE SE Sec. 2 Twp. 33 S. R. 12 East West
660 Feet from North / South Line of Section
778 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Chautauqua
Lease Name: HILLER REV TRUST Well #: 2-1
Field Name: _____
Producing Formation: WOPL
Elevation: Ground: 993 Kelly Bushing: 0
Total Depth: 1825 Plug Back Total Depth: 1813
Amount of Surface Pipe Set and Cemented at: 44 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1813
feet depth to: 0 w/ 230 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 Garfias Date: 01/18/2012



1072016

Operator Name: PostRock Midcontinent Production LLC Lease Name: HILLER REV TRUST Well #: 2-1
 Sec. 2 Twp. 33 S. R. 12 East West County: Chautauqua

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	44	A	33	
PRODUCTION	7.875	5.5	14.5	1813	A	230	

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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	HILLER REV TRUST 2-1
Doc ID	1072016

All Electric Logs Run

CDL
DIL
NDL
TEMP

QUEST

Resource Corporation

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

A FE# 011081

TREATMENT REPORT & FIELD TICKET CEMENT

TICKET NUMBER

✓ 7157

FIELD TICKET REF #

FOREMAN Nathan Gahman

SSI 631360

API 15-019-27059

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
8-29-11	Hiller Rev. Trust 2-1		2	33S	12E	Chautauque	
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	10:00	5:00		904850		7	<i>Nathan Gahman</i>
Justin Jansen	10:00	4:00		903255		6	<i>Justin Jansen</i>
Dustin Porter	10:00	1:30		903600		3.5	<i>Dustin Porter</i>
Matt Veff	10:00	4:00		904735		6	<i>Matt Veff</i>

JOB TYPE Surface HOLE SIZE 11" HOLE DEPTH 47 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 45 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 2.2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:

Drive to location from Coffeyville area. One hr wait on road crew to knock down branches overgrowing lease road. Drillers set up and we had a 1 hr wait on them also. Set up equipment, pumped water until circulation was achieved. Started cement and pumped 33 sks cement, cleared surface casing of cement. Brake down equipment and washed up.

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	
	—	Transport Truck	
	—	Transport Trailer	
904735	1	80 Vac	
	45 ft	Casing	
	—	Centralizers	
	—	Float Shoe	
	—	Wiper Plug	
	—	Frac Baffles	
	25 sks	Portland Cement	
	5 sks	Gilsonite	
	1 sks	Flo-Seal	
	2 sks	Premium Gel	
	1 sks	Cal Chloride	
	—	KCL	
	30 bbls	City Water	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31569
LOCATION EUREKA
FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

SSI # 631360 CEMENT APE # 15-019-27059 AFE # D11081 K₁

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-6-11	6628	Hilke Rev Trust 2-1	2	33S	12E	Cp

CUSTOMER
PostRock Energy Corp.

MAILING ADDRESS
4402 Johnson Rd.

CITY Chanute STATE Ks ZIP CODE

Gus Jones

TRUCK #	DRIVER	TRUCK #	DRIVER
445	DAVE G.		
515	CALIN H.		
611	CHRIS B.		

JOB TYPE Longstring B HOLE SIZE 7 7/8 HOLE DEPTH 1825' CASING SIZE & WEIGHT 5 1/2 14" New
CASING DEPTH 1813' DRILL PIPE TUBING OTHER
SLURRY WEIGHT 13# SLURRY VOL 90 BBL WATER gals/sk 9.5 CEMENT LEFT in CASING 0'
DISPLACEMENT 44.6 BBL DISPLACEMENT PSI 950 MIX PSI 1400 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 5 1/2 w/ wash Head. Break Circulation w/ 50 BBL Fresh Water. Wash down 45' casing = 1813' 5 1/2 Total depth. Pump 10 sks GEL flush (500") w/ HULLS = 17 BBL. Circulate GEL Back to SURFACE w/ 110 BBL water. Shut down. Rig up 5 1/2 Cement Head. Pump 5 BBL dye water. Mixed 230 sks Class "A" Cement w/ 8% GEL, 10" Kol-Seal/sk, 2% CaCl₂, 1/2" Pheno-Seal/sk, 1/4" CFL-115, @ 13"/gal, yield 2.00. Wash out Pump Lines. Shut down. Release Flex Plug. Displace Plug to Seat w/ 44.6 BBL Fresh Water. Final Pumping Pressure 950 psi. Bump Plug to 1400 psi. wait 2 minutes. Release Pressure. Float Held. Shut casing in @ 0 psi. Good Cement Returns to SURFACE = 14 BBL Slurry to Pt. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	60	MILEAGE	4.00	240.00
11045	230 sks	CLASS "A" Cement	14.25	3277.50
1118 B	1730 "	GEL 8%	.20	346.00
1110 A	2300 "	Kol-Seal 10"/sk	.44	1012.00
1102	430 "	CaCl ₂ 2%	.70	301.00
1107 A	115 "	PhenoSeal 1/2" /sk	1.22	140.30
1135 A	54 "	CFL-115 1/4"	9.95	537.30
1118 B	500 "	GEL Flush	.20	100.00
1105	50 "	HULLS	.42	21.00
5407 A	10.81 TONS	60 miles BULK Delv.	1.26	817.24
			Sub Total	7767.34
			SALES TAX 8.3%	476.01
			ESTIMATED TOTAL	8243.35

THANK YOU
AT

Havin 3737

AUTHORIZATION Kevin McCoy TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

TD's. m = Pherson Drilling Wednesday 08/31/11 @ 12 Noon.

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET			
1	39.77	39.77		Date: 08/31/2011			
2	38.85	78.62		Well Name & #: Hiller Rev Trust 2-1			
3	40.59	119.21		Township & Range: T33S-R12E			
4	39.16	158.37		County/State: Chautauqua/Kansas			
5	39.18	197.55		SSI #: 631360			
6	39.04	236.59		AFE #: D11086			
7	39.89	276.48		Road Location: Road 27 & Ranch Road, S&E into			
8	38.51	314.99		API# 15-019-27059			
9	38.56	353.55					
10	39.43	392.98		Pipe #	Length	Running Total	
11	38.66	431.64		39	38.94	1523.64	
12	38.54	470.18		40	38.65	1562.29	Lower Baffle
13	39.26	509.44		41	38.8	1601.09	
14	41.06	550.50		42	39.9	1640.99	Cement Basket
15	38.59	589.09		43	39.11	1680.10	
16	38.19	627.28		44	40.15	1720.25	
17	38.77	666.05		45	39.06	1759.31	
18	39.43	705.48		46	39.36	1798.67	
19	39.40	744.88		Sub	15.25	1813.92	Tally Bottom
20	38.39	783.27		Extra	38.35		Leave this extra joint out.
21	38.75	822.02	Cement Basket				
22	38.88	860.90					
23	39.44	900.34					
24	39.14	939.48					
25	40.34	979.82					
26	38.43	1018.25					
27	38.95	1057.20					
28	39.83	1097.03					
29	39.03	1136.06					
30	39.25	1175.31					
31	38.53	1213.84					
32	38.81	1252.65					
33	38.63	1291.28					
34	38.88	1330.16	No Upper Baffle to Set here - not enough room.				
35	38.12	1368.28					
36	38.48	1406.76					
37	38.77	1445.53					
38	39.17	1484.70					

Set Lower Baffle at 16:22.94 ft. Small Hole.

Set 46 joints at the Sub. DO NOT Set the extra joint.

Be Safe. Drive Safe.

Miss Top 1696 ft.
 Tally Bottom 1813.92 ft.
 Log Bottom 1821.30 ft.
 Drills TD 1825 ft.

Teamwork works! Put Safety 1st!
 (TKD) = Ken Reavy
 Sr. Geologist
 Cell 620 305 9900
 08-31-2011

