



KANSAS CORPORATION COMMISSION 1072019
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 #: _____

<u>9/13/2011</u>	<u>9/14/2011</u>	<u>10/13/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-27969-00-00
Spot Description: _____
SW NW SE SE Sec. 35 Twp. 27 S. R. 16 East West
975 Feet from North / South Line of Section
1075 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: THORSELL, GALEN E Well #: 35-1
Field Name: _____
Producing Formation: CHEROKEE COALS
Elevation: Ground: 1040 Kelly Bushing: 0
Total Depth: 1359 Plug Back Total Depth: 1349
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: 1349
feet depth to: 0 w/ 165 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 Gerrits Date: 01/24/2012



1072019

Operator Name: PostRock Midcontinent Production LLC Lease Name: THORSELL, GALEN E Well #: 35-1
 Sec. 35 Twp. 27 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	45	A	30	
PRODUCTION	7.875	5.5	14.5	1349.19	A	165	

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
3	1036-1038/1009-1011/978-981	400GAL 15% HCL W/ 64BBLs 2% KCL WATER, 826BBLs W/ 2% KCL, BIOCIDe, MAXFLOW, 10473# 204	1036-1038/1009-1011/981
3	942-45/924-927	400GAL 15% HCL W/ 62BBLs 2% KCL WATER, 804BBLs W/ 2% KCL, BIOCIDe, MAXFLOW, 9414# 204	942-45/924-927
3	857-862/844-848	500GAL 15% HCL W/ 62BBLs 2% KCL WATER, 855BBLs W/ 2% KCL, BIOCIDe, MAXFLOW, 20500# 204	857-862/844-848

TUBING RECORD: Size: <u>1.5</u> Set At: <u>1112</u> Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. <u>11/8/2011</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 Bbbls. <u>0</u> Gas Mcf <u>0</u> Water Bbbls. <u>0</u> 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) (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	THORSELL, GALEN E 35-1
Doc ID	1072019

All Electric Logs Run

DIL
CDL
NDL
TEMP
GRN

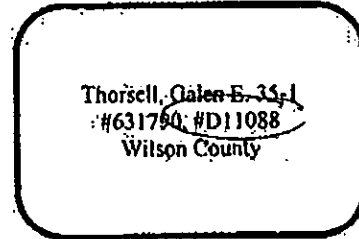
Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
9/15/2011	46135

Bill To:

Post Rock
ATTN: Accounts Payable
Oklahoma Tower
210 Park Avenue, Suite 2750
Oklahoma City, OK 73102



Terms	Due Date
Net 45 days	10/30/2011

Description	Qty	Rate	Amount
Pump Truck 9-13 Cement in surface pipe fro drilling rig, 45' of 8 5/8"	1		
Vacuum Truck Haul water	1		
Cement Sales Tax	30		

Tray 2nd Tray Contos

QUEST

Resource Corporation

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

TICKET NUMBER

✓ 7169

FIELD TICKET REF # _____

FOREMAN Joe Blanchard

SSI 631790

API 15-205-27969

AFE D11088

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-19-11	Thorsell Galena 35-1	35	27	16	Wb

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	7:00	1:30		904850		6.5	Joe Blanchard
S. Chiricoy	7:00	1:30		903414	932170		S. Chiricoy
DUSTIN DORTCH	7:00	1:30		903103			Dustin Dortch
Nat Coe	7:00	1:30		903139	932845		Nat Coe
Justin T. Jensen	6:45	1:30		903197			Justin T. Jensen

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1359 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 1349.19 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 32.12 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4bpm

REMARKS:

washed 8 Ft 5 1/2 Casing Sump 1 SK gel. Installed Cement head
Run 22 BBI dye & 16.5 SKS of Cement to get dye to surface. Flush
Pump. Pump wiper plug to bottom of set float shoe.

Got lite Cement to surface. Will need Tipped off
started Casing 8:45 Started Cement 12:30 had 3 1/2 hr wait on bulk
truck to Reload at Monarch & to load additives

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	6.5 hr	Foreman Pickup	
903197	hr	Cement Pump Truck	
903103	hr	Bulk Truck	
903414	hr	Transport Truck	
932170	hr	Transport Trailer	
904745	hr	80 Vac	
	1349.19 Ft	Casing 5 1/2	
	7	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	0	Frac Baffles <u>NONE SET</u>	
	13.0 SK	Portland Cement	
	33 SK	Gilsonite	
	1 SK	Flo-Seal	
	15 SK	Premium Gel	
	5 SK	Cal Chloride	
	2	5 1/2 Basket	
	2000 gal	City Water	
	6.5 hr	Casing tractor	
	6.5 hr	Casing trailer	

VD'd. McPherson Drilling Wednesday 09-14-11 @ 1PM.

Pipe #	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	39.59	39.59		Date: 09/15/2011 Thursday
2	38.88	78.47		Well Name & #: Thorsell, Galen E. 35-1
3	39.08	117.55		Township & Range: T27S-R16E
4	40.15	157.70		County/State: Wilson/Kansas
5	39.70	197.40		SSI #: 631790
6	39.79	237.19		AFE #: D11088
7	38.73	275.92		Road Location: 1900 & Thomas, N & W into.
8	38.71	314.63		API# 15-205-27969
9	38.68	353.31		
10	38.28	391.59		
11	38.84	(430.43)	Concrete Basket	
12	38.31	468.74		
13	38.77	507.51		
14	38.57	546.08		
15	39.20	585.28		
16	39.74	625.02		
17	38.98	664.00		
18	38.63	702.63		
19	39.20	741.83		
20	38.25	780.08	No	
21	39.04	819.12	Baffles	
22	38.97	858.09	here.	
23	38.57	896.66		
24	38.75	935.41		
25	39.12	974.53		
26	38.68	1013.21		
27	38.84	1052.05		
28	38.10	(1090.15)	Concrete Basket	
29	39.66	1129.81		
30	39.77	1169.58		
31	39.98	1209.56		
32	38.62	1248.18		Be Safe! Work Together.
33	39.37	1287.55		
(34)	38.64	1326.19		
(35)	23.00	1349.19	Tally Bottom	
Use all 34 joints & the Sub.				

Miss Top 1221 ft.
Tally Bottom 1349.19 ft.
Driller VD 1357 ft.
Log Bottom 1359.10 ft.

Put Safety 1st! Teamwork works!
 (7748) Ke Ross
 Sr. Geologist
 Cell 620 305 9900
 09-15-2011

