



KANSAS CORPORATION COMMISSION 1072034
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 #: _____
6/27/2011 6/29/2011 7/25/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-133-27560-00-00
Spot Description: _____
_____-_____-NE-NE Sec. 36 Twp. 27 S. R. 18 East West
660 Feet from North / South Line of Section
660 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Neosho
Lease Name: ELLIOTT, JOHN A. Well #: 36-1
Field Name: _____
Producing Formation: CHEROKEE COALS
Elevation: Ground: 939 Kelly Bushing: 0
Total Depth: 1109 Plug Back Total Depth: 1096
Amount of Surface Pipe Set and Cemented at: 23 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1096
feet depth to: 0 w/ 200 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 Gortor Date: 01/24/2012



1072034

Operator Name: PostRock Midcontinent Production LLC Lease Name: ELLIOTT, JOHN A. Well #: 36-1
 Sec. 36 Twp. 27 S. R. 18 East West County: Neosho

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: GRN	<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	23	A	4	
PRODUCTION	7.875	5.5	14.5	1096.83	A	200	

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	-			

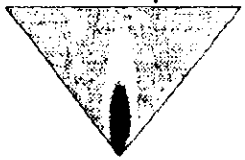
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
	930-933	250GAL 15% HCL W/ 80BBLS 2% KCL WATER	930-933
	770-772/659-661/624-627	400GAL 15% HCL W/ 635BLS 2% KCL WATER, 750BLS W/ 2% KCL, BIocide, MAXFLOW, 81109 2044	770-772/659-661/624-627
	523-527/512-516	400GAL 15% HCL W/ 628BLS 2% KCL WATER, 750BLS W/ 2% KCL, BIocide, MAXFLOW, 15320# 2044	523-527/512-516

TUBING RECORD: Size: <u>1.5</u> Set At: <u>1054</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>8/9/2011</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 Bbbs. <u>0</u>	Gas Mcf <u>0</u>	Water Bbbs. <u>290</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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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QUEST

Resource Corporation



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

AFF
D11064

TICKET NUMBER

7098

FIELD TICKET REF #

FOREMAN Joe Blanchard

SSI

API 15-133-27560

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
6-29-11	Elliot John 36-1						NO
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	6:00	3:00		904850		9	Joe Blanchard
Van Gochman	↓	↓		931305	931395	↓	Wesley
Walter Gokley	↓	↓		903255		↓	Walter Gokley
DUSTEN POOL	↓	↓		903600		↓	Dustin Pool

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1109 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 1096.83 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 26.11 DISPLACEMENT PSI _____ MIX PSI _____ RATE 46ppm

REMARKS:

Installed cement head RAW / SK gel & 16 BBI dye & 200 SKS of cement to get dye to surface. Flush pump. Pump wiper plug to bottom & set float shoe.

Rig Got off hole 9:30 Logger arrived 10:10 Logger left 12:00 started casing 12:30 started cement 2:00

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	9 hr	Foreman Pickup	
903255	hr	Cement Pump Truck	
903600	hr	Bulk Truck	
431305	hr	Transport Truck	
931395	hr	Transport Trailer	
904730	hr	80 Vac	
	1096.83 Ft	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" x 4 1/2"	
	145 SK	Portland Cement	
	40 SK	Gilsonite	
	2 SK	Flo-Seal	
	15 SK	Premium Gel	
	5 SK	Cal Chloride	
	1	5 1/2 Bucket	
	7000 gal	City Water	
903142	8 hr	Casing tractor	
932900	8 hr	Casing trailer	

