



KANSAS CORPORATION COMMISSION 1079654  
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: JENNIFER RS BEAL  
Phone: (620) 4324205  
CONTRACTOR: License # 34453  
Name: PostRock Energy Services Corporation  
Wellsite Geologist: N/A  
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: POSTROCK

Well Name: BEACHNER BROS. 33-29-20-2

Original Comp. Date: 4/26/2008 Original Total Depth: 891

- 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>4/27/2011</u>	<u>5/5/2011</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-133-27444-00-01

Spot Description: \_\_\_\_\_

NE SW Sec. 33 Twp. 29 S. R. 20  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: Neosho

Lease Name: BEACHNER BROS. Well #: 33-29-20-2

Field Name: \_\_\_\_\_

Producing Formation: CHEROKEE COALS

Elevation: Ground: 890 Kelly Bushing: 0

Total Depth: 891 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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: 04/26/2012



1079654

Operator Name: PostRock Midcontinent Production LLC Lease Name: BEACHNER BROS. Well #: 33-29-20-2  
 Sec. 33 Twp. 29 S. R. 20  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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum N/A
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Electric Log Submitted Electronically	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
List All E. Logs Run:	

CASING RECORD <input 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
4	717-718	300 gals 7-1/2% acid/ 66 bbls slickwater	717-718
6	722-724	400 gals 15% acid/ 46 bbls slickwater	722-724
3	704-708/651-653/644-646	400 gals 15% acid/ 1027 bbls slickwater/ 9900# 20/40 sand	704-708/651-653/644-646
4	430-432/400-403/374-376	400 gals 15% acid/ 1074 bbls slickwater/ 9900# 20/40 sand	430-432/400-403/374-376
3	281-285/270-274	400 gals 15% acid/ 949 bbls slickwater/ 15300# 20/40 sand	281-285/270-274

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR: 5/5/2011

Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

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 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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