



KANSAS CORPORATION COMMISSION 1079455
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: DIEDIKER LIVING TRUST 21-2

Original Comp. Date: 12/20/2006 Original Total Depth: 956

Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW

Plug Back: 853 Plug Back Total Depth

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

ENHR Permit #: _____

GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
<u>4/4/2011</u>		<u>4/11/2011</u>

API No. 15 - 15-133-26745-00-01

Spot Description: _____

N2 NW SE Sec. 21 Twp. 30 S. R. 19 East West

2310 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: DIEDIKER LIVING TRUST Well #: 21-2

Field Name: _____

Producing Formation: CHEROKEE COALS

Elevation: Ground: 940 Kelly Bushing: 0

Total Depth: 956 Plug Back Total Depth: 853

Amount of Surface Pipe Set and Cemented at: 22 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: 04/25/2012



1079455

Operator Name: PostRock Midcontinent Production LLC Lease Name: DIEDIKER LIVING TRUST Well #: 21-2
 Sec. 21 Twp. 30 S. R. 19 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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 N/A

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
___ 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
Attached	Attached	Attached	Attached

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

Date of First, Resumed Production, SWD or ENHR. 4/11/2011
 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 checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	DIEDIKER LIVING TRUST 21-2
Doc ID	1079455

Perforations

	880	CIBP	880
4	859-862	400 gals 15% acid/ 652 bbls slick water/ 2300# 20/40 sand	859-862
	853	CIBP	853
4	796-798/802-804	400 gals 15% acid/ 594 bbls slick water/ 6100# 20/40 sand	796-798/802-804
2	610-612/577-579/547- 549/516-518	400 gals 15% acid/ 867 bbls slick water/ 10000# 20/40 sand	610-612/577-579/547- 549/516-518
4	434-438	400 gals 15% acid/ 7707 bbls slick water/ 15100# 20/40 sand	434-438
6	396-398	400 gals 15% acid/ 310 bbls slick water/ 1500# 20/40 sand	396-398