



KANSAS CORPORATION COMMISSION 1076943
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 # 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: HINKLE, BEN E 30-1
Original Comp. Date: 6/1/2004 Original Total Depth: 824
 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>2/25/2011</u>	<u>2/25/2011</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 15-099-23466-00-01
Spot Description: AP 150' N OF NENE
S2 N2 NE NE Sec. 30 Twp. 32 S. R. 19 East West
510 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: Labette
Lease Name: HINKLE BEN E Well #: 30-1
Field Name:
Producing Formation: CHEROKEE COALS
Elevation: Ground: 849 Kelly Bushing: 0
Total Depth: 824 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: 805
feet depth to: 0 w/ 103 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garner</u> Date: <u>03/22/2012</u>



1076943

Operator Name: PostRock Midcontinent Production LLC Lease Name: HINKLE BEN E Well #: 30-1
 Sec. 30 Twp. 32 S. R. 19 East West County: Labette

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)

List All E. Logs Run:

DIL
 TEMP
 CDL

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
LENAPAH LIME	ABSENT	ABSENT
ALTAMONT LIME	ABSENT	ABSENT
PAWNEE LIME	150	+690
OSWEGO LIME	223.5	+608.5
VERDIGRIS LIME	383	+457
MISSISSIPPI LIME	752	+88

CASING RECORD New 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	24.75	21.6	A	5	
PRODUCTION	6.75	4.5	10.5	805.20	A	103	

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
	744-746	400GAL 15% HCL W/ 100BBLs 2% KCL WATER, 450BBLs W/ 2% KCL, BIocide, MAXFLOW, 2500# 204	744-746
	422-424/388-391/356-358	400GAL 15% HCL W/ 100BBLs 2% KCL WATER, 630BBLs W/ 2% KCL, BIocide, MAXFLOW, 907# 204	422-424/388-391/356-358
	277-281	400GAL 15% HCL W/ 388BBLs 2% KCL WATER, 778BBLs W/ 2% KCL, BIocide, MAXFLOW, 1554# 204	277-281
	255-259	400GAL 15% HCL W/ 110BBLs 2% KCL WATER, 397BBLs W/ 2% KCL, BIocide, MAXFLOW, 1563# 204	255-259

TUBING RECORD: Size: 1.5 Set At: 792 Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 3/15/2011 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours Oil Bbls. 40 Gas Mcf 302 Water Bbls. _____ Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: Vented Sold Used on Lease (If vented, Submit ACO-18.)
 METHOD OF COMPLETION: Open Hole Perf. Duality Comp. (Submit ACO-5) Commingled (Submit ACO-4) Other (Specify) _____
 PRODUCTION INTERVAL: _____



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

ORIGINAL

TICKET NUMBER **24359**

LOCATION Chanute

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/OTR	SECTION	TWP	RGE	COUNTY	FORMATION
6-1-04	6628	Hr. Kle 30-1		30	E25	NE	LE	
CHARGE TO <u>Quest Cherokee LLC</u>				OWNER				
MAILING ADDRESS <u>P.O. Box 100</u>				OPERATOR				
CITY & STATE <u>Benedict, Kansas 66714</u>				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1-well	PUMP CHARGE <u>Cement pump</u>		1007.30
1110	10 sk	<u>gilsomite</u>		194.00
1102	1 sk	<u>flo-seal</u>		37.20
111B	2 sk	<u>Premium gel (2 ahead)</u>		22.80
1215A	1 gal	<u>KCL</u>		3.00
111LB	15 gal	<u>sodium silicate</u>		150.00
1123	5040 gal	<u>city water (120 bbl)</u>		26.25
5407	47 mi	BLENDING & HANDLING TON-MILES <u>Minimum</u>		110.00
5501C	3 hr	STAND BY TIME		
5502C	5 1/2 hr	MILEAGE		
		WATER TRANSPORTS		240.00
		VACUUM TRUCKS		41.20
		FRAC SAND		
1126	97 sk	CEMENT <u>OWC (103 sk Total)</u>		1796.10
		<u>(OWC; 5# gilsomite; 1/4# flo-seal)</u>	SALES TAX	102.20
ESTIMATED TOTAL				3122.25

RECEIVED
OCT 15 2004
KCC WICHITA

CUSTOMER or AGENTS SIGNATURE _____ CIS FOREMAN Todd A Timme

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE _____

190592

