

CONFIDENTIAL

Kansas Corporation Commission 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 # | API No. 15 - 15-133-25905-00-01 |
|---|--|
| Name: PostRock Midcontinent Production LLC | Spot Description: AP 50' N & 130' W OF SESW |
| Address 1: Oklahoma Tower | SE_NW_SE_SW Sec. 28 Twp. 28 S. R. 18 V East West |
| Address 2: 210 Park Ave, Ste 2750 | 710 Feet from ☐ North / ✓ South Line of Section |
| City: OKLAHOMA CITY State: OK Zip: 73102 + | Feet from East / 🗹 West Line of Section |
| Contact Person:CLARK EDWARDS | Footages Calculated from Nearest Outside Section Corner: |
| Phone: (620) 4324200 | □ NE □NW □ SE ☑SW |
| CONTRACTOR: License # 34453 | County: Neosho |
| Name:PostRock Energy Services Corporation | Lease Name: WAYNE TAYLOR 28 Well #: 1 |
| Wellsite Geologist: N/A | Field Name: |
| Purchaser: | Producing Formation: RIVERTON, ROWE, WEIR, TEBO, FLEMING, CROWEBURG, BEVIER, MULKY, SUMMITT, CATTLES |
| Designate Type of Completion: | Elevation: Ground: 943 Kelly Bushing: 0 |
| ☐ New Well ☐ Re-Entry | Total Depth: 1236 Plug Back Total Depth: 1208 |
| □ oil □ wsw □ swb □ slow | Amount of Surface Pipe Set and Cemented at: 20 Feet |
| Gas D&A ENHR SIGW | Multiple Stage Cementing Collar Used? ☐ Yes ☑ No |
| ✓ OG GSW Temp. Abd. | If yes, show depth set: Feet |
| CM (Coal Bed Methane) | If Alternate II completion, cement circulated from: |
| Cathodic Other (Core, Expl., etc.): | feet depth to:w/sx cmt |
| If Workover/Re-entry: Old Well Info as follows: | |
| Operator: POSTROCK | Delling Strid Management Disc |
| Well Name: WAYNE TAYLOR 28-1 | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: 7/10/2003 Original Total Depth: 1236 | Chloride content:ppm Fluid volume:bbls |
| ☐ Deepening | Dewatering method used: |
| Conv. to GSW | Dewatering method used. |
| Plug Back: Plug Back Total Depth | Location of fluid disposal if hauled offsite: |
| ✓ Commingled Permit #: | Operator Name: |
| Dual Completion Permit #: | Lease Name: License #: |
| SWD Permit #: | |
| ENHR Permit #: | QuarterSecTwpS. R East West |
| GSW Permit #: | County: Permit #: |
| 4/2/2012 4/2/2012 | |
| Spud Date or Date Reached TD Completion Date or | |

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: 06/05/2012 |
| Confidential Release Date: |
| ☐ Wireline Log Received |
| Geologist Report Received |
| UIC Distribution |
| ALT I I II Approved by: NAOMI JAMES Date: 06/06/2012 |