1083367

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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) 4324200
CONTRACTOR: License # 34453
Name: PostRock Energy Services Corporation
Wellsite Geologist: N/A
Purchaser: ____

Designate Type of Completion:

- [ ] New Well
- [ ] Re-Entry
- [x] Workover

- [ ] Oil
- [ ] WSW
- [ ] SWD
- [ ] SIOW
- [ ] Gas
- [ ] D&A
- [ ] ENHR
- [ ] SIGW
- [x] 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: MARPLE LIVING TRUST 5-1
Original Comp. Date: 7/26/2004 Original Total Depth: 1069

- [ ] Deepening
- [x] 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 #: ____

3/27/2012		3/27/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-25814-00-01
Spot Description: ____
NE - SW - NE - SE Sec. 5 Twp. 28 S. R. 17 [x] East [ ] West
1949 Feet from [ ] North / [x] South Line of Section
669 Feet from [x] East / [ ] West Line of Section
Footages Calculated from Nearest Outside Section Corner:
[ ] NE [ ] NW [x] SE [ ] SW
County: Wilson
Lease Name: MARPLE LIVING TRUST Well #: 5-1
Field Name: ____
Producing Formation: SUMMITT, MULKY, BARTLESVILLE
Elevation: Ground: 1003 Kelly Bushing: 0
Total Depth: 1190 Plug Back Total Depth: 1069
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? [ ] Yes [x] 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

- [x] **Letter of Confidentiality Received**
  Date: 06/05/2012
- [ ] **Confidential Release Date:** ____
- [ ] **Wireline Log Received**
- [ ] **Geologist Report Received**
- [ ] **UIC Distribution**

ALT [ ] I [x] II [ ] III **Approved by:** NAOMI JAMES **Date:** 06/06/2012