



CONFIDENTIAL 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) 4324200
 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 SIOW
 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: MCMILLEN, BILLY D 30-1
 Original Comp. Date: 6/21/2006 Original Total Depth: 1138
 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>4/17/2012</u>	<u>4/17/2012</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-205-26734-00-01
 Spot Description: _____
 _____ NE NE Sec. 30 Twp. 28 S. R. 17 East West
660 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: Wilson
 Lease Name: MCMILLEN BILLY D Well #: 30-1
 Field Name: _____
 Producing Formation: RIVERTON, NEUTRAL, ROWE, WEIR, TEDO, FLEMING, CROWBURG, BEVER, MALKY, DUMBT
 Elevation: Ground: 874 Kelly Bushing: 0
 Total Depth: 1138 Plug Back Total Depth: 1131
 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: 06/05/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 06/06/2012