



KANSAS CORPORATION COMMISSION 1095764
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) 432-4200
CONTRACTOR: License # 33606
Name: Thornton Air Rotary, LLC
Wellsite Geologist: KEN RECOY
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: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- 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 #: _____

5/24/2012 5/30/2012 6/21/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-205-28015-00-00

Spot Description: _____

NE NW SE NE Sec. 4 Twp. 27 S. R. 15 East West
1546 Feet from North / South Line of Section
986 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Wilson

Lease Name: EBY Well #: 4-12

Field Name: _____

Producing Formation: BARTLESVILLE

Elevation: Ground: 990 Kelly Bushing: 0

Total Depth: 1420 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: 1413

feet depth to: 0 w/ 175 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

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: 10/12/2012



1095764

Operator Name: PostRock Midcontinent Production LLC Lease Name: EBY Well #: 4-12
 Sec. 4 Twp. 27 S. R. 15 East West County: Wilson

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Attached	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE LOGS
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CASING RECORD <input checked="" 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
SURFACE	12.25	8.625	22	21.8	A	4	
PRODUCTION	7.875	5.5	14.5	1413.04	A	175	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	-			
<input type="checkbox"/> Plug Back TD	-			
<input type="checkbox"/> 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
2	1208-1210/1228-1232/1244-1246/1252-1256/1262-1266	340 BBLs PRODUCED WATER/400# GEL/1400# 20/40 SAND/ 24000# 12/20 SAND	1208-1210/1228-1232/1244-1246/1252-1256/1262-1266

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. 6/25/2012		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	EBY 4-12
Doc ID	1095764

All Electric Logs Run

DIL
CDL
NDL
TEMP
GRN



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34700
LOCATION Chanute, KS
FOREMAN Shannon

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
6-1-12		EBY # 4-12	4	27S	15E	Wilson	
CUSTOMER		Mailing Address					
Mailing Address		CITY					
STATE		ZIP CODE					
CITY		STATE					
STATE		ZIP CODE					
CITY		STATE					

JOB TYPE Logging HOLE SIZE 7 7/8" HOLE DEPTH 1423.40 CASING SIZE & WEIGHT 5 1/2" 14#
CASING DEPTH 1413.04 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13# SLURRY VOL 60 Bbl WATER gal/sk 9.5 CEMENT LEFT in CASING None
DISPLACEMENT 35.5 Bbl DISPLACEMENT PSI 800 PSI MIX PSI Bump Plug to 1200 PSI RATE 5 BPM

REMARKS: Safety Meeting, Rig up to 5 1/2" casing, Break circulation with 17 Bbls water, mixed 500# gel flush with hulls (22-25 Bbl), 20 Bbl water spacer, mixed 165 sks Class "A" cement with 8% gel, 2% calcium, 1/2# Pheno-seal + 1/4% CFL-115 @ 13#/gal. Shut down wash out pump + lines + displace with 35 1/2 Bbl water. Final pumping pressure at (800psi) bumped plug to 1200psi. Good circulation @ 9 1/2 times. Plug landed + pressure started bleeding off, possible thread leak, plug was holding. Started getting cement back when plug landed, hole was falling back, fluid down about 20". Job complete
"thanks Shannon + crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1630.00	1630.00
5106	70	MILEAGE	4.00	280.00
1115	165 sks	Class "A" cement	14.95	2466.75
111B	1740 #	gel @ 8%	.21	365.40
1112	311 #	Calcium @ 2%	.74	230.14
1117A	83 #	Pheno-seal @ 1/2#/sk	1.29	107.07
1111A	1650 #	Kel-seal @ 10#/sk	.46	759.00
2156A	50 #	CFL-115 1/4%	10.55	527.50
111B	500 #	gel flush	.21	105.00
1105	45 #	Hulls	.44	19.80
5107A	7.75 Tons	Ton mileage bulk Truck	1.34	519.75
			Sub Total	6274.94
			SALES TAX	291.17
			ESTIMATED TOTAL	6566.11

Rev 10/97

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



PostRock
Energy Corporation

211 W. 14TH STREET,
CHANUTE, KS 66720
620-431-9500

TICKET NUMBER 7354 ✓
FIELD TICKET REF# _____
FORMAN Nathan Gahms
AFE D12003
SSI _____
API _____

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
6-8-12	E by 4-12						
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahms	11:30	1:30		905575		2	Nat G
Justin Jansen	}	}		903197		2	Justin Jansen
Dustin Porter			903103		2	Dustin Porter	
Chris Mitchell			904735		2	Chris Mitchell	

JOB TYPE Top off HOLE SIZE _____ HOLE DEPTH 80' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 3/4" OTHER Cus. Jones rig crew
 SLURRY WEIGHT _____ SLURRY VOL 10 skc WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Ran in 80' 3/4" tubing. Circulated well then pumped cement down tubing back to surface. Cleared up and left location.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
905575	1	Forman Pickup	
903197	1	Cement Pump Truck	
903103	1	Bulk Truck	
		Transport Truck	
		Transport Trailer	
904735	1	80 Vac	
		Casing Truck	
		Casing	
		Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
	<u>10 skc</u>	Portland Cement	
		Gilsonite	
		Flo-Seal	
		Premium Gel	
		Cal Chloride	
	<u>40 bbl</u>	City Water	
		KCL	
		KOL Seal	
		Cotton Seed Hulls	

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	5/24/2012
Date Completed	5/30/2012

Well No.	Operator	Lease	A.P.I #	County	State
4-12	Post Rock Energy	EBY	15-205-28015-00-00	Wilson	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			4	27	15

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Brantley	Oil	4	21'8" 8 5/8	1420	7 7/8

Formation Record

0-5	DIRT	806-820	LIME	1145-1205	SANDY SHALE
5-15	SANDY SHALE	820-825	SHALE	1205-1222	SANDY SHALE / DECENT ODOR
15-168	SHALE	825-838	SAND	1222-1236	SAND / REAL GOOD ODOR
168-177	LIME	838-854	SANDY SHALE	1236-1256	SAND / DECENT ODOR
177-180	SHALE	854-855	COAL	1256-1293	SAND / LIGHT ODOR
180-214	LIME	855-902	SANDY SHALE	1293-1344	SHALE
214-284	SHALE	902-903	COAL	1306	GAS TEST - SAME
284-324	LIME	903-926	LIME	1344-1345	COAL
304	GAS TEST - NO GAS	926-928	BLACK SHALE	1345-1348	LIME
324-380	SHALE	928-947	LIME	1348-1352	SHALE
380-391	LIME	930	GAS TEST - NO GAS	1352-1371	LIME (MISS.)
391-393	SHALE	947-961	SHALE	1356	G.T.- 4",1/4"=3.37 MCF
393-409	LIME	955	GAS TEST - NO GAS	1371-1381	CHERTY LIME
409-421	HARD SAND	961-976	LIME (OSWEGO)	1381-1420	LIME
421-509	SANDY SHALE	976-985	BLK SHALE (SUMMIT)	1381	PICKED UP WATER
445	GETTING DAMP	980	GAS TEST - SLIGHT BLOW	1420	GAS TEST - SAME
480	WENT TO WATER	985-1005	LIME	1420	TD
509-587	LIME	1005	GAS TEST - SLIGHT BLOW		
587-594	BLK SHALE (STARK)	1005-1011	BLACK SHALE		
594-596	LIME	1011-1070	SANDY SHALE		
596-609	SANDY SHALE	1055	GAS TEST - SLIGHT BLOW		
604	GAS TEST - NO GAS	1070-1072	LIME		
609-624	LMY SHALE	1072-1081	SHALE		
624-627	BLACK SHALE	1081-1083	LIME (V-LIME)		
627-695	LIME	1083-1084	COAL (CROWBERG)		
695-773	SHALE	1084-1125	SANDY SHALE		
773-774	BLACK SHALE	1105	GAS TEST - SAME		
774-780	LIME	1125-1126	COAL (FLEMING)		
780-806	LMY SHALE	1126-1142	SANDY SHALE		
804	GAS TEST - NO GAS	1142-1145	SANDY SHALE		