



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1068009

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

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 <i>(Amount and Kind of Material Used)</i>	Depth

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

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

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Anderson Energy, Inc.
Well Name	Desmarteau - Dauphin 1
Doc ID	1068009

Tops

Name	Top	Datum
Anhydrite	1690	+499
Topeka	3192	-1003
Heebner	3400	-1211
Lansing	3438	-1249
BKC	3653	1464
Conglomerate	3716	-1527
Arbuckle	NA	
LTD	3771	-1581

Russell

4-2011	SEC. 7	TWP. 9 S	RANGE 20 W	CALLED OUT	ON LOCATION	JOB START 8:00 AM	JOI 8
TECH UPAIN	WELL #1	LOCATION Palco 1N To Ball-Park		COUNTY Rock's		ST. K	
NEW (Circle one)		2 W - 1 N 1/2 E 1/2 N - W INTO					

CTOR MAVERICK DRLG. Rig #108 OWNER

JOB Cement Surface
 E 12 1/4 T.D. 265
 SIZE 8 5/8 SURFACE DEPTH 264'
 SIZE 23# CSG. DEPTH
 DEPTH
 DEPTH
 X MINIMUM
 NE SHOE JOINT
 LEFT IN CSG. 15'

CEMENT
 AMOUNT ORDERED 170 sx Comm.
 3% cc 25 GEL

EMENT 15.00/BBL
 EQUIPMENT

COMMON 170 @ 16.25
 POZMIX @
 GEL 3 @ 21.25
 CHLORIDE 6 @ 58.20
 ASC @

UCK CEMENTER Glenn
 17 HELPER Woody
 UCK
 0 DRIVER MARK
 UCK
 DRIVER

AUG 29 2011

HANDLING 179 @ 2.25
 MILEAGE 11/2 @ 16
 TOTAL 4

REMARKS:
 6 JTS OF 8 5/8 CSG. (23#)
 264' Circulate on Bottom
 agent w/ 170 sx Comm. 3% cc &
 Displace 15.00/BBL &
 IN @ 350 #,
 2nd D.D. Circulate
 SURFACE
 THANK'S

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE 110 @ 7.00
 MANIFOLD @ 4.00
 @

TO: ANDERSON ENERGY INC.
 STATE ZIP

TOTAL 2

PLUG & FLOAT EQUIPMENT

@
 @
 @
 @
 @

TOTAL

Cementing Co., LLC.
 hereby requested to rent cementing equipment
 sh cements and helper(s) to assist owner or
 r to do work as is listed. The above work was
 atisfaction and supervision of owner agent or
 r. I have read and understand the "GENERAL
 AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any)
 TOTAL CHARGES 6996.15
 DISCOUNT IF PAID II

NAME Bill Skeen
 RE Bill Skeen

Anderson Energy, Inc.

#1 Desmarteau – Dauphin

700' FSL & 500' FWL

Section 7-T9S-20W, Rooks County, Kansas

DST #1: 3557'- 3637' Lansing H, I, J & K zones

30 (45) 30 (45) Recovered 5' Mud w/oil spots.

IFP 8-9# FFP 8-15# ISIP 199# FSIP 119#