



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
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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: _____



1068021

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Anderson Energy, Inc.
Well Name	Page 6
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Tops

Name	Top	Datum
Anhydrite	1645	+557
B/Anhydrite	1682	+520
Topeka	3212	-1010
Heebner	3420	-1218
Lansing	3457	-1255
BKC	3666	-1464
Conglomerate	3696	-1494
Arbuckle	3753	-1551
LTD	3828	-1626
RTD	3830	-1628

1	SEC. <u>23</u>	TWP. <u>10</u>	RANGE <u>20</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00 pm</u>	JOB FINISH <u>3:30 pm</u>
	WELL # <u>6</u>	LOCATION <u>17 N Ellis 2 1/2 E</u>				COUNTY <u>Hooker</u>	STATE <u>KS</u>
(Circle one)		<u>1/4 N Einto</u>					

R Maverick Drilling LLC OWNER
Surface

T.D. <u>265</u>	CEMENT
DEPTH <u>8 5/8</u>	AMOUNT ORDERED <u>170 com</u>
DEPTH	<u>3% CC 2% Gel</u>
DEPTH	
DEPTH	
MINIMUM	
SHOE JOINT	

T IN CSG. <u>15 ft</u>	COMMON <u>170</u>	@ <u>16.25</u>	<u>2762.50</u>
INT <u>16.26</u>	POZMIX	@	
EQUIPMENT	GEL <u>3</u>	@ <u>21.25</u>	<u>63.75</u>
CEMENTER <u>Heath</u>	CHLORIDE <u>6</u>	@ <u>54.20</u>	<u>349.20</u>
HELPER <u>Todd</u>	ASC	@	
DRIVER <u>Walter</u>		@	
DRIVER		@	
	HANDLING <u>179</u>	@ <u>2.25</u>	<u>402.75</u>
	MILEAGE <u>11156/mile</u>		<u>787.60</u>
			<u>TOTAL 4365.80</u>

REMARKS:

Joint 8 5/8 & Landing Joint

circulation

& Disp 16.26 bbls of H2O

It Did Circulate !!

Thank You !!

Anderson Energy, Inc
1 S Broadway STE 312
to STATE KS ZIP 67202

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>1125.00</u>
EXTRA FOOTAGE	@		
MILEAGE <u>80</u>	@ <u>7.00</u>		<u>560.00</u>
MANIFOLD	@		
<u>CON</u> <u>80</u>	@ <u>4.00</u>		<u>320.00</u>
	@		
			<u>TOTAL 2005.00</u>

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

TOTAL _____

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT 58/20 IF PAID IN 30 DAYS

menting Co., LLC.
 y requested to rent cementing equipment
 ementer and helper(s) to assist owner or
 do work as is listed. The above work was
 action and supervision of owner agent or
 have read and understand the "GENERAL
) CONDITIONS" listed on the reverse side.

ME Jeremy Stuckey
[Signature]

1/11	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START 12:00pm	JOB FINISH 12:30pm
	WELL#	C	LOCATION	Zurich 5 to AARD	County	Rock	STATE KS
(Circle one)			2w Sixth				

R Express Well Service
Sycamore Oil

OWNER _____

T.D.
5 1/2 DEPTH
276 DEPTH
DEPTH
DEPTH
2000 psi MINIMUM
SHOE JOINT

CEMENT
AMOUNT ORDERED 50 Co

T IN CSG.
ENT T 21.2 C 2.2

COMMON 50 @ 16.25 812.50
POZMIX @
GEL @
CHLORIDE @
ASC @

EQUIPMENT

CEMENTER Handl (Chanc)
HELPER Todd
DRIVER Mark
DRIVER

HANDLING 50 @ min 344.00
MILEAGE 111/26 p.c (50) 275.00
TOTAL 1431.50

REMARKS:

3760 to 3765 Tied
like took Rate 400/mia
2psi. Mixed 5 to 6cr
out to 200psi Released
up. Washed around hole
at 5 hole put surge
Measured up going to
5' + shut in

SERVICE

DEPTH OF JOB
PUMP TRUCK CHARGE 1050.00
EXTRA FOOTAGE @
MILEAGE 100 @ 7.00 700.00
MANIFOLD 10 @
CUR 100 @ 4.00 400.00

TOTAL 2150.00

Anderson Energy

STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

menting Co., LLC.
by requested to rent cementing equipment
ementer and helper(s) to assist owner or
do work as is listed. The above work was
faction and supervision of owner agent or
have read and understand the "GENERAL
CONDITIONS" listed on the reverse side.

@
@
@
@
@

TOTAL _____

SALES TAX (If Any) _____
TOTAL CHARGES 3581.50
DISCOUNT 50/20 IF PAID IN 30 DAYS

ME
Jason Poff

Russell

<i>1/11</i>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOE
	WELL # <i>6</i>	LOCATION <i>Sutor School 3/4 5</i>				<i>10:45 AM</i>	ST.
VIEW (Circle one)		<i>Finite</i>				<i>Books</i>	

CLIENT *Express Well Service* OWNER _____

JOB *P.C.*

SIZE *2 3/8* T.D. _____

SIZE *5 1/2* DEPTH _____

SIZE *2 3/8* DEPTH _____

SIZE _____ DEPTH _____

But Collar DEPTH *1661*

MINIMUM _____

SHOE JOINT _____

LEFT IN CSG. _____

CEMENT

AMOUNT ORDERED *200 60# 6 1/2*

18# Flt

CEMENT *T.P. 5661*

EQUIPMENT _____

COMMON	<i>120</i>	@	<i>16.25</i>	<i>1</i>
POZMIX	<i>80</i>	@	<i>8.51</i>	<i>1</i>
GEL	<i>10</i>	@	<i>21.25</i>	<i>1</i>
CHLORIDE		@		
ASC		@		
	<i>Flt Seal 50#</i>	@	<i>2.70</i>	<i>1</i>
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>210</i>	@	<i>2.25</i>	<i>9</i>
MILEAGE	<i>11/56 miles</i>	@	<i>50</i>	<i>11</i>

CEMENTER *Shane Heath*

HELPER *Todd*

DRIVER *Mark*

DRIVER _____

REMARKS:

*Worked up tools to 200 psi
 and P.C. Est a Blow
 used 200 sks. + displaced
 661 Cement Circulated
 used P.C. tested to
 205, Ran 5 jts. +
 shed clean
 came Out of Hole*

TOTAL *4*

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				
EXTRA FOOTAGE		@		
MILEAGE	<i>100</i>	@	<i>2.00</i>	<i>2</i>
MANIFOLD		@		
	<i>100</i>	@	<i>4.00</i>	<i>2</i>

TOTAL *0*

TO: *Anderson*

STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Anderson Energy, Inc.

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1110' FSL & 330' FEL

Section 23-T10S-20W, Rooks County, Kansas

DST #1: 3481-3510' LKC "C" zone. 30 (30) 30 (30)

Rec 3' mud w/ oil spots.

IFP 14-18# FFP 18-18# ISIP 371# FSIP 280#.

DST #2: 3577- 3640' Lansing H, I & J. 30 (30) 30(30)

Rec 1' CO & 5' SOCM (2% Oil 98% Mud)

IFP 19-21# FFP 24-26# ISIP 745# FSIP 308#.

DST #3: Arbuckle 3682-3758'. 30 (45) 45 (60)

Rec 124' GIP, 130' CO, 124' HOGCM (10% G, 40% O, 50% M), 434' GMO (15% G, 5% M, 80% O) & 62'

SM&WCO (15% G, 2% M, 20% W & 63% O)

IFP 39-166# FFP 174-334# ISIP 1037# FSIP 1043#.

DST #4: Arbuckle 3770-3790' 30 (45) 45 (60)

Bottom of bucket in 1 min., 1st open. Rec 2500' Salt Water

IFP 137-792# FFP 806-1107# ISIP 1158# FSIP 1162#