



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1089695  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

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
- Plug Back       Conv. to GSW       Conv. to Producer
- 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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1089695

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input 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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Anderson Energy, Inc.
Well Name	King B#1
Doc ID	1089695

Tops

Name	Top	Datum
Anhydrite	1427	+721
B/Anhydrite	1474	+674
Topeka	3156	-1008
Heebner	3431	-1283
Toronto	3453	-1305
Lansing	3473	-1325
BKC	3719	-1571
Marmaton	3475	1597
Pawnee	3799	-1651
Cherokee Shale	3851	-1703
Conglomerate	3862	-1714
Arbuckle	3890	-1742
LTD	3998	-1850

Anderson Energy, Inc.  
#1 King B  
1555' FSL & 1000' FEL  
Section 12-T15S-21W, Trego County, Kansas  
Elevation: 2139' gl, 2148' kb

DST #1 3815-43 Pawnee 30 (30) 30 (30) Rec 1' Clean oil & 5' Mud w/ scum of oil. IFP 14-17# FFP 16-17#  
ISIP 982# FSIP 766#

DST #2 3847-75 Cherokee Sd. 30 (45) 60 (60) Blow off bottom in 17" 1<sup>st</sup> open and 31" 2<sup>nd</sup> open. Rec 43'  
GWMCO (5% Gas 55% Oil 28% Water 12% Mud), 252' GHOCMW (4% Gas 46% Oil 25% Mud 25% Water)  
and 126' SLOCMW (6% Oil 1% Mud 93% Water) IFP 27-94# FFP 100-187# ISIP 995# FSIP 876#.

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 06, 2012

316-263-1006  
Anderson Energy, Inc.  
300 W DOUGLAS AVE, STE 410  
WICHITA, KS 67202

Re: ACO1  
API 15-195-22790-00-00  
King B#1  
SE/4 Sec.12-15S-21W  
Trego County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
316-263-1006

# ALLIED OIL & GAS SERVICES, LLC 056422

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell Ks.

*Well  
FILE*

DATE <u>6-9-12</u>	SEC. <u>12</u>	TWP. <u>15S</u>	RANGE <u>21W</u>	CALLED OUT	ON LOCATION	JOB START <u>6:00 AM</u>	JOB FINISH <u>6:30 AM</u>
LEASE <u>KING</u>	WELL# <u>B-1</u>	LOCATION <u>Ellis Ks. 11s 2W Ks</u>			COUNTY <u>TRIGO</u>	STATE <u>KANSAS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>SOUTH WIND Rig #2</u>	OWNER
TYPE OF JOB <u>ROTARY Plug</u>	CEMENT
HOLE SIZE <u>7 7/8</u> T.D. <u>4000'</u>	AMOUNT ORDERED <u>245 SX 40 4% GEL</u>
CASING SIZE <u>8 5/8 SURFACE</u> DEPTH <u>307'</u>	<u>1/4# F10-SEAL PER SX</u>
TUBING SIZE DEPTH	
DRILL PIPE <u>4 1/2 X-H</u> DEPTH <u>3874'</u>	
TOOL DEPTH	
PRES. MAX MINIMUM <input checked="" type="checkbox"/>	COMMON <u>147 SX @ 16.25 2388.75</u>
MEAS. LINE SHOE JOINT	POZMIX <u>98 SX @ 8.50 833</u>
CEMENT LEFT IN CSG.	GEL <u>10 SX @ 21.25 212.50</u>
PERFS.	CHLORIDE @
DISPLACEMENT	ASC @
	<u>F10-SEAL 3 SX @ 2.70 202.50</u>
	@
	@
	@
	@
	@
	@
	HANDLING <u>255 TOTAL SX @ 2.25 573.75</u>
	MILEAGE <u>30 Ten Mile 84.650</u>
	<u>7650 TOTAL 5052.00</u>

REMARKS:

- 25 SX @ 3874'
- 25 SX @ 1440'
- 100 SX @ 640'
- 40 SX @ 360'
- 10 SX @ 40' wiper Plug
- 30 SX @ Rathole
- 15 SX @ Mouse Hole

THANKS

SERVICE

DEPTH OF JOB <u>3874'</u>	
PUMP TRUCK CHARGE	<u>12.50<sup>00</sup></u>
EXTRA FOOTAGE @	
MILEAGE <u>30 HV ME 30</u> @ <u>7<sup>00</sup></u>	<u>210<sup>00</sup></u>
MANIFOLD @	
<u>3P LV ME</u> @ <u>4<sup>00</sup></u>	<u>120<sup>00</sup></u>
@	

TOTAL 1580<sup>00</sup>

CHARGE TO: ANDERSON ENERGY INC.  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

@	
@	
@	
@	
@	

TOTAL 0

To: Allied Oil & Gas Services, LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME William Sanders  
SIGNATURE William Sanders

SALES TAX (If Any) 450.97  
TOTAL CHARGES 6632.00  
DISCOUNT 10/70 1912.15 IF PAID IN 30 DAYS  
Net 4719.85  
BS  
6-10



# ALLIED OIL & GAS SERVICES, LLC 056134

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

*WELL FILE*

DATE <u>6-2-12</u>	SEC <u>12</u>	TWP <u>13S</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START <u>12:00</u>	JOB FINISH <u>1:00</u>
LEASE <u>King's B</u>	WELL # <u>1</u>	LOCATION <u>Ellis 11S 2W 1/2 Wint</u>			COUNTY <u>Pratt</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)							

CONTRACTOR Southwind #2

TYPE OF JOB Service

HOLE SIZE \_\_\_\_\_ T.D. 310

CASING SIZE 8 7/8 DEPTH 307

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT 15

CEMENT LEFT IN CSG. 15

PERFS. \_\_\_\_\_

DISPLACEMENT 1834 bbl

OWNER \_\_\_\_\_

CEMENT AMOUNT ORDERED 2100x 37.6L 27.6L

EQUIPMENT

PUMP TRUCK # 417 CEMENTER Wally

HELPER Wally

BULK TRUCK # 411 DRIVER Wally

BULK TRUCK # \_\_\_\_\_ DRIVER \_\_\_\_\_

COMMON <u>2100</u>	@	<u>16.25</u>	<u>3,250.00</u>
POZMIX _____	@		
GEL <u>4</u>	@	<u>21.25</u>	<u>85.00</u>
CHLORIDE <u>1</u>	@	<u>58.25</u>	<u>407.40</u>
ASC _____	@		
HANDLING <u>210</u>	@	<u>2.25</u>	<u>472.50</u>
MILEAGE <u>6300</u>	@	<u>.11</u>	<u>693.00</u>
TOTAL			<u>4907.90</u>

REMARKS:

Run 7345 of 8 7/8 234, to 307 establish circulation, max 26.00 class A 37.6L 27.6L, placed 1834 bbl H<sub>2</sub>O, split in well

Cement did circulate to surface

*Thank!*

CHARGE TO: Anderson Energy Inc

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB _____			
PUMP TRUCK CHARGE _____			<u>1125</u>
EXTRA FOOTAGE <u>10</u>	@	<u>.95</u>	<u>9.50</u>
MILEAGE <u>mi/hr</u> <u>30</u>	@	<u>7.00</u>	<u>210.00</u>
MANIFOLD _____	@		
<u>MLV</u> <u>30</u>	@	<u>4.00</u>	<u>120.00</u>
TOTAL			<u>1464.50</u>

PLUG & FLOAT EQUIPMENT

_____	@		
_____	@		
_____	@		
_____	@		
_____	@		
TOTAL			<u>0</u>

To: Allied Oil & Gas Services, LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Frank Rome

SIGNATURE Frank Rome

SALES TAX (If Any) 254.48

TOTAL CHARGES 6372.40

DISCOUNT 20/20 1785.98 IF PAID IN 30 DAYS

BS  
6-4-12