



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1094735
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: _____

1094735

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

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	Eaton Trust 1
Doc ID	1094735

Tops

Name	Top	Datum
Anhydrite	1639	+512
B/Anhydrite	1682	+469
Topeka	3197	-1046
Heebner	3404	-1253
Toronto	3425	-1274
Lansing	3444	-1293
BKC	3662	-1511
Conglomerate Sh	3705	-1554
Conglomerate Ch	3760	-1609
Arbuckle	3800	-1649
LTD	3900	

Anderson Energy, Inc.

#1 Eaton Trust

1440' FSL & 510' FEL

Section 18-T10S-20W, Rooks County, Kansas

DST #1 Lansing B, C, D & E zones, 3465-3540'

30 (45) 45 (60) Blow off bottom in 5 min 1st open and off bottom in 10 min 2nd open. Recovered 600' Gas In Pipe, 180' SGMCO (10% Gas, 15% Mud, 75% Oil), 120" GOCM (15% Gas, 40% Oil, 55% Mud) & 180' SWCMO (7% Water, 10% Mud, 83% Oil) IFP 131-373# FFP 416-344# ISIP 827# FSIP 801#

DST #2 Lansing H, I & J, 3565-3640.

30 (45) 30 (30) Recovered 30' Mud w/ oil spots. IFP 79-83# FFP 78-48# ISIP 1068# FSIP 950#.

ALLIED OIL & GAS SERVICES, LLC

056446

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell Kan

DATE <i>6-29-12</i>	SEC. <i>18</i>	TWP. <i>10</i>	RANGE <i>20</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>1:45 AM</i>
LEASE <i>EATON TRUST #1</i>	WELL # <i>#1</i>	LOCATION <i>ELLIS N. TO Co. Line 1W</i>			COUNTY <i>ROOK'S</i>	STATE <i>KANSAS</i>	
OLD OR NEW (Circle one)		<i>To RD #2 BN V4W TATO</i>					

CONTRACTOR *SOUTH WIND Rig #2*
 TYPE OF JOB *PRODUCTION STAINING*
 HOLE SIZE _____ T.D. _____
 CASING SIZE *5 1/2 New* DEPTH *3892'*
 TUBING SIZE *15.50# CSG* DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL *AFU INSERT @* DEPTH *3850*
 PRES. MAX *1500* MINIMUM _____
 MEAS. LINE _____ SHOE JOINT *42.57*
 CEMENT LEFT IN CSG. *42.57*
 PERFS. _____
 DISPLACEMENT *91.65/BBL*

OWNER _____
 CEMENT AMOUNT ORDERED *175 sx ASC*

500 GAL WFR-2 MUD FLUSH
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING *TOTAL SA @ 2.25*
 MILEAGE *65 TON MILE @ 11¢*
 TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER *Glenwood G.*
 # *417* HELPER *WOODY O.*
 BULK TRUCK
 # *410* DRIVER *ROBERT Y.*
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

PORT COLLAR ON #53 JT.
RON 92 New JOINTS OF 15.50# CSG
SET @ 3892, RECEIVED CIRCULATION
CIRC. 30 MIN, DROP AFU BALL, PUMP (DISCO),
PUMP 10 H₂O 10 MUD FLUSH, 10 BAL H₂O
Comment w/ 130 SX ASC, CLEAR LINE,
Release TRP, + Displace 91 3/4 BAL H₂O
LAND Plug @ 1500# Release Pressure +
FLOAT (HELD) THANK'S
30 SX @ RATHALL
15 SX @ Marse Hoje (Bill)

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE *65 HV ME @ 7.00*
 MANIFOLD _____ @ _____
65 LV ME @ 4.00
 _____ @ _____

CHARGE TO: *ANDERSON ENERGY INC.*
 STREET *300 W. Douglas STE 410*
 CITY _____ STATE _____ ZIP _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

WEATHERFOOD (Guide Shoe)
 " *AFU INSERT* @ _____
 " *107 CENTRALIZERS* @ _____
 " *2 BASKETS* @ _____
 " *1 - PORT COLLAR* @ _____
 " *1 - TRP.* @ _____

TOTAL _____

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.

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

PRINTED NAME *William Sanders*
 SIGNATURE *William Sanders*

Tom Bevan

ALLIED OIL & GAS SERVICES, LLC 056446

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell, KS
MIDNIGHT 7/9-30-2012

DATE <u>6-29-12</u>	SEC. <u>18</u>	TWP. <u>10</u>	RANGE <u>2P</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00</u>	JOB FINISH <u>3:30 AM</u>
LEASE <u>EATON TRUST</u>	WELL# <u>#1</u>	LOCATION <u>Ellis N. To Co. line 1W</u>			COUNTY <u>ROCKS</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one)		TO RD #2 3N 1/4 (1) INTO					

CONTRACTOR SOUTH WIND Rig #2
 TYPE OF JOB PRODUCTION STRING
 HOLE SIZE T.D.
 CASING SIZE 5 1/2 New DEPTH 3892'
 TUBING SIZE 1 5/8 FCSG DEPTH
 DRILL PIPE DEPTH
 TOOL AFE INSERT @ DEPTH 3850
 PRES. MAX 1500 MINIMUM
 MEAS. LINE SHOE JOINT 42.57
 CEMENT LEFT IN CSG 42.57
 PERFS.

OWNER
 CEMENT AMOUNT ORDERED 175 sz Asc
500 GAL WFR-2 MUD FLUSH

DISPLACEMENT 91.65 / BBL
 EQUIPMENT

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	<u>175</u>	@ <u>19.00</u>	<u>3325.00</u>
mud FLUSH	<u>500 GAL</u>	@ <u>1.27</u>	<u>635.00</u>
HANDLING	<u>175</u>	@ <u>2.25</u>	<u>393.75</u>
MILEAGE	<u>65 TEN Mile</u>	@ <u>11.4</u>	<u>1851.25</u>
		<u>11375</u>	TOTAL <u>5605.00</u>

PUMP TRUCK CEMENTER Galew G.
 # 417 HELPER Woody O.
 BULK TRUCK
 # 410 DRIVER ROBERT Y.
 BULK TRUCK
 # DRIVER

REMARKS: Port Collar on #53 JT.

Ran 92 New Joints of 15 5/8 CSB
Set @ 3892, Received Circulation
circ. 30 min. DROP AFE BALL. Pump (disco)
Pump 10 Hr. 10 mud flush, 10 Bal Hr.
Cement w/ 130 SX ASC. CLEAR-LIFE
Release TRP. & Displace 9134 BAL Hr.
Plug @ 1500 lbs Release Pressure &
Float (held) / HANK'S
30 SX @ PATTAR (Bill)
15 SX @ Morse Hoje (Bill)

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>2225.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>65</u> HV MC	@ <u>7.00</u> <u>455.00</u>
MANIFOLD	@
<u>65</u> LV MC	@ <u>4.00</u> <u>260.00</u>

CHARGE TO: ANDERSON ENERGY INC.
 STREET 300 W. Douglas STE 410
 CITY STATE ZIP

TOTAL 2940.00

RECEIVED
JUL 10 2012
 BY:

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

PLUG & FLOAT EQUIPMENT

Waterproof Guide Shoe	@	<u>99.00</u>
AFE INSERT	@	<u>110.00</u>
27 Centralizers	@	<u>49.00</u> <u>343</u>
2 BASKETS	@	<u>178.00</u> <u>356.00</u>
TR-1 - Port Collar	@	<u>2000.00</u>
TR-1 - TRP.	@	<u>73.00</u>
		TOTAL <u>3581.00</u>

SALES TAX (if Any) 475.08
 TOTAL CHARGES 12126.00

DISCOUNT 20/50 3015.07 IF PAID IN 30 DAYS

Net 9110.93 BS 72
before tax

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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 25, 2012

Bill Anderson
Anderson Energy, Inc.
300 W DOUGLAS AVE, STE 410
WICHITA, KS 67202

Re: ACO1
API 15-163-24050-00-00
Eaton Trust 1
SE/4 Sec.18-10S-20W
Rooks 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,
Bill Anderson