



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1094804
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: _____

1094804

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Anderson Energy, Inc.
Well Name	Huddleston 1
Doc ID	1094804

Tops

Name	Top	Datum
Heebner	2165	-876
Iatan	2446	-1158
Lansing	2587	-1299
Kansas City	2762	-1447
Cherokee Sh	3220	-1932
Mississippi	3313	-2025
Kinderhook Sh	3633	-2345
Simpson Sd	3710	-2422
Arbuckle	3770	-2476
LTD	3818	-2530



TREATMENT REPORT

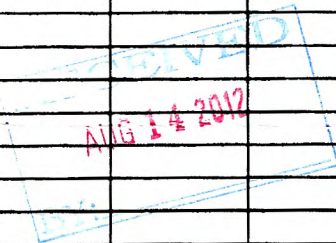
Acid Stage No.

Date: 8/31/12 District: G. B. F. O. No. C39930
 Company: Anderson Energy
 Well Name & No.: Huddleston #1
 Location: _____ Field: _____
 County: Sedgwick State: Ks
 Casing: Size 5 1/2" Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Bkdwn _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 Flush _____ Bbl. /Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 Actual Volume of Oil/Water to Load Hole: _____ Bbl. /Gal.
 Pump Trucks. No. Used: Std. 370 Sp. _____ Twin _____
 Auxiliary Equipment 317/30
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gal. _____ lb.

Company Representative: Southwind #2 Treater: Nathan W.

TIME a.m. (p.m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
8:30	-	5 1/2"		On location.
:				
:				
:				Hole = 3870'
:				Pipe = 3834' Centralizer = 1, 4, 7, 10, 14, 18,
:				L.S. = 15' 21, 24, 27, 30
:				3849'
:				S.C. = - 43' Basket = 2, 25
:				3806
:				2 out = - 39'
:				Baffle = 3767'
:				x.0238
:				89.6 bbls.
:				Circulate 30 min.
:				Pump - 600 sel. Mud Flush.
:				Plug Ret Hole w/ 30 sts. & mouse w/ 25 sts.
:				Mix 300 sts. 69% 40 per. 20% sel. 10% sel
:				1/2% CR-2 5# 1/2" silsonite.
:				Displace w/ 89.6 bbls @ 7 bpm @ 950'
:				Plus landed @ 1,400'
3:00				Released. Floet held.
:				
:				Thank you!
:				Nathan W.



ALLIED CEMENTING CO., LLC. 037707

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>7-26-12</u>	SEC <u>14</u>	TWP <u>29S</u>	RANGE <u>1W</u>	CALLED OUT <u>9:30 Am</u>	ON LOCATION <u>11:00 Am</u>	JOB START	JOB FINISH
LEASE <u>Hudleston</u> WELL # <u>1</u>			LOCATION <u>Clearwater, Ks.</u>		COUNTY <u>Schuyler</u>	STATE <u>KS.</u>	
OLD OR NEW (Circle one) <u>NEW</u>			Lease to <u>95</u>		<u>209</u>	<u>7.3</u>	

CONTRACTOR Southwind OWNER Anderson Oil

TYPE OF JOB Conductor

HOLE SIZE <u>17 1/4</u>	T.D. <u>112'</u>	CEMENT
CASING SIZE <u>13 3/8</u>	DEPTH <u>112'</u>	AMOUNT ORDERED
TUBING SIZE	DEPTH	<u>150.5 x Class A + 3 x 11 + 2 x 625</u>
DRILL PIPE	DEPTH	
TOOL	DEPTH	
PRES. MAX	MINIMUM	COMMON <u>A 150 x @ 1625 2437.50</u>
MEAS. LINE	SHOE JOINT	POZMIX @
CEMENT LEFT IN CSG. <u>20'</u>		GEL <u>5 @ 21.25 106.25</u>
PERFS.		CHLORIDE <u>6 @ 8.20 49.20</u>
DISPLACEMENT <u>15 1/4" Bbls Freshwater</u>		ASC @

EQUIPMENT

PUMP TRUCK CEMENTER Carl Balding 1
#359-265 HELPER Arnett Gains 2
BULK TRUCK
#364 DRIVER Scott Priddy 2
BULK TRUCK
DRIVER

REMARKS:
Thank you

CHARGE TO: Anderson - Energy Inc
STREET _____
CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., 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

HANDLING <u>165</u>	@ <u>2.10</u>	<u>336.00</u>
MILEAGE <u>7.4 / .35 / 2.35</u>		<u>608.65</u>
<u>259</u>		TOTAL <u>3779.40</u>
		<u>3837.60</u>

SERVICE

DEPTH OF JOB <u>112'</u>		
PUMP TRUCK CHARGE <u>1125.00</u>		
EXTRA FOOTAGE @		
MILEAGE <u>.35</u>	@ <u>7.00</u>	<u>245.00</u>
MANIFOLD @		
<u>Light Vehicle 35</u>	@ <u>4.00</u>	<u>140.00</u>
		TOTAL <u>1510.00</u>

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL _____
SALES TAX (If Any) 211.18
266.93
TOTAL CHARGES 5289.40 5347.60
DISCOUNT 30% 1586.82 1607.28 IF PAID IN 30 DAYS
NET 3702.55 3743.32

RECI
AUG 05 2012

Anderson Energy, Inc.

DST Report

#1 Huddleston

2066' FSL & 1712' FEL

Section 14-T29S-1W, Sedgwick County, Kansas

DST #1: Kansas City and Dennis 2774-2853'. 30 (45) 30 (45) Recovered 120' Mud. IFP 26-97#, FFP 211-80#. ISIP 1062# FSIP 1077#.

DST #2: 2867-2890' Kansas City Swope Blow off bottom of bucket in 20 seconds. Gas to Surface in 18 minutes – 1st open. Blow off bottom in 2 min. 1st Shut-in. Blow off bottom in 1 min – 2nd open. 30 (60) 30 (60). Recovered 1356' Clean Gassy Oil (15% Gas 85% Oil). IFP 101-171# FFP 195-299# ISIP 1407# FSIP 1366#

DST #3: Hertha zone 2905-20' 30 (60) 30 (60) Strong blow off bottom in 90 seconds 1st open, weak surface blowback. Blow off bottom in 2 min 2nd open. Gas to Surface in 22 minutes during 2nd shut-in. Rec 2669' Gas in Pipe, 62' water, 62' GMOCW (20% Gas, 24% oil, 20% mud & 36% water) & 119' gassy oil (5% gas 95% oil) IFP 30-66# FFP 75-112# ISIP 1087# FSIP 1080

DST #4: Mississippi 3334-60' 30 (60) 30 (60) 3" blow 1st open, ½" blow after 15 min in 2nd open. Recovered 65' SOGCM (2% Gas, 1% Oil, 97% Mud) IFP 30-34# FFP 37-51# ISIP 1211# FSIP 1193#

DST #5: Simpson Sand 3740-55'. 30 (60) 30 (60) 3" blow 1st open, 4.5" blow 2nd open. No blowback on either shut-in. Recovered 124' WCM (20% Water & 80% Mud) IFP 25-57# FFP 69-87# ISIP 1164# FSIP 1141#.

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 26, 2012

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

Re: ACO1
API 15-173-21011-00-00
Huddleston 1
SE/4 Sec.14-29S-01W
Sedgwick 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