



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1097864
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: _____



1097864

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 <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 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
<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	North Trust 1
Doc ID	1097864

Tops

Name	Top	Datum
Anhydrite	1497	+673
B/Anhydrite	1540	+630
Topeka	3292	-1122
Heebner	3558	-1388
Toronto	3581	-1411
Lansing	3597	-1427
BKC	3872	-1702
Marmaton	3899	-1729
Pawnee	3935	-1765
Cherokee Sh	3992	-1836
Cherokee Sand	4004	-1836
Miss	4095	-1925
Arbuckle	4174	-2004
LTD	4265	-2095

ALLIED OIL & GAS SERVICES, LLC 053731

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

G-cat Bond

DATE <u>9-10-12</u>	SEC. <u>24</u>	TWP. <u>15</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00 PM</u>	JOB FINISH <u>11:30 PM</u>
LEASE <u>Trust</u>	WELL# <u>1</u>	LOCATION <u>McCracken North To</u>			COUNTY <u>Lebo</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)		Curves 3 North To Coline 2 west 410 Ave 1/4 NW 6.8					

CONTRACTOR Southwind 2 OWNER Anderson 2101

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 30.5 CEMENT

CASING SIZE 8 3/8 DEPTH 318 AMOUNT ORDERED 190 SK CLASS A

TUBING SIZE DEPTH +3% cc + 2% Gel

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15

PERFS.

DISPLACEMENT 19.25

EQUIPMENT

PUMP TRUCK CEMENTER Wayne Davis

366 HELPER Trent Hall

BULK TRUCK DRIVER Josh Issa

344/170 DRIVER

DRIVER

COMMON 190 @ 17.70 3401.00

POZMIX @

GEL 3 @ 23.40 70.20

CHLORIDE 5 @ 64.00 320.00

ASC @

HANDLING 204.5 @ 2.48 507.16

MILEAGE 9.34 x 40 x 2.60 971.20

TOTAL 5,269.22

REMARKS:

Pipe on Bottom Break Circulation
with Rismanet
Mix 190SK CLASS A + 3% cc + 2%
Displace BBLs fresh water
Shut in
Cement did circulate

373.60

TOTAL 5,269.22

SERVICE

DEPTH OF JOB 318

PUMP TRUCK CHARGE 1572.20

EXTRA FOOTAGE @

MILEAGE Hum 40 @ 7.70 308.00

MANIFOLD @

Hum 40 @ 4.40 176.00

@

TOTAL 1,996.25

CHARGE TO: Anderson Energy

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

@ _____

@ _____

@ _____

@ _____

@ _____

TOTAL _____

SALES TAX (If Any) 257.80

TOTAL CHARGES 7,265.92

DISCOUNT 26% 1,889.13

IF PAID IN 30 DAYS

5,376.81

PRINTED NAME William Sanders

SIGNATURE William Sanders

SEP 23 2012

ALLIED OIL & GAS SERVICES, LLC 056530

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell KS

DATE <u>9-18-12</u>	SEC. <u>24</u>	TWP. <u>15</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START <u>12:00AM</u>	JOB FINISH <u>12:30AM</u>
LEASE <u>N. Trust</u>		WELL # <u>1</u>		LOCATION <u>Ellis S to CountyLine 2W</u>		COUNTY <u>Trego</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>1N1W Nand E into</u>			

CONTRACTOR Southwind #2
 TYPE OF JOB long string
 HOLE SIZE 7 7/8 T.D. 4270
 CASING SIZE 5 1/2 15.5# DEPTH 4273.61
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL pc ~~HSS~~ DEPTH 1433
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 42.17
 CEMENT LEFT IN CSG. 42.17
 PERFS.
 DISPLACEMENT 100.5 bbl

OWNER
 CEMENT
 AMOUNT ORDERED 250 ASC with FI-10 defoamer
5" Gilsonite / sk
500 gal. Mud Flush
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC 250 @ 20.90 5,225.00
Gilsonite 1250# @ .98 1,225.00
FI-10 75# @ 18.25 1295.75
DeFoamer 50# @ 9.80 490.00
Mud Flush 12 bbl @ 58.70 704.40
 HANDLING 321.77 5+ @ 2.10 797.98
 MILEAGE 508.653 t/m 2.35 1322.50
 TOTAL 11,060.63

EQUIPMENT
 PUMP TRUCK CEMENTER Robert Bob S
 # 417 HELPER Woody O
 BULK TRUCK
 # 481 DRIVER Walter K
 BULK TRUCK
 # DRIVER

REMARKS:
ran 100 jets of 5 1/2 15.5# csg circulated for
1hr dropped ball circulated 30min mixed 500
gal mud flush plugged rat hole with 30 sks
mixed 220 sks of ASC displaced 100.5 bbl
of water landed plug at 1500#

CHARGE TO: Anderson Energy, Inc.
 STREET _____
 CITY _____ STATE _____ ZIP _____

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

SERVICE 4273
 DEPTH OF JOB 4273 2558.75
 PUMP TRUCK CHARGE 2558.75
 EXTRA FOOTAGE @
 MILEAGE 36 HVMI @ 7.70 277.20
 MANIFOLD @
36 LVMI @ 4.40 158.40
 @

TOTAL 2994.35
 PLUG & FLOAT EQUIPMENT
latch down 1 324.09 324.09
Basket 2 @ 394.29 788.58
port Turbo 5 @ 93.00 465.00
Float shoe 1 @ 475.02 475.02
Port collar 1 @ 3042.00 3042.00
 @
 TOTAL 5094.69

SALES TAX (If Any) _____
 TOTAL CHARGES 19,149.67
 DISCOUNT 7372.62 IF PAID IN 30 DAYS
BS 9-19

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 6037

Date	10-4-12	Sec.	Twp.	Range	County	State	On Location	Finish
					Ellis	KS		1:00 p.m.
					Location Ellis S Grants Villa 2w to rd Ave S to			
Lease	North Trust			Well No. 1	Owner (New Exp) W into			
Contractor	Expert			To Quality Oilwell Cementing, Inc.				
Type Job	Port collar			You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.				
Hole Size	7 7/8	T.D.	Charge To Anderson Energy					
Csg. 5 1/2	Depth			Street				
Tbg. Size 2 7/8	Depth			City State				
Tool Quality	Depth 1441			The above was done to satisfaction and supervision of owner agent or contractor.				
Cement Left in Csg.	Shoe Joint			Cement Amount Ordered 250 QMDC KFF F10				
Meas Line	Displace			USED - 200 SK				
EQUIPMENT				Common 200				
Pumptrk 5	No.	Cement	Pos. Mix					
		Helper	Craig					
Bulktrk	No.	Driver	Brett					
		Driver						
Bulktrk 1	No.	Driver	Calcium					
		Driver	Heath					
JOB SERVICES & REMARKS				Hulls				
Remarks:				Salt				
Rat Hole				Flowseal 62#				
Mouse Hole				Kol-Seal				
Centralizers				Mud CLR 48				
Baskets				CFL-117 or CD110 CAF 38				
D/V or Port Collar				Sand				
Port collar @ 1441. Test 5 1/2 to 1000#.				Handling 250				
Open tool Best circulation - Mix 200SK				Mileage				
Cement circulated. Displace.				FLOAT EQUIPMENT				
Close tool test to 1000# Held.				Guide Shoe				
Ran 5 joints & Reverse Out.				Centralizer				
				Baskets				
				AFU Inserts				
				Float Shoe				
				Latch Down				
				Pumptrk Charge port collar				
				Mileage 28				
				Tax				
				Discount				
				Total Charge				
X Signature								

35V
OCT 13 2012

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

October 18, 2012

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

Re: ACO1
API 15-195-22815-00-00
North Trust 1
NW/4 Sec.24-15S-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,
Bill Anderson