



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1103543
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: _____



1103543

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	Werth 2
Doc ID	1103543

Tops

Name	Top	Datum
Anhydrite	1198	+821
Topeka	2972	-953
Heebner	3252	-1233
Toronto	3273	-1254
Lansing	3297	-1278
BKC	3537	-1518
Arbuckle	3604	-1585
LTD	3744	

Anderson Energy, Inc.
Drill Stem Test Report
Confidential

#2 Werth
2079' FSL & 1102' FWL
Section 5-T15S-18W, Ellis County, Kansas

DST #1 3256-3355' Lansing A, B & C zones. 15 (45) 15 (45)
Blow off Bottom in 4" 1st Open. Blow off Bottom in 4" 1st Shut-in. Rec 1782' GIP, 1420' MCGO (15% M, 30% G, 55% O) & 50' SLOCM (15% O & 85% M) IFP 240-334# FFP 480-656# ISIP 701# FSIP 656#

DST #2 3620-33', Arbuckle. 15 (30) 15 (45) Blow off bottom in 45 sec 1st open; ¼" building to 1-1/2" blowback 1st shut-in. Blow off bottom in 45 sec 2nd open. Steady ¼" blowback 2nd shut-in. Rec 1700' Clean Gassy Oil. IFP 198-443# FFP 502-668# ISIP 1154# FSIP 1174#.

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

-12	SEC. 5	TWP. 15	RANGE 18	CALLED OUT	ON LOCATION	JOB START 2:30 AM	JOB FINISH 3:00 AM
1/4	WELL# 2	LOCATION Hays KS 9S 2W 1/4 N E into			COUNTY Ellis	STATE KS	

OR Southwind 4
 B surface
 12 1/4 T.D. 295
 E 8 5/8 23# DEPTH 295.13
 E DEPTH
 DEPTH
 DEPTH
 MINIMUM
 SHOE JOINT 15
 FT IN CSG. 15
 ENT 17 3/4 bbl

OWNER
 CEMENT
 AMOUNT ORDERED 170 com 3% cc 2% gel

COMMON	170	@ 17.90	3043.00
POZMIX		@	
GEL	3	@ 23.40	70.20
CHLORIDE	6	@ 64.00	384.00
ASC		@	

EQUIPMENT
 K CEMENTER Robert Y. 2
 09 HELPER Kevin R. 3
 K
 10 DRIVER Walter K-Nathan 3 D
 K
 DRIVER

HANDLING	183.51	5+3	@ 2.48	455.11
MILEAGE	92.18	1/m	2.60	239.67
			TOTAL	4191.97

REMARKS:
 of new 8 5/8 23# receive
 ion mix 170 com 3% cc 2% gel
 17 3/4 bbl of water

SERVICE

DEPTH OF JOB		295
PUMP TRUCK CHARGE		1512.25
EXTRA FOOTAGE	@	
MILEAGE 11 HVMI	@ 7.70	84.70
MANIFOLD	@	
11 LVMI	@ 4.40	48.40

TOTAL 1645.35

did circulate to surface
 Thank you
 Anderson Energy

PLUG & FLOAT EQUIPMENT

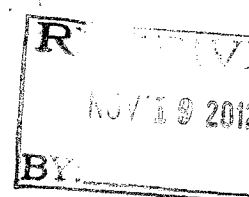
	@	
	@	
	@	
	@	
	@	
TOTAL		

STATE ZIP

Oil & Gas Services, LLC.
 hereby requested to rent cementing equipment
 cementer and helper(s) to assist owner or
 do work as is listed. The above work was
 factation and supervision of owner agent or
 I have read and understand the "GENERAL
 D CONDITIONS" listed on the reverse side.

SALES TAX (If Any) 220.32
 TOTAL CHARGES 5837.32
 DISCOUNT 1605.26 IF PAID IN 30 DAYS
 net 4232.06 BS 11-11
 before tax

NAME TERRY ROWE
Terry Rowe



P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell KS

1-12	SEC. 5	TWP. 15	RANGE 18	CALLED OUT	ON LOCATION	JOB START 3:00 AM	JOB FINISH 3:30 AM
th	WELL# 2	LOCATION Hays KS RS 2W 1/4 NE into			COUNTY Ellis	STATE KS	
EW (Circle one)							

10^v 6^v

TOR Southwind #4
OB Long string
3 7/8 I.D. 37.74 FT
ZE 5 1/2 15.5# DEPTH 3737.72 FT
ZE DEPTH
E DEPTH
DEPTH 12.18
MINIMUM
IE SHOE JOINT 42.45
LEFT IN CSG. 42.45

OWNER

CEMENT
AMOUNT ORDERED 175 ASC 5# gilsonite per st
500 gal Mud Flash

MENT 87.34 bbl
EQUIPMENT
Glean G 1
ICK CEMENTER Robert V
117 HELPER WOODY O
ICK
73 DRIVER Kerry T.
ICK DRIVER

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC 175	@	20.90	3657.50
Gilsonite 87.34	@	98	857.50
FL-160 50#	@	18.90	945.00
Defoamer 25#	@	9.80	245.00
Mud Flash 12-bbl	@	58.70	704.40

HANDLING 228.50 FT @ 2.48 566.68
MILEAGE 297 1/m 2.60 772.20
TOTAL 7748.28

REMARKS:

fts of 5 1/2 15.5# csg received
than for 1 hr mix 300 ft Asc
ole mix Mud Flash mix 145 Asc
hole displace 87.34 bbl of

SERVICE

DEPTH OF JOB		3734.00 FT
PUMP TRUCK CHARGE		2558.75
EXTRA FOOTAGE	@	
MILEAGE 11 HVMI	@	7.70 84.70
MANIFOLD ahead 1	@	275.00 275.00
11 LVMI	@	4.40 48.40

TOTAL 2966.85

0: Anderson Energy

STATE ZIP

PLUG & FLOAT EQUIPMENT

Guide shoe	1	280.80	280.80
API Float	1	334.62	334.62
Rubber plug	1	85.41	85.41
Part Collar	1	3042.00	3042.00
Basket	2	394.29	788.58
Cent	8	57.33	458.64

TOTAL 4990.05

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

SALES TAX (If Any) 718.16
TOTAL CHARGES 15705.18

NAME Preston L. Dealing
DATE [Signature]

DISCOUNT 5366.96 IF PAID IN 30 DAYS
cost of hand rental was added
to discount net 10338.22

ALLIED OIL & GAS SERVICES, LLC 056584

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell KS

DATE <u>11-26-12</u>	SEC. <u>5</u>	TWP. <u>15</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30 am</u>	JOB FINISH <u>2:00 pm</u>
LEASE <u>Worth</u>	WELL# <u>2</u>	LOCATION <u>Hays KS 95 2W 1/4 NE into</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>Express</u>	OWNER
TYPE OF JOB <u>Port Callar</u>	<u>Jscd 275</u>
HOLE SIZE _____ T.D. _____	CEMENT _____
CASING SIZE <u>5 1/2</u> DEPTH <u>3737</u>	AMOUNT ORDERED <u>300 60/40 40 47oz 1</u>
TUBING SIZE <u>2 3/8</u> DEPTH <u>1214</u>	<u>1/4 5/8</u>
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	
MEAS. LINE _____ SHOE JOINT _____	
CEMENT LEFT IN CSG. _____	
PERFS. _____	
DISPLACEMENT <u>6661</u>	
EQUIPMENT	
PUMP TRUCK CEMENTER <u>Robert Y</u>	<u>Slenn G</u>
# <u>417</u> HELPER <u>Woody O</u>	<u>2</u>
BULK TRUCK _____	
# <u>473</u> DRIVER <u>Nathan D</u>	<u>3</u>
BULK TRUCK _____	
# _____ DRIVER _____	

COMMON <u>165</u>	@ <u>17.90</u>	<u>2953.50</u>
POZMIX <u>110</u>	@ <u>9.35</u>	<u>1028.50</u>
GEL <u>10</u>	@ <u>23.40</u>	<u>234.00</u>
CHLORIDE _____	@ _____	_____
ASC _____	@ _____	_____
<u>Flor-seal</u> <u>3 75#</u>	@ <u>2.97</u>	<u>722.75</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>321.67</u>	@ <u>2.48</u>	<u>797.73</u>
MILEAGE <u>147.8125</u>	@ <u>2.60</u>	<u>384.31</u>
		TOTAL <u>5620.79</u>

REMARKS:
ran to 1214 test backside to 800
release to 300 open pc get circulation
mix 275 sks displace 6 bbls water
close pc test pc to 800 run 5jts
wash clean

Thank you

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

SERVICE

DEPTH OF JOB <u>1214</u>	
PUMP TRUCK CHARGE <u>2249.84</u>	
EXTRA FOOTAGE @ _____	
MILEAGE <u>11 HVMJ</u> @ <u>7.70</u>	<u>84.70</u>
MANIFOLD @ _____	
<u>11 LVAI</u> @ <u>4.40</u>	<u>48.40</u>
_____ @ _____	
TOTAL <u>2382.94</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 Terry W. Piesker
SIGNATURE Terry W. Piesker

SALES TAX (If Any) 279.64
TOTAL CHARGES 8063.73
DISCOUNT 2601.28 IF PAID IN 30 DAYS
BS 11-26
NET - 5402.52 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

February 19, 2013

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

Re: ACO1
API 15-051-26415-00-00
Werth 2
SW/4 Sec.05-15S-18W
Ellis 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