

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1168737

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

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: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i></p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Anderson Energy, Inc.
Well Name	Dugan Family Partnership 1
Doc ID	1168737

Tops

Name	Top	Datum
Heebner	2181	-892
Iatan	2465	-1176
Lansing	2605	-1316
KC	2789	-1500
Stark Sh	2899	-1610
Hertha	2939	-1650
Marmaton	3088	-1799
Cherokee	3255	-1966
Miss	3374	-2085
LTD	3539	-2250

Form	ACO1 - Well Completion
Operator	Anderson Energy, Inc.
Well Name	Dugan Family Partnership 1
Doc ID	1168737

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	17.5	13.375	48	117	Class A	125	3% cc
Surface	12.25	8.625	23	256	Class A	180	3% cc

ALLIED OIL & GAS SERVICES, LLC 059935

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Medicine Lodge KS

DATE <u>10/10/13</u>	SEC. <u>23</u>	TWP. <u>29s</u>	RANGE <u>1W</u>	CALLLED OUT <u>10/09/13</u> <u>1000 PM</u>	ON LOCATION <u>10/09/13</u> <u>600 PM</u>	JOB START <u>300 AM</u>	JOB FINISH <u>330 AM</u>
LEASE <u>Aspen Energy</u> WELL # <u>1</u>				LOCATION <u>Clearwater KS, East to Ridge Rd,</u>		COUNTY <u>Sedgwick</u>	STATE <u>KS</u>
OLD OR (NEW) (Circle one)				North to 95 st, East 1 1/4 mi, South into			

CONTRACTOR South Wind #8 OWNER Anderson Energy

TYPE OF JOB Conductor
HOLE SIZE 17 1/2 T.D. 127
CASING SIZE 13 3/8 DEPTH 117.8
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX 250 MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG. 20'
PERFS.
DISPLACEMENT 16 BBLs Fresh H₂O

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thinnerch
471/265 HELPER Justin Bower
BULK TRUCK
364 DRIVER James Bowen
BULK TRUCK
DRIVER

REMARKS:

Safety meeting, Press test, Mix pump cement, Disp
Shutin, Did circ cement

CEMENT
AMOUNT ORDERED 125 sx Class A + 3% cc

COMMON <u>Class A</u>	<u>125 sx @ 17.90</u>	<u>2237.50</u>
POZMIX	@	
GEL	@	
CHLORIDE	<u>4 sx @ 64.00</u>	<u>256.00</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>131 cu ft</u>	@ <u>2.48</u>	<u>324.88</u>
MILEAGE <u>211.20 mi x 2.60</u>		<u>549.12</u>
TOTAL		<u>3367.50</u>

SERVICE

DEPTH OF JOB <u>117</u>		
PUMP TRUCK CHARGE		<u>1512.25</u>
EXTRA FOOTAGE	@	
MILEAGE <u>35 mi</u>	@ <u>7.70</u>	<u>269.50</u>
MANIFOLD	@	
<u>LV</u>	<u>35 mi @ 4.40</u>	<u>154.00</u>
	@	

TOTAL 1935.75

CHARGE TO: Anderson Energy
STREET
CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

<u>NA</u>	@	
	@	
	@	
	@	
	@	

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 5303.25

DISCOUNT IF PAID IN 30 DAYS

Net 3712.28

PRINTED NAME Darrell Kott

SIGNATURE [Signature]

ALLIED OIL & GAS SERVICES, LLC 059936

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Medicine Lodge KS

DATE <u>10/10/13</u>	SEC. <u>23</u>	TWP. <u>29S</u>	RANGE <u>1W</u>	10/10/13 CALLED OUT <u>115 PM</u>	10/10/13 ON LOCATION <u>1030 AM</u>	JOB START <u>630 PM</u>	JOB FINISH <u>715 PM</u>
LEASE <u>Degen Family Property</u>			WELL # <u>1</u>	LOCATION <u>Clearwater KS, 4 East to Ridge Rd,</u>		COUNTY <u>Sedgewick</u>	STATE <u>KS</u>
OLD OR (NEW) (Circle one)			1 North to 95 th S, 1 st East, South into				

CONTRACTOR Southwind

OWNER Anderson Energy

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 266

CASING SIZE 8 5/8 DEPTH 266

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 250 MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20'

PERFS.

DISPLACEMENT 15 3/4 BBLs Fresh H₂O

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thinnerch

471/265 HELPER David Felio

BULK TRUCK

364 DRIVER James Bowen

BULK TRUCK

DRIVER

REMARKS:

Safety meeting, Press test, Mixe Pump cement, Dis.
Rebar Plug, Displace, Shut in, Did circ cement

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 Parrell YOTT

SIGNATURE Parrell Yott

CEMENT

AMOUNT ORDERED 180sx Class A + 3%cc

COMMON Class A 180sx @ 17.90 3,222.00

POZMIX @

GEL @

CHLORIDE 6sx @ 64.00 384.00

ASC @

@

@

@

@

@

@

@

HANDLING 188.5 cuft @ 2.48 467.48

MILEAGE 304.5 tu/mi X 2.60 791.70

TOTAL 4865.18

SERVICE

DEPTH OF JOB 266

PUMP TRUCK CHARGE 1512.25

EXTRA FOOTAGE @

MILEAGE 35mi @ 7.70 269.50

MANIFOLD @

LV 25mi @ 4.90 154.00

@

TOTAL 1935.75

PLUG & FLOAT EQUIPMENT

8 5/8
Wooden Plug @ 67.50 67.50

@

@

@

@

TOTAL 67.50

SALES TAX (If Any)

TOTAL CHARGES 6868.43

DISCOUNT IF PAID IN 30 DAYS

Net 4828.15

ALLIED OIL & GAS SERVICES, LLC 059988

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Medicine Lodge, KS

DATE 10-17-2013	SEC 23	TWP 29S	RANGE 1W	CALLED OUT 2:00 PM	ON LOCATION 6:00 AM	JOB START 10:30 AM	JOB FINISH 11:30 AM
LEASE Family	WELL # 1	LOCATION Clearwater Fr 4 essr			COUNTY Seagwick	STATE KS	
OLD OR (NEW) (Circle one)			1 north, 1 3/4 east, south into				

CONTRACTOR South Wind #8
TYPE OF JOB Rotary Plug
HOLE SIZE 7 7/8 T.D.
CASING SIZE DEPTH
TUBING SIZE DEPTH
DRILL PIPE 4 1/2 DEPTH 315'
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG.
PERFS.
DISPLACEMENT 2 bbls of Fresh water
EQUIPMENT

PUMP TRUCK CEMENTER Dgrin F.
#471-265 HELPER Dgrin F.
BULK TRUCK
#421-250 DRIVER CSH R.
BULK TRUCK
DRIVER

REMARKS:

1st plug, 315' - long hole, mix 355x of
Cement, displace 2 bbls Fresh water
2nd plug - 60' mix 255x Cement
Rgr her - mix 255x Cement
mouse her - mix 205x Cement

CHARGE TO: Anderson Oil
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 x Darrell Yett

SIGNATURE x Darrell Yett

Thank you!!!

OWNER Anderson Oil

CEMENT
AMOUNT ORDERED 1055x 60' 40' 40' 60'

COMMON A	63 5x	@ 17.90	1127.70
POZMIX	42 5x	@ 9.35	392.70
GEL	4 5x	@ 23.40	93.60
CHLORIDE		@	
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	111.02	@ 2.48	275.32
MILEAGE	4.69/35/2.60		427.29
			TOTAL 2316.61

SERVICE

DEPTH OF JOB	315'
PUMP TRUCK CHARGE	2158.75
EXTRA FOOTAGE	@
MILEAGE	35 @ 7.70 269.50
MANIFOLD	@
LU 35	@ 4.40 154.00
	@

TOTAL 2582.25

PLUG & FLOAT EQUIPMENT

	@
	@
	@
	@
	@

TOTAL

SALES TAX (If Any)

TOTAL CHARGES 4898.86

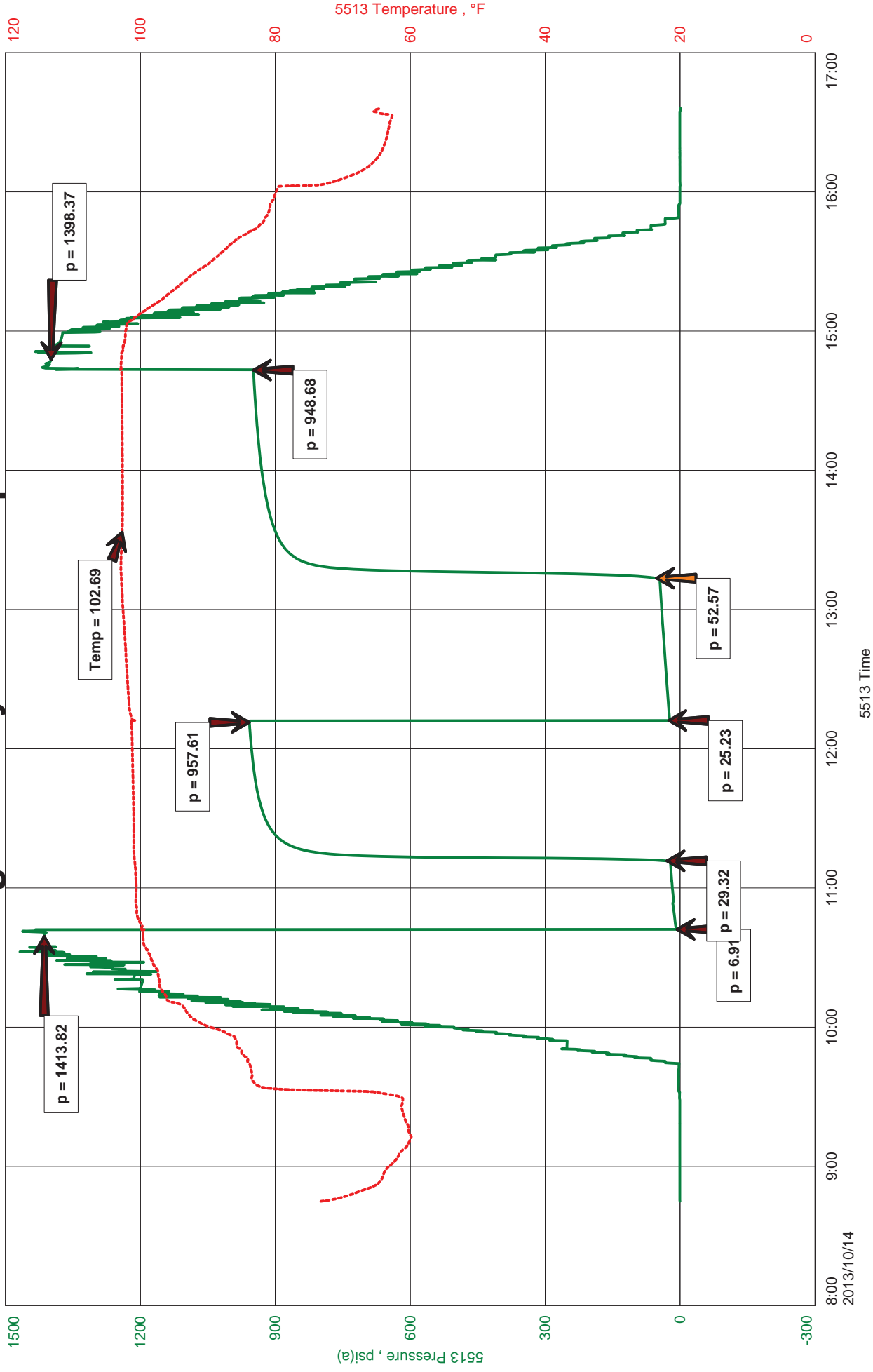
DISCOUNT IF PAID IN 30 DAYS

Net 3674.14

Anderson Energy, Inc
DST #1 Swope 2893-2910
Start Test Date: 2013/10/14
Final Test Date: 2013/10/14

Dugan Family Partnership #1
Formation: Swope
Pool: Wildcat
Job Number: K044

Dugan Family Partnership #1





JASON MCLEMORE

CELL # 620-6170527

General Information

Company Name	Anderson Energy, Inc	Job Number	K044
Contact	Tom Anderson	Representative	Jason McLemore
Well Name	Dugan Family Partnership #1	Well Operator	Anderson Energy, Inc
Unique Well ID	DST #1 Swope 2893-2910	Prepared By	Jason McLemore
Surface Location	23-29s-1w-Sedgwick	Qualified By	Roger Martin
Field	Wildcat	Test Unit	#7
Well Type	Vertical		

Test Information

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Swope	Well Operator	Anderson Energy, Inc
Well Fluid Type	01 Oil	Report Date	2013/10/14
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore
Start Test Date	2013/10/14	Start Test Time	08:45:00
Final Test Date	2013/10/14	Final Test Time	17:57:00

Test Results

RECOVERED:

55	Slightly Muddy Water W/Oil Scum < 1% Oil
15	Watery Mud 15%W, 85%M
70	TOTAL FLUID

CHLORIDES: 46,000

PH:7

RW .300 @ 70

Tool Sample: Water W/Oil Scum < 1% Oil



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: duganfp1dst1

TIME ON: 10:01 AM
TIME OFF: 17:57 PM

Company Anderson Energy, Inc Lease & Well No. Dugan Family Partnership #1
Contractor Southwind #8 Charge to Anderson Energy, Inc
Elevation KB 1289 Formation _____ Swope Effective Pay _____ Ft. Ticket No. K044
Date 10-14-13 Sec. 23 Twp. _____ 29 S Range _____ 1 W County Sedgwick State KANSAS
Test Approved By Roger Martin Diamond Representative Jason McLemore

Formation Test No. 1 Interval Tested from 2893 ft. to 2910 ft. Total Depth 2910 ft.

Packer Depth 2888 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Packer Depth 2893 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 2879 ft. Recorder Number 5513 Cap. 5000 P.S.I.

Bottom Recorder Depth (Outside) 2907 ft. Recorder Number 13338 Cap. 4950 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chemical Viscosity 48 Drill Collar Length _____ 0 ft. I.D. 2 1/4 in.

Weight 9.4 Water Loss 8.8 cc. Weight Pipe Length _____ 0 ft. I.D. 2 7/8 in.

Chlorides 1100 P.P.M. Drill Pipe Length 2860 ft. I.D. 3 1/2 in.

Jars: Make STERLING Serial Number 7 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.

Did Well Flow? NO Reversed Out No Anchor Length 17 ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Weak Blow, Built to 4", No Blowack

2nd Open: Weak Blow, Built to 5-1/2", No Blowback

Recovered 55 ft. of Slightly Muddy Water W/Oil Scum < 1% Oil

Recovered 15 ft. of Watery Mud 15%W, 85%M

Recovered 70 ft. of Total Fluid

Recovered _____ ft. of Tool Sample: Water W/Oil Scum < 1% Oil

Recovered _____ ft. of Chlorides: 46000

Recovered _____ ft. of PH:7

Remarks: RW: .300 @ 70

Price Job

Other Charges

Insurance

Total

Time Set Packer(s) 12:02 PM A.M. P.M. Time Started Off Bottom 4:02 PM A.M. P.M. Maximum Temperature 103

Initial Hydrostatic Pressure..... (A) 1414 P.S.I.

Initial Flow Period..... Minutes 30 (B) 7 P.S.I. to (C) 29 P.S.I.

Initial Closed In Period..... Minutes 60 (D) 958 P.S.I.

Final Flow Period..... Minutes 60 (E) 25 P.S.I. to (F) 53 P.S.I.

Final Closed In Period..... Minutes 90 (G) 949 P.S.I.

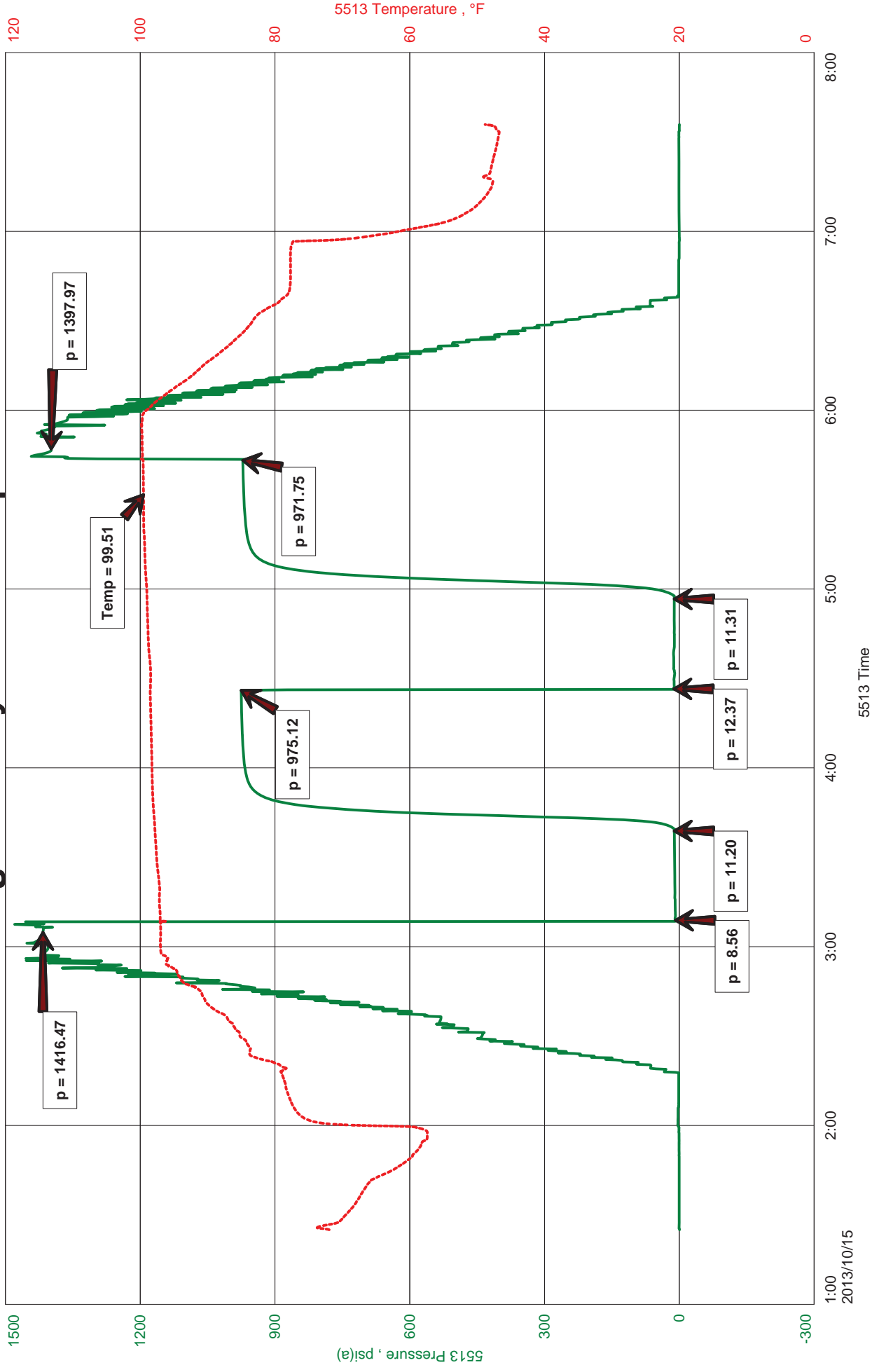
Final Hydrostatic Pressure..... (H) 1398 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Anderson Energy, Inc
DST #2 Hertha 2926-2940
Start Test Date: 2013/10/15
Final Test Date: 2013/10/15

Dugan Family Partnership #1
Formation: Hertha
Pool: Wildcat
Job Number: K045

Dugan Family Partnership #1





JASON MCLEMORE

CELL # 620-6170527

General Information

Company Name	Anderson Energy, Inc	Job Number	K045
Contact	Tom Anderson	Representative	Jason McLemore
Well Name	Dugan Family Partnership #1	Well Operator	Anderson Energy, Inc
Unique Well ID	DST #2 Hertha 2926-2940	Prepared By	Jason McLemorre
Surface Location	23-29s-1w-Sedgwick	Qualified By	Roger martin
Field	Wildcat	Test Unit	#7
Well Type	Vertical		

Test Information

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Hertha	Well Operator	Anderson Energy, Inc
Well Fluid Type	01 Oil	Report Date	2013/10/15
Test Purpose (AEUB)		Prepared By	Jason McLemorre

Start Test Date	2013/10/15	Start Test Time	01:25:00
Final Test Date	2013/10/15	Final Test Time	07:36:00

Test Results

RECOVERED:

8 Watery Mud 20%W, 80%M
8 TOTAL FLUID

CHLORIDES: 28000

PH: 7

RW: .650 @ 65

Tool Sample: Watery Mud, 45%W, 55%M



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: duganfp1dst2

TIME ON: 1:25 AM
TIME OFF: 7:36 AM

Company Anderson Energy, Inc Lease & Well No. Dugan Family Partnership #1
Contractor Southwind #8 Charge to Anderson Energy, Inc
Elevation KB 1289 Formation Hertha Effective Pay _____ Ft. Ticket No. K045
Date 10-15-13 Sec. 23 Twp. 29 S Range 1 W County Sedgwick State KANSAS
Test Approved By Roger Martin Diamond Representative Jason McLemore

Formation Test No. 2 Interval Tested from 2926 ft. to 2940 ft. Total Depth 2940 ft.

Packer Depth 2921 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Packer Depth 2926 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 2907 ft. Recorder Number 5513 Cap. 5000 P.S.I.

Bottom Recorder Depth (Outside) 2937 ft. Recorder Number 13338 Cap. 4950 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chemical Viscosity 48 Drill Collar Length _____ ft. I.D. 2 1/4 in.

Weight 9.4 Water Loss 8.8 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.

Chlorides 1100 P.P.M. Drill Pipe Length 2893 ft. I.D. 3 1/2 in.

Jars: Make STERLING Serial Number 7 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.

Did Well Flow? NO Reversed Out No Anchor Length 14 ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Weak Surface Blow, Died in 10 Min.

2nd Open: Dead

Recovered 8 ft. of Watery Mud, 20%W, 80%M

Recovered 8 ft. of Total Fluid

Recovered _____ ft. of _____

Recovered _____ ft. of CHLORIDES: 28000

Recovered _____ ft. of PH: 7

Recovered _____ ft. of RW: .650 @ 64

Remarks: Tool Sample: Watery Mud, 45%W, 55%M

Price Job

Other Charges

Insurance

Total

Time Set Packer(s) 3:09 AM A.M. P.M. Time Started Off Bottom 5:39 AM A.M. P.M. Maximum Temperature 100

Initial Hydrostatic Pressure..... (A) 1416 P.S.I.

Initial Flow Period..... Minutes 30 (B) 9 P.S.I. to (C) 11 P.S.I.

Initial Closed In Period..... Minutes 45 (D) 975 P.S.I.

Final Flow Period..... Minutes 30 (E) 12 P.S.I. to (F) 11 P.S.I.

Final Closed In Period..... Minutes 45 (G) 972 P.S.I.

Final Hydrostatic Pressure..... (H) 1398 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.