

## CONFIDENTIAL

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

## **WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 6484			API No. 15 - 15-195-22815-00-00	
Name: Anderson Energy, Inc.			Spot Description:	
Address 1: 300 W DOUGLAS AVE, STE 410			S2 NW NW NW Sec. 24 Twp. 15 S. R. 21 ☐ East West	
Address 2:			385 Feet from ✓ North / ☐ South Line of Section	
City: WICHITA State: KS Zip: 67202 +			330 Feet from ☐ East / ✔ West Line of Section	
Contact Person: Bill Anderson			Footages Calculated from Nearest Outside Section	
Phone: ( 316 ) 263-1006			□ NE ☑ NW □ SE □ SW	on Conten.
CONTRACTOR: License # 33350			County: Trego	
Name: Southwind Drilling, Inc.			N 41 = 4	Well #: 1
Wellsite Geologist: Roger Fisher			Field Name: Brenner South	
Purchaser: Coffeyville Resources			Producing Formation: Cherokee Sd	
Designate Type of Completion:			Elevation: Ground: 2172 Kelly Bush	
✓ New Well Re-Entry Workover			Total Depth: 4256 Plug Back Total Depth:	
<b>✓</b> Oit  wsw	SWD	SIOW	Amount of Surface Pipe Set and Cemented at:	05 Feet
Gas D&A	ENHR	sigw	│ │ Multiple Stage Cementing Collar Used? <b>√</b> Yes	No
OG	GSW	Temp. Abd.	If yes, show depth set:	Feet
CM (Coal Bed Methane)			If Alternate II completion, cement circulated from:	
Cathodic Other (Core. Expl., etc.):			feet depth to: 0 w/ 200	
If Workover/Re-entry: Old Well In	nfo as follows:			
Operator:				
Well Name:			Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)	
Original Comp. Date: Original Total Depth:			Chloride content: 32000 ppm Fluid volu	800
Deepening Re-perf. Conv. to ENHR		ENHR Conv. to SWD		ime: bbls
	Conv. to	GSW	Dewatering method used: Evaporated	
Plug Back: Plug Back Total Depth		Location of fluid disposal if hauled offsite:		
Commingled Permit #:		Operator Name:		
Dual Completion			Lease Name: License	
SWD			QuarterSecTwpS. R	
ENHR				
GSW		1	County: Permit #:	
9/10/2012 9/18/2012 10/16/2012				
Spud Date or Date Re Recompletion Date	ached TD	Completion Date or Recompletion Date		

## **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
<b>√ Le</b> Da	tter of Confidentiality Received te: 10/18/2012
	onfidential Release Date:
	reline Log Received
	ologist Report Received
Ul	C Distribution
ALT	I ✓ II III Approved by: NAOMI JAMES Date: 10/24/2012