



Confidentiality Requested:

Yes No

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: _____



1172682

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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	Linn Operating, Inc.
Well Name	G. HAGERMAN 4 ATU-62
Doc ID	1172682

Tops

Name	Top	Datum
Krider	2400	KB
Winfield	2465	KB
Towanda	2531	KB
Fort Riley	2589	KB
Funston	2718	KB
Middleborg	2773	KB
Cottonwood	2844	KB
Grenola	2884	KB

JOB SUMMARY

COUNTY Grant	PROJECT NUMBER TN # 201	TICKET DATE 8/15/2013
LEASE NAME G. HAGERMAN	WELL No. 4 ATU 62	COMPANY Linn Energy
EMP NAME Jason Jones	JOB TYPE Surface	CUSTOMER REP Weldon Higgins
		EMPLOYEE NAME Jason Jones

Jason Jones			
Lamont Patterson			
Steve Crocker			
Devin Londagin			

Form. Name Council - Grove Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Called Out	On Location	Job Started	Job Completed
Date 8/13/14	08/15/13	08/15/03	08/16/13
Time 15:00	1900	2350	59

Type and Size	Qty	Make
Auto Fill Tube	1	IR
Insert Float Valve	1	IR
Centralizers	5	IR
Top Plug	1	IR
HEAD	1	IR
Limit clamp	1	IR
Weld-A	2	IR
Texas Pattern Guide Shoe	1	IR
Cement Basket	0	IR

New/Used		Weight	Size	Grade	From	To	Max. Allow
Casing	New	24#	8.625"	J45	KB	730	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			12.25"		K.B.	730	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	8.9 Lb/Gal
Disp. Fluid	H2O	Density	8.33 Lb/Gal
Spacer type	H2O	BBL	10
Spacer type		BBL	
Acid Type		Gal.	%
Acid Type		Gal.	%
Surfactant		Gal.	In
NE Agent		Gal.	In
Fluid Loss		Gal/Lb	In
Gelling Agent		Gal/Lb	In
Fric. Red.		Gal/Lb	In
MISC.		Gal/Lb	In

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
08/15/13	7.0	08/15/03	2.0	Surface
				Approx 45 bbls. Cmt
				To surface
				190 sks
				Good returns thru job
				Job was completed safely
				Floats held with
				1/4 bbl. Of H2O returning to pump
Total	7.0	Total	2.0	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures	
MAX 900	AVG 200
Average Rates in BPM	
MAX 4	AVG 3
Cement Left in Pipe	
Feet 44	Reason SHOE JOINT

Cement Data			
Stage	Sacks	Cement	Additives
1	450	Class C	2% C.C. + 0.25#/SK. Celloflake
2			
3			
4			
			W/Rq. 6.30 Yield 1.32 Lbs/Gal 14.8

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	10.00 Type: H2O
	MAXIMUM	Load & Bkdn: Gal - BBI	Pad:Bbl -Gal
	Lost Returns-N	Excess /Return BBI	Calc. Disp Bbl 44
	Actual TOC	Calc. TOC	Actual Disp. 0.00
Average	Frac. Gradient	Treatment: Gal - BBI	Disp: Bbl
ISIP 5 Min	10 Min	Cement Slurry: BBI	#VALUE!
	15 Min	Total Volume BBI	#VALUE!

CUSTOMER REPRESENTATIVE Weldon Higgins

SIGNATURE

**Thank You For Using
O - TEX Pumping**

JOB SUMMARY		PROJECT NUMBER TN # 202	TICKET DATE 8/17/2013
COUNTY Kearny	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins	
LEASE NAME G. Hagerman	Well No. 4 ATU 62	EMPLOYEE NAME Jason Jones	
JOB TYPE Production			

EMP NAME Jason Jones				
Lamont Patterson				
Mario Abrego				
Chris Fry				

Form. Name Council - Greve Type: _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth _____

Date	Called Out 8/16/13	On Location 08/17/13	Job Started 08/17/13	Job Completed 08/17/13
Time	00:10	815	1055	1230

Type and Size	Qty	Make
Auto Fill Tube	1	IR
Insert Float Valve	1	IR
Centralizers	26	IR
Top Plug	1	IR
HEAD	1	IR
Limit clamp	1	IR
Weld-A	0	IR
Guide Shoe	1	IR
Cement Basket	0	IR

New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	15.5	5.6	KB	3070	2500
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole			7.875"	K.B.		Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials			
	WBM	Density	Lb/Gal
Disp. Fluid	H2O	8.33	
Spacer type	H2O BBL.	20	
Spacer type	dium Silic BBL.	20	
Acid Type	Gal.	%	
Acid Type	Gal.	%	
Surfactant	Gal.	In	
NE Agent	Gal.	In	
Fluid Loss	Gal/Lb	In	
Gelling Agent	Gal/Lb	In	
Fric. Red.	Gal/Lb	In	
MISC.	Gal/Lb	In	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
08/17/13	5.0	08/17/13	2.0	Production
				Good returns thru Job
				400psi was final lift Pressure
				Floats Held
				Job was completed safely
				No Cmt. To surface
Total	5.0	Total	2.0	

Perfoac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

Pressures	
MAX	1140
AVG.	400
Average Rates in BPM	
MAX	4
AVG	3
Cement Left in Pipe	
Feet	44
Reason	Shoe Joint

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	205	Class C	0.2% C-41P, + 5% GYP, + 0.25%MSK, Cellulose	23.49	3.65	10.8
2	95	Class C	2% GEL. + 0.2% C-16A, + 2% C.C.	10.4	1.90	13.0
3			DO NOT PUMP OVER 4 B.P.M. WATCH FOR CIRC. WHILE PUMPING JOB. 2 B.P.M. MIN. IF NO CIRC.			
4						

Summary					
Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns-N _____	Actual TOC _____	Frac. Gradient _____
Average ISIP	5 Min _____	10 Min _____	15 Min _____	Treatment: Gal - BBI _____	Cement Slurry: BBI _____
				Total Volume	BBI 267.41
					20.00
			N/A	Excess /Return BBI	N/A
				Calc. TOC	100
				Pad:Bbl -Gal	72
				Actual Disp.	72.00
				Disp:Bbl	

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

**Thank You For Using
O - TEX Pumping**