



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1174508
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: _____



1174508

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	CHADD 5 ATU-20
Doc ID	1174508

Tops

Name	Top	Datum
Krider	2292	KB
Winfield	2343	KB
Towanda	2404	KB
Fort Riley	2461	KB
Funston	2580	KB
Middleborg	2670	KB
Cottonwood	2728	KB
Grenola	2773	KB

JOB SUMMARY

COUNTY Stanton	PROJECT NUMBER TN # 226	TICKET DATE 9/1/2013
LEASE NAME Chadd	COMPANY Linn Energy	CUSTOMER REP Orlando Lozano
Well No. 5-ATU-20	JOB TYPE Surface	EMPLOYEE NAME Jessie McClain

EMP NAME	Jessie McClain Jason Jones Devin Londagin		
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Form Name Council - Grave Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	09/02/13	09/02/13	09/02/13	09/02/13
Time	1200	1630	2130	2300

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

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing	New	24#	8.625"	J55	KB	730'
Liner						1500
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
	WBM	Density	Lb/Gal
Mud Type	H2O	8.9	
Disp. Fluid	H2O	8.33	
Spacer type	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	
09/02/13	7.0	09/02/13	1.5	Surface
				Final pump psi: 160 psi
				Cmt to surface 0
Total	7.0	Total	1.5	

Perpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Other _____

Pressures	
MAX 800	AVG 50
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	450	Class C	2% C.C. + 0.25#/SK Cellulose	6.30	1.32	14.8
2						
3						
4						

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	10.00
	MAXIMUM _____	Load & Bkdn: Gal - BBI	_____
	Lost Returns _____	Excess /Return BBI	0
Average	Actual TOC _____	Calc TOC	surface
ISIP 5 Min	Frac. Gradient _____	Treatment: Gal - BBI	_____
	10 Min _____	Cement Slurry: BBI	108.0
		Total Volume BBI	159.60

CUSTOMER REPRESENTATIVE _____


 SIGNATURE

Thank You For Using
 O - TEX Pumping

JOB SUMMARY

COUNTY Stanton	PROJECT NUMBER TN # 229	TICKET DATE 9/4/2013
LEASE NAME Chadd	COMPANY Linn Energy	CUSTOMER REP Orlando Lozano
Well No. 5-ATU-20	JOB TYPE Production	EMPLOYEE NAME Jessie McClain

EMP NAME Jessie McClain			
Lamont Patterson			
Devin Londagin			

Form Name: Council - Grave Type: _____

Packer Type: _____ Set At: _____

Bottom Hole Temp: _____ Pressure: _____

Retainer Depth: _____ Total Depth: _____

Date	Called Out	On Location	Job Started	Job Completed
	09/03/13	09/04/13	09/04/13	09/04/13
Time	2300	330	1025	1225

Tools and Accessories

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
Texas Pattern Guide Shoe	1	IR
Cement Basket	0	IR

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	15.5	5.5	J-55	KB	3114'	2500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			7.875"		K.B.		Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	WBM	Density	8.9	Lb/Gal
Disp. Fluid	H2O	Density	8.33	Lb/Gal
Spacer type	im silicate	BBL	35	
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		

Perfpac Balls _____ Qty _____

Other _____

Other _____

Other _____

Other _____

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
09/04/13	10.0	09/04/13	2.0	Production
				Final pump psi: 300 psi
				0 cmt to pit
				0 ft 0sks
Total	10.0	Total	2.0	

Pressures

MAX 800 AVG 60

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-11P, + 5% GYP, + 0.25%/SK. 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: _____	Preflush: BBI	35.00	Type: Sodium silicate / H2O
	MAXIMUM	Load & Bkdn: Gal - BBI		Pad Bbl - Gal
	Lost Returns: 0	Excess /Return BBI	0	Calc Disp Bbl
	Actual TOC	Calc TOC	unknown	Actual Disp
Average 5 Min	Frac. Gradient	Treatment: Gal - BBI		Disp Bbl
	10 Min	Cement Slurry: BBI	165.0	
	15 Min	Total Volume BBI	273.00	

CUSTOMER REPRESENTATIVE _____

SIGNATURE _____

Thank You For Using
O - TEX Pumping