



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1177079
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: _____

1177079

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	C.E. CALVERT 5 ATU-143
Doc ID	1177079

Tops

Name	Top	Datum
Krider	2335	KB
Winfield	2399	KB
Towanda	2477	KB
Fort Riley	2522	KB
Funston	2638	KB
Middleborg	2721	KB
Cottonwood	2779	KB
Grenola	2821	KB

JOB SUMMARY

COUNTY Stanton	PROJECT NUMBER TN # 253	TICKET DATE 9/20/2013
LEASE NAME CE Calver	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins
Well No. 5 ATU 143	JOB TYPE Surface	EMPLOYEE NAME Jason Jones

EMP NAME	Jason Jones				
	Lamont Patterson				
	Rory Morris				
	Miguel Garcia				

Form Name _____ Council Grove _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out 09/20/2013	On Location 09/20/13	Job Started 09/20/13	Job Completed 09/20/13
Time	1300	1700	2050	2200

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							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials			
Mud Type	0	Density	0
Disp Fluid	H2O	Density	8.33
Spacer type	H20 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	
09/20/13	6.0	09/20/13	2.0	Surface
				approx 50 BBLs. of Cmt to Surface
				Approx 212 Skts
				Good returns thru job
				Floats held
				Job was completed Safely
Total	6.0	Total	2.0	

Perfpac Balls _____ Qty _____

Other _____

Other _____

Other _____

Other _____

Pressures	
34	850
31	260
Average Rates in BPM	
34	3
Ave	
3	
Cement Left in Pipe	
44	
Reason	
Shoe Joint	

Cement Data			
Stage	Sacks	Cement	Additives
1	450	Class C	2% Calcium Chloride, 0.25 #/sk Cellulose
2			
3			
4			
			W/Rq. 6.34 Yield 1.32 Lbs/Gal 14.8

Summary			
Preflush	Type: _____	Preflush:	BBI 10.00
	MAXIMUM _____	Load & Bkdn:	Gal - BBI _____
	Lost Returns N/A _____	Excess /Return	BBI 50
Average	Actual TOC _____	Calc TOC	Surface _____
	Frac Gradient _____	Treatment:	Gal - BBI _____
		Cement Slurry:	BBI #VALUE!
		Total Volume	BBI #VALUE!

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY

COUNTY Stanton	PROJECT NUMBER TN # 257	TICKET DATE 9/21/2013
LEASE NAME CE Calvert	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins
Well No 5 ATU 143	JOB TYPE Production	EMPLOYEE NAME Jessie McClain

EMP NAME	Jessie McClain	Jason Jones	Steve Crocker
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Form. Name Council - Grove Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	09/21/13	09/22/13	09/22/13	09/22/13
Time	0200	730	1100	1300

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-40	KB	3112'	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	m Silicate	BBL	35	
Spacer type	BBL			
Acid Type	Gal		%	
Acid Type	Gal		%	
Surfactant	Gal		ln	
NE Agent	Gal		ln	
Fluid Loss	Gal/Lb		ln	
Gelling Agent	Gal/Lb		ln	
Fric. Red.	Gal/Lb		ln	
MISC	Gal/Lb		ln	

Hours On Location

Date	Hours
09/22/13	6.5
Total	6.5

Operating Hours

Date	Hours
09/22/13	2.0
Total	2.0

Description of Job

Production

Final pump psi. 700
46 bbls cmt to surface
258 ft3 / 71 sks

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures

MAA1	1200	AVG	100
Average Rates in BPM			
MAA2	4	AVG	3
Cement Left in Pipe			
Feet	44	Shoe Joint	

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	205	Class C	0.2% C-41P, + 5% GYP, + 0.25M/SK. CelloBake	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	Type: _____	Preflush: BBI	35.00	Type: Sodium Silicate / H2O
Breakdown	MAXIMUM _____	Load & Bkdn: Gal - BBI	_____	Pad Bbl - Gal
	Lost Returns - 0	Excess /Return BBI	68	Calc Disp Bbl
Average	Actual TOC _____	Calc TOC _____	Surface	Actual Disp
	Frac Gradient _____	Treatment: Gal - BBI	_____	Disp Bbl
		Cement Slurry: BBI	165.0	
		Total Volume BBI	273.00	

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

Thank You For Using
O TEX Pumping