



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183864
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: _____

1183864

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	H.H. JANTZ 4 ATU-130
Doc ID	1183864

Tops

Name	Top	Datum
Krider	2331	KB
Winfield	2397	KB
Towanda	2463	KB
Fort Riley	2517	KB
Funston	2638	KB
Middleborg	2699	KB
Cottonwood	2780	KB
Grenola	2822	KB

JOB SUMMARY

PROJECT NUMBER TN # 262	TICKET DATE 9/26/2013
CUSTOMER REP Orlando	
EMPLOYEE NAME Jessie McClain	

COUNTRY Grant	COMPANY Linn Energy	LEASE NAME H.H. Janz
Well No. 4 ATU 130	JOB TYPE Surface	

EMP NAME Jessie McClain			
Lamont Patterson			
Mario Abregio			
Beau Clem			

Form. Name Chase-Council Grove Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	09/26/13	09/26/13	09/26/13	09/26/13
Time	1200	1830	2130	2245

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

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24#	8.625"	JK	KB	729'	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
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
Perfpac Balls		Qty.	
Other			
Other			
Other			
Other			

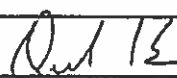
Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
09/26/13	5.0	09/26/13	1.3	Surface
				Final pump psi: 300 psi
				40 bbls cmt to pit
				225 ft3 / 170 sks
Total	5.0	Total	1.3	

Pressures			
MAX	800	AVG	100
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% SIC Cellulose	6.30	1.32	14.8
2						
3						
4						

Summary					
Preflush Breakdown	Type: _____	Preflush: BBI	10.00	Type: H2O	
	MAXIMUM	Load & Bkdn: Gal - BBI		Pad: Bbl - Gal	
	Lost Returns: 0	Excess /Return BBI	40	Calc. Disp Bbl	44
Average	Actual TOC	Calc. TOC	Surface	Actual Disp	44.00
ISIP 5 Min	Frac. Gradient	Treatment: Gal - BBI		Disp: Bbl	
	10 Min	Cement Slurry: BBI	105.0		
	15 Min	Total Volume BBI	160.00		

CUSTOMER REPRESENTATIVE _____


 SIGNATURE

Thank You For Using
 O - TEX Pumping

JOB SUMMARY

COUNTY Grant	PROJECT NUMBER TN # 264	TICKET DATE 9/28/2013
LEASE NAME H.H. Janz	COMPANY Linn Energy	CUSTOMER REP Orlando
Well No 4 ATU 130	JOB TYPE Production	EMPLOYEE NAME Jason Jones

EMP NAME	Jason Jones	Lamont Patterson	Devin Londagin
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Form Name: Council - Grovs Type: _____

Packer Type: _____ Set At: _____

Bottom Hole Temp: _____ Pressure: _____

Retainer Depth: _____ Total Depth: _____

Date	Called Out	On Location	Job Started	Job Completed
	0	09/28/13	09/28/13	09/28/13
Time	0	200	820	1020

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
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	KB	3108	2500
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole			7.875"	K.B.		Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials

Material	WBM	Density	Lb/Gal
Mud Type	H2O	8.9	
Disp. Fluid	H2O	8.33	
Spacer type	dium Silic. BBL	20	
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	
09/28/13	8.0	09/28/13	2.0	Production
				Approx 68 BBIs
				Cement to surface
				Good returns thru Job
				Job was completed
				safely
				approx 104 sks of cmt
				to surface
Total	8.0	Total	2.0	

Perpac Balls _____ Qty _____

Other _____

Other _____

Other _____

Other _____

Other _____

Pressures

MAX	1100	AVG	200
Average Rates in BPM			
MAX	3	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, + 3% GYP, + 0.25%/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 Breakdown	Type: _____	MAXIMUM _____	Lost Returns _____	Actual TOC _____	Frac. Gradient _____	10 Min _____	15 Min _____	Preflush: _____ BBI	Load & Bkdn: _____ Gal - BBI	Excess /Return _____ BBI	Calc. TOC _____	Treatment: _____ Gal - BBI	Cement Slurry: _____ BBI	Total Volume _____ BBI	20.00	Type: Sodium Silicate	Pad Bbl -Gal _____	Calc Disp Bbl _____	Actual Disp _____	Diso Bbl _____	73	73.00
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CUSTOMER REPRESENTATIVE _____


 SIGNATURE

Thank You For Using
O - TEX Pumping