



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183892
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: _____

1183892

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: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	CLYDE H. BALL 4 ATU-61
Doc ID	1183892

Tops

Name	Top	Datum
Krider	2391	KB
Winfield	2460	KB
Towanda	2521	KB
Fort Riley	2580	KB
Funston	2698	KB
Middleborg	2752	KB
Cottonwood	2818	KB
Grenola	2874	KB

JOB SUMMARY

COUNTY Grant	PROJECT NUMBER TN # 266	TICKET DATE 9/30/2013
LEASE NAME Clyde H Ball	COMPANY Linn Energy	CUSTOMER REP Orlando
Well No. 4ATU 61	JOB TYPE Surface	EMPLOYEE NAME Jason Jones

EMP NAME	Jason Jones				
	Lamont Patterson				
	Devin Londagin				
	Bo 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
		09/28/13	09/30/13	09/30/13
Time		1930	101	230

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	Max. Allow
Casing	New	24	8.625	J-55	KB	729	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials			
Mud Type	0	Density	0 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	
09/28/13	8.0	09/30/13	2.0	Surface Approx. 50 bbl. Of Cmt. to surface Approx 207 Sks Good returns thru job Floats held Job was completed safely
Total 8.0		Total 2.0		

Pressures			
MAX	920	AVG	250
Average Rates in BPM			
MAX	3	AVG	3
Cement Left in Pipe			
Feet	44	Reason	Shoe joint

Cement Data			
Stage	Sacks	Cement	Additives
1	450	Premium Class C	2% Calcium Chloride and .25 #/sk Cellulose
2			
3			
4			
			W/Rq. Yield Lbs/Gal
			6.34 1.35 14.8

Summary			
Preflush Breakdown	Type: _____	Preflush	BBI 10.00
	MAXIMUM	Load & Bkdn:	Gal - BBI
	Lost Returns	Excess /Return	BBI
	Actual TOC	Calc TOC:	Surface 50
Average	Frac. Gradient	Treatment:	Gal - BBI
15MP 5 Min	10 Min	Cement Slurry:	BBI
	15 Min	Total Volume	BBI #VALUE!
			#VALUE!
			Type: H2O
			Pad Bbl -Gal
			Calc Dispo Bbl 43
			Actual Dispo
			Disp Bbl 43.00

CUSTOMER REPRESENTATIVE _____


 SIGNATURE

Thank You For Using
 O - TEX Pumping

JOB SUMMARY

PROJECT NUMBER TN # 268	TICKET DATE 10/2/2013
CUSTOMER REP Orlando	
EMPLOYEE NAME Bryon Hackett	

COUNTY Grant	COMPANY Linn Energy	
LEASE NAME Clyde H Ball	Well No 4 ATU 81	JOB TYPE Production

EMP NAME Bryon Hackett			
Steve Crocker			
Beau			

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
	10/01/13	10/01/13	10/02/13	10/02/13
Time	1030	1830	122	258

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	2	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	3111	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	Density	0	Lb/Gal
Disp Fluid	H2O	Density	8.33
Spacer type	in Silicat	BBL	20
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		Operating Hours		Description of Job
Date	Hours	Date	Hours	
10/01/13	8.0	10/02/13	1.5	Production
				3 bbls to surface
Total	8.0	Total	1.5	

Perfpac Balls _____ Qty _____

Other _____

Other _____

Other _____

Other _____

Pressures

MAX 1000 AVG 200

Average Rates in BPM

MAX 3 AVG 3

Cement Left in Pipe

Feet 43 Reason _____ Shoe Joint

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	205	Premium Plus Class C	0.2% C-41P, 5% Oyp, 0.25#/sk Celluloflake	23.49	3.65	10.8
2	95	Premium Plus Class C	2% Gel, 0.2% C-16A, 2% Calcium Chloride	10.4	1.90	13.0
3						
4						

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	20.00
	MAXIMUM	Load & Bkdn: Gal - BBI	
	Lost Returns-N	Excess /Return BBI	3
	Actual TOC	Calc TOC	800
Average	Frac. Gradient	Treatment: Gal - BBI	
ISP	5 Min	Cement Slurry: BBI	165.0
	10 Min	Total Volume BBI	258.00
	15 Min		

CUSTOMER REPRESENTATIVE _____

SIGNATURE

Thank You For Using
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