



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1185812
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: _____

1185812

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	CITIZENS STATE BANK 5 ATU-116
Doc ID	1185812

Tops

Name	Top	Datum
Krider	2406	KB
Winfield	2443	KB
Towanda	2508	KB
Fort Riley	2557	KB
Funston	2693	KB
Middleborg	2764	KB
Cottonwood	2813	KB
Grenola	2864	KB

JOB SUMMARY		PROJECT NUMBER TN # 285	TICKET DATE 10/8/2013
COUNTY Grant	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins	
LEASE NAME Citizens State Bank	Well No. 5 ATU 118	JOB TYPE Surface	
EMP NAME Jessie McClain		EMPLOYEE NAME Jessie McClain	

Jessie McClain					
Lamont Patterson					
Rory Morris					
Mario Abrego					

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
	10/8/13	10/08/13	10/08/13	10/08/13
Time	1300	1715	1945	2130

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	KB	730'	1500
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						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
Perpac Balls		Qty.	
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
10/08/13	5.0	10/08/13	1.3	Surface
				Final pump psi: 245 psi
				50 bbls cmt to surface
				281 ft3 / 202 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	Premium Class C	2% Calcium Chloride and .25 #/sk Cellotake	6.34	1.35	14.8
2						
3						
4						

Summary					
Preflush Breakdown	Type: _____	MAXIMUM	Preflush:	BBI	10.00
	Lost Returns-n	0	Load & Bkdn:	Gal - BBI	
	Actual TOC	Surface	Excess /Return	BBI	50
Average	Frac. Gradient		Calc. TOC:	Gal - BBI	Surface
ISP	5 Min	10 Min	Treatment:	BBI	
		15 Min	Cement Slurry:	BBI	108.0
			Total Volume	BBI	161.60

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY

COUNTY Grant	PROJECT NUMBER TN # 288	TICKET DATE 10/10/2013
LEASE NAME Citizens State Bank 5 ATU 116	COMPANY Linn Energy	CUSTOMER REP Orlando
Well No. 5 ATU 116	JOB TYPE Production	EMPLOYEE NAME Jessie McClain

EMP NAME					
Jessie McClain					
Steve Crocker					
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
	10/09/13	10/10/13	10/10/13	10/10/13
Time	2130	230	900	1100

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	3110'	2500
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials

Mud Type	WBM	Density	9.0	Lb/Gal
Disp. Fluid	H2O	Density	8.33	Lb/Gal
Spacer type	am 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	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
10/10/13	9.5	10/10/13	2.0	Production
				Final pump psi; 630 psi
				53 bbls cmt to surface
				298 ft3 / 82 sks
Total	9.5	Total	2.0	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures

MAX	1250	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	205	Premium Plus Class C	0.2% C-41P, 5% Oyp, 0.25#/sk Celoflake	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	35.00	Type: Sodium silicate/H2O
	MAXIMUM _____	Load & Bkdn: Gal - BBI		Pad:Bbl -Gal _____
	Lost Returns-N _____	Excess /Return BBI	53	Calc. Disp Bbl _____
	Actual TOC _____	Calc. TOC _____	Surface	Actual Disp. _____
Average	Frac. Gradient _____	Treatment: Gal - BBI		Disp:Bbl _____
ISP _____ 5 Min _____	10 Min _____	Cement Slurry: BBI	165.0	
	15 Min _____	Total Volume BBI	272.90	

CUSTOMER REPRESENTATIVE Willie Hagan SIGNATURE _____

Thank You For Using
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