



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1187511
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: _____

1187511

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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JOB SUMMARY

PROJECT NUMBER TN # 294	TICKET DATE 10/14/2013
COUNTY Morton	COMPANY Linn Energy
LEASE NAME First State Bank of Lan 4 ATU 105	JOB TYPE Surface
CUSTOMER REP Weldon Higgins	
EMPLOYEE NAME Jessie McClain	

EMP NAME					
Jessie McClain					
Steve Crocker					
Angel Garcia					

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
	10/14/13	10/14/13	10/14/13	10/14/13
Time	1200	1630	2100	2230

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	J45	KB	730'
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials			
Mud Type	WBM	Density	Lb/Gal
Disp. Fluid	H2O	8.33	
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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
10/14/13	6.5	10/14/13	1.5	Surface
				Final Pump psi: 300 psi
				48 bbls cmt returned to pit
				270 ft3 / 200 sks
Total	6.5	Total	1.5	

Perfpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

Pressures	
MAX 950	AVG 100
Average Rates in BPM	
MAX 4	AVG 3
Cement Left in Pipe	
Feet 43.70'	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 Cellulose	6.34	1.35	14.8
2						
3						
4						

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	10.00
	MAXIMUM	Load & Bkdn: Gal - BBI	
	Lost Returns-N	Excess /Return BBI	48
	Actual TOC	Calc TOC	Surface 43.60
Average	Frac. Gradient	Treatment: Gal - BBI	
ICIP 5 Min	10 Min	Cement Slurry: BBI	108.0
	15 Min	Total Volume: BBI	161.60

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

Thank You For Using
 O - TEX Pumping

JOB SUMMARY

COUNTY Morton	COMPANY Linn Energy	PROJECT NUMBER TN # 298	TICKET DATE 10/16/2013
LEASE NAME First State Bank of Lan 4 ATU 105	Well No.	CUSTOMER REP Weldon Higgins	
EMP NAME Jessie McClain	JOB TYPE Production	EMPLOYEE NAME Jessie McClain	

Name	Well No.	Job Type	Status
Jessie McClain			
Steve Crocker			
Devin Londagin			

Form. Name Chase Council Grove Type: _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth _____

Date	Called Out 10/16/13	On Location 10/16/13	Job Started 10/16/13	Job Completed 10/16/13
Time	2100	330	1115	1315

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

Casing	Well Data		From	To	Max. Allow
	New/Used	Weight			
Liner	New	15.5	5.5	KB	3110
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	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	
10/16/13	11.0	10/16/13	2.0	Production
				65 bbls cmt to pit
				365 ft3 / 100 sks
				Final pump psi: 700 psi
Total	11.0	Total	2.0	

Perfpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

MAX	1200	AVG	100	Reason
Average Rates in BPM				
MAX	4	AVG	3	
Feel	44			Shoe Joint

Stage	Sacks	Cement	Additives	W/Rq	Yield	Lbs/Gal
1	205	Premium Plus Class C	0.2% C-41P, 5% Gyp, 0.25%/sk Calceoflake	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						

Preflush Breakdown Average 5 Min	Summary Type: MAXIMUM Lost Returns: 0 Actual TOC: Surface Frac. Gradient: 10 Min	Preflush: BBI 35.00 Load & Bkdn: Gal - BBI 20 Excess /Return BBI surface Calc TOC: Gal - BBI 165.0 Treatment: BBI 272.90 Cement Slurry: BBI Total Volume: BBI	Type: Sodium silicate/H2O Pad Bbl - Gal 73 Actual Disp 72.90 Diso Bbl
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CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

Thank You For Using
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