

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1190132

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

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;"> Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity	

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	BAUGHMAN I-3 ATU-40
Doc ID	1190132

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
SURFACE	12.25	8.625	24	897	Class C	560	
PRODUC TION	7.875	5.50	15.50	3111	Class C	300	

JOB SUMMARY

COUNTY
Haskell
LEASE NAME
Baughan

COMPANY
Linn Energy
WELL NO.
1-3 ATU 40
JOB TYPE
Surface

PROJECT NUMBER
TN # 311
CUSTOMER REP
Weldon Higgins
EMPLOYEE NAME
Jessie McClain

TICKET DATE
10/22/2013

EMP NAME

Jessie McClain
Steve Crocker
Rory Morris
Beau Clem

Form Name **Council - Grove** Type

Packer Type **Set At**
Bottom Hole Temp. **Pressure**
Retainer Depth **Total Depth**

Tools and Accessories

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

Materials

Mud Type	WBM	Density	8.9	Lb/Gal
Disp. Fluid	H2O	Density	8.33	Lb/Gal
Spacer type	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
Other

Date	Called Out	On Location	Job Started	Job Completed
10/22/2013	10/23/13	10/23/13	10/23/13	10/23/13
Time	2000	0.000694444	600	730

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24#	8.625"	J-55	KB	897'	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Hours On Location

Date	Hours
10/23/13	8.5
Total	8.5

Operating Hours

Date	Hours
10/23/13	1.5
Total	1.5

Description of Job

Surface
Final pump psi: 350 psi
66 bbls returned to pit
371 ft3 / 281 sks

Pressures	
MAX 900	AVG 60
Average Rates in BPM	
MAX 4	AVG 3
Cement Left in Pipe	
Feel 43.70'	Reason

Shoe Joint

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	560	Class C	2% C.C. + 0.25#/SK. Cellulose	6.30	1.32	14.8
2						
3						
4						

Summary

Preflush Breakdown	Type: MAXIMUM	Preflush: 10.00	Type: H2O
	Lost Returns: 0	Load & Bkdn: Gal - BBI	Pad: Bbl - Gal
	Actual TOC: Surface	Excess /Return BBI	Calc Disp Bbl
	Frac. Gradient	Calc TOC	Actual Disp. 54.00
Average		Treatment: Gal - BBI	Disp Bbl
ISIP 5 Min	10 Min	Cement Slurry: BBI	
	15 Min	Total Volume BBI	

CUSTOMER REPRESENTATIVE

SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY		PROJECT NUMBER TN # 313	TICKET DATE 10/24/2013
COUNTY HASKELL	COMPANY Linn Energy	CUSTOMER REP Orlando Lozano	
LEASE NAME Baughan	Well No. 1-3 ATU 40	EMPLOYEE NAME Jessie McClain	
EMP NAME	JOB TYPE Production		

**Thank You For Using
O - TEX Pumping**