

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1190153

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
GG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to SWD	
Deepening       Re-pening       Conv. to ENHR       Conv. to SWD         Plug Back       Conv. to GSW       Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion     Permit #:	Dewatering method used:
SWD     Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East _ West
Recompletion Date Recompletion Date	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:

	Page Iwo	1190153
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS. Chave important tang of formations paratrated Da	tail all saras Depart all final	appiag of dvill stamp tasts giving interval tastad, time task

**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 (Attach Additional Sheets)		Yes No		-	on (Top), Depth ar		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o	RECORD Ne		ion, 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 / SQU	EEZE RECORD			
Purpose:	Depth	Trace of Ocean ant	III On also I land		Turne and D		

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No	(If No, skip questions 2 and 3)
No	(If No, skip question 3)

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				A	Depth				
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner Ru	n:	No	
Date of First, Resumed	I Producti	on, SWD or ENHF	<b>}</b> .	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									Γ	
DISPOSITI	ION OF G	BAS:						_	PRODUCTION IN	TERVAL:
Vented Solo	d 🗌 l	Jsed on Lease		Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACO	-18.)		Other (Specify	)	(00011117)	,	(		

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	MADDUX B-4 ATU-86
Doc ID	1190153

## Casing

	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		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	

					the second s	PROJECT NUMBE	я	TICKET DATE			
JOB SUMMARY						TN# 31	6	10/25/2013			
COMPANY						CUSTOMER REP					
Kearpy ILinn Energy						Orlando Lozano					
LEASE NAME	Well No.	JOB TYPE									
Maddux B4 AT	U 86	Surface				Jason Jo	nes				
EMP NAME									and and an address		
Jason Jones											
Steve Crocker		,									
Lamont Patterson	+ +-										
Mario Abrego											
Form, Name Council Grown	Tyne:		-								
Ponti, Nane	_ 1 10.01		-	Called	Out	On Locatio	in IJo	b Started	Job Co	mpleted	
Packer Type	Set At		Dale	1	0/25/13	10/25	13	10/26/13	10	)/26/13	
Bottom Hole Temp	Pressu	ire	1	1							
Retainer Depth	Total D	Depth	Time	14	4;00	2330		730	91	0	
Tools and Ad		15	_			Well D		T	7.	Intern Altern	
	Oty	Make			New/Used				To	Max. Allow 1500	
Auto Fill Tube	1	IR	Casing	]	New	24#	8.625" Ja	КВ	897	1500	
Insert Float Valve	1	IR	Liner								
Centralizers	5	IR	Liner					ļ			
Top Plug	1	IR	Tubing		ļ						
HEAD	1	IR	Drill Pi			1		ļ			
Limit clamp	1	IR	Open	Hole						Shots/Ft.	
Weld-A	2	IR	Perfor								
Texas Pattern Guide Shoe	1	1R	Perfor	ations							
Cement Basket	0	IR	Perfor		-			L	Par of La		
Materia				On Loc		Operating Date	Hours Hours		tion of Job		
	ensity	8.9 Lb/Gal	Dat 10/25	8	Hours	10/26/13	nours	Surface			
	ensity	8.33 Lb/Gal	10/23	13		10/20/13		Annor	60 BBIs of	Cmt	
Spacer type H20 BBL.	10							To suff		GIIIL	
Spacer type BBL		%							225 sks.		
Acid Type Gal. Acid Type Gal.		- %							turns thru	ob	
Acid Type Gal. Surfactant Gal.		%						Floats h			
NE Agent Gal		-in						Job was	s completed	t safely	
Fluid Loss Gal/L	h	In							100		
Colling Agent Gel/	h	In									
Fric. Red Gal/L	b	In	1								
MISC. Gal/L	b	In	Total		0.0	Total	0.0		1		
			1.1								
Peripac Balls	Qly						essures				
Other			MAX		800	AVG.	300				
Other							Rates in B	PM			
Other			MAX		3	AVG					
Other	1.						t Left in Pip		P = 1 = 4		
Other			Feet	44		Reason		Shoe	Joint		
				ement	Data				1	Line and the	
Stage Sacks Cemer		1	Additiv	es				W/Ro		Lbs/Gal 14.8	
1 560 Class	3	2% C.C. + 0.25#/SK. C	esonake					6.30	1.32	14.0	
2											
3											
4											
I I											
			SL	immary		001	10.00	Type:	1	20	
Preflush	Type:		-		reflush: ad & Pkda	BBI Gal - BBI	10,00	Pad Bt		14-0	
Breakdown	MAXIN	Returns-h	N/A		cess /Rell		60	Calc D		54	
	Actual		Surface		alc TOC	and a surface to	Surfac			54.00	
Average		Gradient			reatment:	Gal - BBI		Disp Bl			
IST 5 Min	10 Mir		Ain .		ement Slun	y BBI	#VALU	and the second se	20.000		
	S. S. Car			To	otal Volume	BBI	TVALU	E1			
	T				1						
			-			61 -					
	ENITATO					KI.l-			marder to a state		
CUSTOMER REPRESI	INTATE	VE				SIGNATURE					
L					T		ank Va	For Usi	ina		
							<b>)</b> - TEX	Pumpin	g		
					L			And in case of the local division of the loc		and the second se	

Contraction of the second second		and a second sec	Colorador I.	-		Instantion States	R	TICKET DATE		
		<b>DB SUMA</b>	EAD'	<b>V</b>		TN # 31		-	10/27/201	13
		COMPANY				CUSTONER REP		1		
COUNTY		Linn Energy					Lozano			
	Wet No.	JOB TYPE	-	10.545		EMPLOYEE NAME				
Maddux	B4 ATU 86	Production								
EMP NAME				-						
Chris Fry								L		
Devin Londagin										
								L		
Form Name c	und - Grove Type	X	11							
Porm, Name	1100			Called	Out	On Locatio	<u>n Jo</u>	b Started	10P C	completed
Packer Type	Set Al		Dale	10	0/27/13	10/27/	13	10/27/13		UIZTICA
Bottom Hole Temp	Press					4000		2053		2242
Retainer Depth	Total I		Time	04	4;00	1300 Well D	Inia	2003		
	ools and Accessorie	5			Alexadia	Weight		From	То	Max. Allow
Type and Siz	e Qtv	Make			New/Used	15.5	6.5 4		3111	2500
Auto Fill Tube	1	IR	Casing		IVEW	10.0				
Insert Float Valve	1	IR I	Liner		{					
Centralizers	26	IR	Liner		<b> </b>					1
Top Plug	1	IR	Tubing Drill Pi		<u> </u>					1
HEAD	1	IR	Open I		1		7.875	K.B.		Shots/Ft.
Limit clamp		IR	Perfora					1		
Weld-A			Perfor					1		
Texas Pattern Guide			Perfor	ations				1		
Cement Basket	Materials		Hours	On Loc	ation	Operating	Hours	Descri	plion of Jo	D
Mud Type	Walk Density	8.9 Lb/Gal	Dat	8	Hours	Date 10/27/13	Hours 2.0	Produc	ction	
Disn Fluid	H20 Density	8.33 Lb/Gal	10/27	/13	10.5	10/27/13	2.0			
Spacer type Jm S	licate BBL 25									
Spacer type	BBL									
Acid Type	Gal	_%		-+						
Acid Type	Gal	_%								
Surfactant	Gal									
NE Agent	Gal. Gal/Lb									
Fluid Loss	Gal/Lb	-in								
Fric. Red	Gal/Lb	In								
MISC	Gal/Lb	ln	Total		10.5	Total	2.0			
Perfpac Balls	Qtv.						ressures			
Other	and the second		MAX		1400	AVG	Rates in B	DAA		
Other			LANY.		3	AVEIAGE		r wi		
Other			MAX		3		t Left in Pi	10		
			Feet	44		Reason		Sho	e Joint	
Other			reet			ELECTRONICE I				
				-	Data					
			Additiv		Data			W/F	Rg. Yield	d Lbs/Gal
Stage Sacks	Cement	0.2% C-41P, + 5% GYP						23.4	49 3.65	5 10.8
1 205	Class C Class C	2% GEL + 0.2%	C-164 +	2% C C				10	4 1.90	13.0
the second secon	LIESS U	DO NOT PULLP OVER				MPING JOB. 2 B.	P.H. MIN. IF NO	CIRC.		
3										
4			-		123 137					
			C.	ummary	1				10000	· · · · · · · · · · · · · · · · · · ·
Preflush	Туре	×.	3	P	reflush:	BBI	25.0			Silicate/H20
Breakdown		MUM		L	oad & Bkdn:	Gal - 8Bl			bl-Gal	
	Losi	Returns N	0	E	xcess /Retu	rn BBI	15	Calc I	Disp Bbl	73.00
					alc TOC	Gal - BBI	0	Disp		14188
Average		Gradient	Aug.		reatment: ement Slurr		165.		The second second	
ISIP 5 Min	10 M	in15 M	ARLY		otal Volume		263.0			
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CUSTOMER	REPRESENTA					1.11				
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