



1190153

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# JOB SUMMARY

PROJECT NUMBER: **TN # 316**      TICKET DATE: **10/25/2013**  
 COUNTY: **Kearny**      COMPANY: **Linn Energy**  
 LEASE NAME: **Maddux**      Well No: **B4 ATU 86**      JOB TYPE: **Surface**  
 CUSTOMER REP: **Orlando Lozano**  
 EMPLOYEE NAME: **Jason Jones**

EMP NAME	Jason Jones	Steve Crocker	Lamont Patterson
Form. Name	Council - Grava	Type:	

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

Date	Called Out	On Location	Job Started	Job Completed
	10/25/13	10/25/13	10/26/13	10/26/13
Time	14:00	2330	730	910

**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

**Well Data**

New/Used	Weight	Size	Grade	From	To	Max. Allow	
Casing	New	24#	8.625"	J45	KB	897	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

**Hours On Location**

Date	Hours
10/25/13	
<b>Total</b>	<b>0.0</b>

**Operating Hours**

Date	Hours
10/26/13	
<b>Total</b>	<b>0.0</b>

**Description of Job**

Surface  
 Approx 60 BBLs of Cmt.  
 To surface  
 Approx 225 sks.  
 good returns thru job  
 Fiacs held  
 Job was completed safely

Perpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**Pressures**

MAX 800      AVG 300

**Average Rates in BPM**

MAX 3      AVG 3

**Cement Left in Pipe**

Feet 44      Reason \_\_\_\_\_      Shoe Joint

**Cement Data**

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

**Summary**

Preflush Breakdown	Type: _____	Preflush: BBI	10.00	Type: H2O
	MAXIMUM _____	Load & Bkdn: Gal - BBI		Pad:Bbl -Gal
	Lost Returns: _____	Excess /Return BBI	60	Calc Disp Bbl
	Actual TOC _____	Surface		Actual Disp
Average	Frac. Gradient _____	Treatment: Gal - BBI	#VALUE!	Disp:Bbl
15 Min	10 Min	Cement Slurry BBI	#VALUE!	
	15 Min	Total Volume BBI		

CUSTOMER REPRESENTATIVE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

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

# JOB SUMMARY

PROJECT NUMBER <b>TN # 319</b>	TICKET DATE <b>10/27/2013</b>
CUSTOMER REP <b>Orlando Lozano</b>	
EMPLOYEE NAME	

COUNTRY <b>Kearny</b>	COMPANY <b>Linn Energy</b>	JOB TYPE <b>Production</b>
LEASE NAME <b>Maddux</b>	Well No. <b>B4 ATU 86</b>	

EMP NAME	<b>Chris Fry</b>				
	<b>Devin Londagin</b>				

Form. Name Council - Grove Type: \_\_\_\_\_

Packer Type \_\_\_\_\_ Set At \_\_\_\_\_

Bottom Hole Temp \_\_\_\_\_ Pressure \_\_\_\_\_

Retainer Depth \_\_\_\_\_ Total Depth \_\_\_\_\_

Date	Called Out <b>10/27/13</b>	On Location <b>10/27/13</b>	Job Started <b>10/27/13</b>	Job Completed <b>10/27/13</b>
Time	<b>04:00</b>	<b>1300</b>	<b>2053</b>	<b>2242</b>

**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
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	6.5	KB	3111	2600
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole			7.875"	K.B.		Shots/Ft.
Perforations						
Perforations						
Perforations						

**Materials**

Mud Type	WBM	Density	8.9	Lb/Gal
Disp. Fluid	H2O	Density	8.33	Lb/Gal
Spacer type	Jm Silicat	BBL	25	
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**

Date	Hours	Date	Hours
10/27/13	10.5	10/27/13	2.0
<b>Total</b>	<b>10.5</b>	<b>Total</b>	<b>2.0</b>

**Operating Hours**

Date	Hours
10/27/13	2.0
<b>Total</b>	<b>2.0</b>

**Description of Job**

Production

**Pressures**

<b>MAX</b> 1400	<b>AVG</b> 200
Average Rates in BPM	
<b>MAX</b> 3	<b>AVG</b> 3
Cement Left in Pipe	
<b>Feet</b> 44	<b>Reason</b> Shoe Joint

**Cement Data**

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	205	Class C	0.2% C-41P, + 5% GYP, + 0.25%/SH. Cellulose	23.49	3.65	10.8
2	95	Class C	2% GEL + 0.2% C-16A, + 2% C.C.	10.4	1.90	13.0
3			DO NOT PUMP OVER 4 B.P.M. WATCH FOR CIRC. WHILE PUMPING JOB. 2 B.P.M. MIN. IF NO CIRC.			
4						

**Summary**

Preflush	Type: _____	Preflush:	BBI	25.00	Type: Sodium Silicate/H2O
Breakdown	MAXIMUM	Load & Bkdn:	Gal - BBI	15	Pad Bbl - Gal
	Lost Returns: 0	Excess /Return	BBI	0	Calc Disp Bbl
	Actual TOC	Calc TOC		0	Actual Disp
Average	Frac. Gradient	Treatment:	Gal - BBI	165.0	Disp Bbl
ISIP 5 Min	10 Min	Cement Slurry:	BBI	165.0	
	15 Min	Total Volume	BBI	263.00	

CUSTOMER REPRESENTATIVE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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