



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1201487
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: _____

1201487

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	O.V. MARTIN 4 ATU-187
Doc ID	1201487

Tops

Name	Top	Datum
Krider	2495	KB
Winfield	2530	KB
Towanda	2596	KB
Fort Riley	2649	KB
Funston	2768	KB
Crouse	2816	KB
Morrill	2907	KB
Grenola	2954	KB

JOB SUMMARY

PROJECT NUMBER TN # 405	TICKET DATE 12/30/2013
CUSTOMER REP Weldon Higgins	
EMPLOYEE NAME SEITH LEE	

COUNTY Grant	COMPANY Linn Energy	LEASE NAME O.V. Martin
Well No. #4 ATU 187	JOB TYPE Surface	

EMP NAME SEITH LEE			
MARIO ABREGO			
REGGIE SAMANIEGO			
ADAM WALL			

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
	12/29/2013	12/29/13	12/30/13	12/30/13
Time	1400	0.854166667	0.2125	0.208333333

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Valve	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

Well Data		New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24	8.825	J-48	0	730	2300	
Liner								
Liner								
Tubing								
Drill Pipe								
Open Hole								Shots/Ft.
Perforations								
Perforations								
Perforations								

Materials			
Mud Type	WBM	Density	8.8 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
Perfpac Balls		Qty.	
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
12/29/13	11.0	12/30/13	1.0	Surface
Total	11.0	Total	1.0	

MAX	930	AVG	240
Average Rates in BPM			
MAX	4	AVG	4
Cement Left in Pipe			
Feet	43	Reason	Shoe Joint

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives	6.34	1.35	14.8
1	450	Premium Class C	2% Calcium Chloride and .25 #/sk Cellulose			
2						
3						
4						

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	10.00
	MAXIMUM	Load & Bkdn: Gal - BBI	44
	Lost Returns	Excess /Return BBI	0
	Actual TOC	Calc. TOC	0
Average	Frac. Gradient	Treatment: Gal - BBI	108.0
ISP	5 Min	Cement Slurry BBI	162.00
	10 Min	Total Volume BBI	162.00
	15 Min		

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

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

JOB SUMMARY

COUNTY 0	COMPANY Linn Energy	PROJECT NUMBER TN # 407	TICKET DATE 12/31/2013
LEASE NAME O.V. Martin	Well No. #4 ATU 187	CUSTOMER REP Weldon Higgins	
EMP NAME Jesus Jimenez		EMPLOYEE NAME Jesus Jimenez	
JOB TYPE Production			

Jesus Jimenez			
Beau Clem			
Christopher Layton			

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	12-31-13	12/31/13	12/31/13	12/31/13
Time	07:00	0.583333333	0.645833333	0.729166667

Tools and Accessories

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Valve	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	15.5	5.5	J-55	3108	3108	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials

Mud Type	Density	Lb/Gal
Disp. Fluid	0	
Spacer type	H2O Density 8.33	Lb/Gal
Spacer type	dium Silic BBL.	20
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

Date	Hours	Date	Hours	Description of Job
12/31/13	4.0	12/31/13	2.0	Production
Total	4.0	Total	2.0	

Pressures

MAX	900	AVG.	100
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	205	Premium Plus Class C	0.2% C-41P, 5% Gyp, 0.25% Sak Cellulofake	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	20.00	Type: Sodium Silicate
	MAXIMUM _____	Load & Bkdn: Gal - BBI		Pad: Bbl - Gal _____
	Lost Returns: _____	Excess /Return BBI	0	Calc. Disp Bbl _____
	Actual TOC _____	Calc. TOC: _____		Actual Disp _____
Average	Frac. Gradient _____	Treatment: Gal - BBI		Disp: Bbl _____
ISIP _____	5 Min _____	Cement Slurry BBI	165.0	
	10 Min _____	Total Volume BBI	258.00	
	15 Min _____			

CUSTOMER REPRESENTATIVE Weldon Higgins

SIGNATURE _____

Thank You For Using
O - TEX Pumping