

1202409

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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JOB SUMMARY

PROJECT NUMBER TN # 411	TICKET DATE 1/4/2014
CUSTOMER REP Orlando	
EMPLOYEE NAME Bryon Hackett	

COUNTY Kearny	COMPANY Linn Energy	
LEASE NAME Barden	Well No. C-4 ATU 79	JOB TYPE Production

EMP NAME Bryon Hackett			
Steve Crocker			
Robert Buckman			

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

	Called Out	On Location	Job Started	Job Completed
Date	01/04/14	01/04/14	01/04/14	01/04/14
Time	0620	1130	1540	1748

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	2	IR
Guide Shoe	1	IR
Cement Basket	0	IR

Well Data							
	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	15.5	5.5	J-55	KB	3102	2500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							

Materials			
	Qty	Density	Lb/Gal
Mud Type	0	0	
Dls fluid	H2O	Density 8.33	Lb/Gal
Spacer type	SodSIIH2O 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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
01/04/14	7.0	01/04/14	2.0	Production
Total	7.0	Total	2.0	Cement To Surface 50 bbl
				No Lost Circulation

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures			
MAX	1020	AVG	
Average Rates in BPM			
MAX	3	AVG	3
Cement Left in Pipe			
Feet	44	Reason	Shoe Track

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	350	Otex Low Dense	5% Gypsum, 2% Calcium Chloride, 2% C-45, 0.4% C-15 0.4% C-41P, 0.2% C-51, 0.25 lbs/sk celloflake	17.24	2.80	11.0
2	0	0	Load 420 gals Sodium Silicate into trailer, Add 10 bbls H2O on location	0	0	0
3			Take 10 gals of Claymax for Displacement			
4						

Summary					
Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns _____	Actual TOC _____	Frac. Gradient _____
Average ISIP	5 Min _____	10 Min _____	15 Min _____	Preflush: BBI 20.00	Type: SodSIIH2O
				Load & Bkdn: Gal - BBI _____	Pad: Bbl - Gal _____
				Excess /Return BBI 50	Calc Disp Bbl _____
				Calc TOC 0	Actual Disp Disp Bbl 73.00
				Treatment: Gal - BBI _____	
				Cement Slurry: BBI 174.0	
				Total Volume BBI 267.00	

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

Thank You For Using
O - TEX Pumping