



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1203015
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: _____

1203015

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 # 416	TICKET DATE 1/7/2014
COUNTY Kearny	COMPANY Linn Energy		CUSTOMER REP Orlando Lozano	
LEASE NAME Campbell	Well No. B-4 ATU-47	JOB TYPE Surface	EMPLOYEE NAME Bryon Hackett	

EMP NAME					
Bryon Hackett					
Steve Crocker					
Devin Londgin					
Reggie					

Form. Name Cheese-Council Grove Type: _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth _____
 Tools and Accessories

Date	Called Out 01/06/14	On Location 01/06/14	Job Started 01/07/14	Job Completed 01/07/14
Time	1630	2330	1347	1439

Type and Size	Qty	Make
Auto Fill Tube	1	IR
Insert Float Valve	1	IR
Centralizers	6	IR
Top Plug	1	IR
HEAD	1	IR
Limit clamp	1	IR
Weld-A	2	IR
Texas Pattern Gulde Shoe	1	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing	New	24	8.625	J-55	KB	726
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials			
Mud Type	<u>0</u>	Density	<u>0</u> Lb/Gal
Disp. Fluid	<u>H2O</u>	Density	<u>8.33</u> Lb/Gal
Spacer type	<u>BBL.</u>	<u>10</u>	
Spacer type	<u>BBL.</u>		
Acid Type	<u>Gal.</u>	<u> </u>	<u> </u> %
Acid Type	<u>Gal.</u>	<u> </u>	<u> </u> %
Surfactant	<u>Gal.</u>	<u> </u>	<u> </u> in
NE Agent	<u>Gal.</u>	<u> </u>	<u> </u> in
Fluid Loss	<u>Gal/Lb</u>	<u> </u>	<u> </u> in
Gelling Agent	<u>Gal/Lb</u>	<u> </u>	<u> </u> in
Fric. Red.	<u>Gal/Lb</u>	<u> </u>	<u> </u> in
MISC.	<u>Gal/Lb</u>	<u> </u>	<u> </u> in

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
01/06/14	13.0	01/07/14	1.0	Surface
Total	13.0	Total	1.0	

Perfpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

Pressures	
MAX	820
AVG	160
Average Rates in BPM	
MAX	3
AVG	3
Cement Left in Pipe	
Feet	44
Reason	Shoe Track

Cement Data			
Stage	Sacks	Cement	Additives
1	450	Premium Class C	2% Calcium Chloride and .25 #/sk Celloflake
2			
3			
4			

Summary			
Preflush	<u> </u>	Type:	<u>H2O</u>
Breakdown	<u>MAXIMUM</u>	Preflush:	BBI <u>10.00</u>
	<u>Lost Returns: 0</u>	Load & Bkdn:	Gal - BBI <u> </u>
	<u>Actual TOC</u>	Excess /Return	BBI <u>45</u>
Average	<u>Frac. Gradient</u>	Calc TOC	<u>0</u>
ISIP <u>5</u> Min	<u>10</u> Min	Treatment:	Gal - BBI <u> </u>
	<u>15</u> Min	Cement Slurry:	BBI <u>109.0</u>
		Total Volume	BBI <u>161.00</u>

CUSTOMER REPRESENTATIVE _____
 SIGNATURE _____

Thank You For Using
O - TEX Pumping

JOB SUMMARY

COUNTY Kearny	PROJECT NUMBER TN # 420
COMPANY Linn Energy	TICKET DATE 1/9/2014
LEASE NAME Campbell	CUSTOMER REP Orlando Iozano
Well No. B-4 ATU 47	EMPLOYEE NAME Bryon Hackett
JOB TYPE Production	

EMP NAME	Bryon Hackett	Steve Crocker	Chris Layton
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Form. Name Chase Council Drive Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	01/08/14	01/08/14	01/09/14	01/09/14
Time	1300	2100	8	221

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	5.6	KB	3102	2500
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
	Density		Lb/Gal
Mud Type	0		
Disp. Fluid	H2O	Density	8.33
Spacer type	SodSlic	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	
01/08/14	6.0	01/09/14	2.5	Production
				Cement to surface 40 bbls
Total 6.0		Total 2.5		

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures			
MAX	1450	AVG	200
Average Rates in BPM			
MAX	3	AVG	3
Feet 44		Cement Left in Pipe Reason Shoe Track	

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	350	O-TEX Low Dense	3% Gypsum, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C 41-P, 0.2% C-51, 0.25 Cellotake	17.24	2.80	11.0
2	0	0	Pump 10 bbls H2O in front of the Flow Stop and Four bbls behind	0	0	0
3			Get directions, API #, AFE #, County, Sec, TWP, Range, and estimate of w			
4						

Preflush Breakdown _____ Type: _____ _____ MAXIMUM _____ _____ Lost Returns- _____ _____ Actual TOC _____ Average ISIP _____ 5 Min _____ 10 Min _____ 15 Min _____	Summary Preflush: BBI <u>20.00</u> Load & Bkdn: Gal - BBI _____ Excess /Return BBI <u>45</u> Calc TOC <u>0</u> Treatment: Gal - BBI _____ Cement Slurry: BBI <u>174.0</u> Total Volume BBI <u>267.00</u>
Type: _____ Pad: Bbl - Gal _____ Calc Disp Bbl _____ Actual Disp _____ Disp Bbl <u>73.00</u>	Type: SodSlic Pad: Bbl - Gal _____ Calc Disp Bbl _____ Actual Disp _____ Disp Bbl <u>73.00</u>

CUSTOMER REPRESENTATIVE _____

[Signature]
SIGNATURE

Thank You For Using
O - TEX Pumping