



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1203247
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
-----------------------------------	-----------------	---

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: _____

1203247

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

JOB SUMMARY

JOB SUMMARY		PROJECT NUMBER TN # 424	TICKET DATE 1/10/2014
COUNTY Grant	COMPANY Linn Energy	CUSTOMER REP Orlando	
LEASE NAME FJ Schmitz	Well No. 4 ATU 182	EMPLOYEE NAME Jesus Jimenez	
JOB TYPE Surface			

EMP NAME Jesus Jimenez	3.8				
Beau Clem					
Adam Wall					

Form. Name Chase-Council Grove Type: _____

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

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

Materials			
Mud Type	0	Density	0 Lb/Gal
Disp. Fluid	H2O	Density	8.33 Lb/Gal
Spacer type	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

Perpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

Date	Called Out	On Location	Job Started	Job Completed
	1-9-14	01/09/14	01/10/14	01/10/14
Time	16:00	0.958333333	0.036805556	0.079861111


Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing	New	24	8.625	J45	728	728
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						Shols/Ft.
Perforations						
Perforations						
Perforations						

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
01/09/14	3.0	01/10/14	1.0	Surface
Total	3.0	Total	1.0	

Pressures			
MAX	1000	AVG.	200
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	455	Premium Class C	2% Calcium Chloride and .25 #/sk Cellofaka	6.34	1.35	14.8
2						
3						
4						

Summary					
Preflush Breakdown	Type: _____	Preflush: BBI	10.00	Type: _____	
	MAXIMUM	Load & Bkdn: Gal - BBI		Pad: Bbl - Gal	
	Lost Returns: no	Excess /Return BBI	40	Calc. Disp Bbl	
Average	Actual TOC	Calc. TOC:	surface	Actual Disp.	44.00
ISIP 5 Min	Frac. Gradient	Treatment: Gal - BBI		Disp: Bbl	
	10 Min	Cement Slurry BBI	109.0		
	15 Min	Total Volume BBI	163.00		

CUSTOMER REPRESENTATIVE _____ SIGNATURE 

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

JOB SUMMARY

COUNTRY Grant	COMPANY Linn Operating	PROJECT NUMBER TN # 428	TICKET DATE 1/10/2014
LEASE NAME FL Schmitz	Well No. 4 ATU 182	JOB TYPE Production	CUSTOMER REP Orlando Lozano
EMP NAME Jesus Jimenez			EMPLOYEE NAME Jesus Jimenez

Jesus Jimenez			
Beau Clem			
Raggie Samaniego			

Form. Name _____ Type: _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	1-10-14	01/11/14	01/11/14	01/11/14
Time	12:00	06:00	13:30	15:30

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 1/2"	J44	0	3107	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials			
Mud Type	0	Density	0 Lb/Gal
Disp. Fluid	H2O	Density	8.33 Lb/Gal
Spacer type	dium Silic BBL		30
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	
01/11/14	8.0	01/11/14	3.0	Production
Total	8.0	Total	3.0	

Perpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

Pressures		
MAX	1000	AVG 200
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	350	O-TEX Low Dense Cement	5% GYP; 2% Calcium Chloride; 2% C-43; 0.4% C-15; 0.4% C-41P;	0.2% C-51; 0.25 lbs/sk Cellu	17.24	2.80
2	0	0			0	0
3			Take all float equipment (1. 8 5/8 Texas Pattern GS; 1. Float insert; 1. Ball; 1			
4						

Preflush Breakdown		Summary	
Type: _____	MAXIMUM _____	Preflush: BBI	30.00
Lost Returns: _____	Actual TOC _____	Load & Bkdn: Gal - BBI	40
Frac. Gradient _____	10 Min _____	Excess /Return BBI	Surface
15 Min _____	15 Min _____	Calc TOC _____	Actual Disp
		Treatment: Gal - BBI	Disp Bbl
		Cement Slurry BBI	175.0
		Total Volume BBI	278.00

CUSTOMER REPRESENTATIVE _____
 SIGNATURE _____

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