



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1203616  
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: \_\_\_\_\_

1203616

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	ANDES 5 ATU-181
Doc ID	1203616

Tops

Name	Top	Datum
Krider	2409	KB
Winfield	2449	KB
Towanda	2520	KB
Fort Riley	2568	KB
Funston	2694	KB
Crouse	2748	KB
Morrill	2830	KB
Grenola	2873	KB



# JOB SUMMARY

<b>JOB SUMMARY</b>		PROJECT NUMBER <b>TN # 432</b>	TICKET DATE <b>1/13/2014</b>
COUNTY <b>Grant</b>	COMPANY <b>Lin Energy</b>	CUSTOMER REP <b>Oriando Lozano</b>	
LEASE NAME <b>Andes</b>	Well No. <b>5 ATU 181</b>	JOB TYPE <b>Surface</b>	
EMP NAME <b>Bryon Hackett</b>		EMPLOYEE NAME <b>Bryon Hackett</b>	

Bryon Hackett			
Steve Crocker			
Miguel Murgado			

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
	01/12/14	01/12/14	01/12/14	01/12/14
Time	1300	1800	2240	2341

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
Guide Shoe	1	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing	New	24	8 5/8	J-55	KB	727
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		Operating Hours		Description of Job
Date	Hours	Date	Hours	
01/12/14	6.0	01/12/14	1.0	Surface
Total	6.0	Total	1.0	

Perfpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures			
MAX	900	AVG	100
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	455	Premium Plus Class C	2% Calcium Chloride; 0.25 #/BK	8.34	1.32	14.8
2	0	0	0	0	0	0
3			Take All float equipment for longstring (5 1/2" GS, Float Insert, 26 Central			
4						

Summary					
Preflush Breakdown	Type: _____	MAXIMUM _____	Preflush: BBI	10.00	Type: H2O
	Lost Returns-#	0	Load & Bkdn: Gal - BBI		Pad: Bbl - Gal
	Actual TOC		Excess /Return BBI	45	Calc Disp Bbl
Average	Frac. Gradient		Calc TOC	0	Actual Disp.
ISIP	10 Min	15 Min	Treatment: Gal - BBI		Disp Bbl
			Cement Slurry: BBI	107.0	
			Total Volume BBI	160.00	

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

SIGNATURE

Thank You For Using  
O - TEX Pumping

# JOB SUMMARY

PROJECT NUMBER <b>TN # 434</b>	TICKET DATE <b>1/14/2014</b>
CUSTOMER REP <b>Orlando Lozano</b>	
EMPLOYEE NAME <b>Bryon Hackett</b>	

COURTY <b>Grant</b>	COMPANY <b>Linn Energy</b>	LEASE NAME <b>Andes</b>
Well No. <b>5 ATU181</b>	JOB TYPE <b>Production</b>	

EMP NAME	Bryon Hackett	Steve Crocker	Chris Layton
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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
	01/13/14	01/14/14	01/14/14	01/14/14
Time	1430	330	1151	1415

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
Casing	New	15.5	6.5	JK	KB	3107
Liner						2600
Liner						
Tubing						
Drill Pipe						
Open Hole						Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials			
Mud Type	0	Density	0 Lb/Gal
Disp. Fluid	H2O	Density	8.33 Lb/Gal
Spacer type	SodSilc 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	
Perfpac Balls		Qty.	
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
01/14/14	8.0	01/14/14	2.5	Production
Total	8.0	Total	2.5	Cement To Surface: 25 bbls or 50 sks

Pressures			
MAX	1300	AVG	200
Average Rates in BPM			
MAX	3	AVG	3
Cement Left in Pipe			
Feet	44	Reason	Shoe Track

Stage		Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	360	O-Tex Low Dense Cemen	5% GYP; 2% Calcium Chloride; 2% C-45; 0.4% C-15; 0.4% C-41P; 0.2% C-51; 0.25 lb/sk	17.24	2.80	11.0
2	0	0	0	0	0	0
3			Take 10 Gals Claymax;			
4						

Summary					
Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns-N _____	Actual TOC _____	Frac. Gradient _____
Average ISIP	5 Min _____	10 Min _____	15 Min _____	Preflush: BBI _____	Load & Bkdn: Gal - BBI _____
				Excess /Return BBI _____	Calc TOC: _____
				Treatment: Gal - BBI _____	Cement Slurry: BBI _____
				Total Volume BBI _____	267.00

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

Thank You For Using  
O - TEX Pumping