



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1203633
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: _____

1203633

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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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	HULL A-5 ATU-179
Doc ID	1203633

Tops

Name	Top	Datum
Krider	2263	KB
Winfield	2304	KB
Towanda	2373	KB
Fort Riley	2420	KB
Funston	2537	KB
Crouse	2601	KB
Morrill	2693	KB
Grenola	2734	KB

JOB SUMMARY		PROJECT NUMBER TN # 438	TICKET DATE 1/15/2014
COUNTY Stanton	COMPANY Linn Energy	CUSTOMER REP Orlando Lozano	
LEASE NAME Hull	Well No. A5 ATU 179	JOB TYPE Surface	
EMP NAME Bryon Hackett		EMPLOYEE NAME Bryon Hackett	

Bryon Hackett					
Steve Crocker					
Devlin Londagin					
Chris Layton					

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

Date	Called Out	On Location	Job Started	Job Completed
	01/16/14	01/16/14	01/16/14	01/16/14
Time	1245	1730	1918	2024

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	R
Texas Pattern Guide Shoe	1	IR
Cement Basket	0	R

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24#	8 5/8"	J-55	KB	728	1500
Liner							
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	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	
01/16/14	3.5	01/16/14	1.0	Surface
Total	3.5	Total	1.0	Cement to surface 45 bbls 190 sks

Pressures			
MAX	780	AVG	100
Average Rates in BPM			
MAX	3	AVG	3
Cement Left in Pipe			
Feet	43	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 lb/sk Cellulose	6.34	1.32	14.8
2	0	0	0	0	0	0
3						
4						

Summary					
Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns: _____	Actual TOC _____	Frac. Gradient _____
Average ISP	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 _____	

CUSTOMER REPRESENTATIVE _____
SIGNATURE _____

Thank You For Using
O - TEX Pumping

JOB SUMMARY			PROJECT NUMBER TN # 439	TICKET DATE 1/18/2014
COUNTY 0	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins		
LEASE NAME Hull	Well No. A5 ATU 179	JOB TYPE Production	EMPLOYEE NAME Jesus Jimenez	

EMP NAME					
Jesus Jimenez					
Beau Clem					
Reggie Samaniego					

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

Date	Called Out 1-18-14	On Location 01/18/14	Job Started 01/18/14	Job Completed 01/18/14
Time	05:00	12:00	18:00	20:00

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
Weid-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	J44	0	3110	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	0	Density	0	Lb/Gal
Disp. Fluid	H2O	Density		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
Perfpac Balls		Qty.		
Other				
Other				
Other				
Other				
Other				

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
01/18/14	8.0	01/18/14	2.0	Production
Total	8.0	Total	2.0	

Pressures


MAX	1200	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	5% Gyp, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C-41P, 0.2% C-51, 0.25 #/sk Celloflake	17.24	2.80	11
2	0	0	0	0	0	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	25	Calc. Disp Bbl
	Actual TOC	Calc. TOC:	surface	Actual Disp. 73.00
Average	Frac. Gradient	Treatment: Gal - BBI		Diso: Bbl
ISIP 5 Min.	10 Min	Cement Slurry BBI	175.0	
	15 Min	Total Volume BBI	268.00	

CUSTOMER REPRESENTATIVE _____
 SIGNATURE 

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