



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204838
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: _____

1204838

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
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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	C. H. BINNEY 4 ATU-263
Doc ID	1204838

Tops

Name	Top	Datum
Krider	2342	
Winfield	2382	
Towanda	2443	
Fort Riley	2493	
Funston	2615	
Crouse	2662	
Morrill	2763	
Grenola	2804	

JOB SUMMARY

COURTY Grant		PROJECT NUMBER TN # 443		TICKET DATE 1/19/2014	
LEASE NAME C.H. Binney		COMPANY Linn Energy		CUSTOMER REP Weldon Higgins	
WELL NO. 4 ATU 263		JOB TYPE Surface		EMPLOYEE NAME Jesus Jimenez	

EMP NAME	Jesus Jimenez				
	Beau Clem				
	Devin Londagin				
	Eric Poole				

Form. Name Chase-Council Grove Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out 1-19-14	On Location 01/19/14	Job Started 01/19/14	Job Completed 01/19/14
Time	13:00	18:00	21:30	22:30

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	24	8.625	J44	0	767	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	0	Density	0
Disp. Fluid	H2O	Density	
Spacer type	H20	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			
Other			


Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
01/19/14	6.0	01/19/14	1.0	Surface
Total	6.0	Total	1.0	

MAX 950		Pressures AVG. 200	
MAX 3		Average Rates in BPM AVG 3	
Feet 44		Cement Left in Pipe Reason Shoe Joint	

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	480	Premium Class C	2% Calcium Chloride and .25 %sk Celloflake	6.34	1.35	14.8
2						
3						
4						

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	10.00
	MAXIMUM	Load & Bkdn: Gal - BBI	_____
	Lost Returns-t	Excess /Return BBI	15
	Actual TOC	Calc. TOC:	SURFACE
Average	Frac. Gradient	Treatment: Gal - BBI	_____
ISIP 5 Min.	10 Min	Cement Slurry BBI	115.0
	15 Min	Total Volume BBI	125.00

CUSTOMER REPRESENTATIVE _____


SIGNATURE

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

JOB SUMMARY

PROJECT NUMBER TN # 446		TICKET DATE 1/21/2014
COURTY Grant		
COMPANY Linn Energy		
CUSTOMER REP Orlando		
LEASE NAME CH Binney		EMPLOYEE NAME Jesus Jimenez
Well No. 4 ATU 263	JOB TYPE Production	

Jesus Jimenez			
Beau Clem			
Devin Londagin			
Eric Looie			

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

Date	Called Out	On Location	Job Started	Job Completed
	1-20-14	01/21/14	01/21/14	01/21/14
Time	12:00	07:00	09:00	11:00

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
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing	New	15.5	5.5	J-44	0	3108
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
Mud Type	Qty	Density	Lb/Gal
Disp. Fluid	0	8.33	
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	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
01/21/14	5.0	01/21/14	2.0	Production
Total	5.0	Total	2.0	

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

Pressures	
MAX	1260
AVG	400
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	430	O-TEX LowDense	2% Gyp, 2% Calcium Chloride, 2% C-43, 0.4% C-15, 0.4% C-41P, 0.2% C-51, 0.25 #/sk Cellulose	13.29	2.25	11.5
2	0	0	0	0	0	0
3			Bring Back 8 5/8 Head from Surface Job!			
4						

Summary			
Preflush Breakdown	_____ Type: _____	Preflush: BBI	20.00
Average ISP	5 Min. _____	Load & Bkdn: Gal - BBI	_____
	10 Min _____	Excess /Return BBI	50
	15 Min _____	Calc. TOC:	surface
		Treatment: Gal - BBI	_____
		Cement Slurry BBI	172.0
		Total Volume BBI	265.00

CUSTOMER REPRESENTATIVE _____

 SIGNATURE

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