



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205200
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: _____

1205200

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	KNOEBER 4 ATU-166
Doc ID	1205200

Tops

Name	Top	Datum
Krider	2327	KB
Winfield	2367	KB
Towanda	2430	KB
Ft._Riley	2477	KB
Funston	2595	KB
Crouse	2643	KB
Morrill	2741	KB
Grenola	2782	KB

JOB SUMMARY		PROJECT NUMBER TN # 479	TICKET DATE 2/4/2014
COUNTY Stanton	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins	
LEASE NAME Knoeber	Well No. 4 ATU 188	EMPLOYEE NAME Bryon Hackett	
JOB TYPE Production			

EMP NAME					
Bryon Hackett					
Steve Crocker					
Robert Buckman					
Chris Layton					

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

Date	Called Out 02/03/14	On Location 02/03/14	Job Started 02/03/14	Job Completed 02/03/14
Time	0800	1630	2215	2345

Tools and Accessories		
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	5.5	40	KB	3150	2500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
	Density		Lb/Gal
Mud Type	0		
Disp. Fluid	H2O	Density	8.33
Spacer type	SodSilc/H2 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	
02/03/14	7.0	02/03/14	1.5	Production
Total	7.0	Total	1.5	

Pressures		
MAX	1200	AVG. 100
Average Rates in BPM		
MAX	3.5	AVG. 3
Cement Left in Pipe		
Feet	44	Reason
Shoe Track		

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	440	O-TEX LowDense	2% Gyp, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C-41P, 0.2% C-51, 0.25 #/sk Cellulofake	13.29	2.25	11.5
2	0	0	0	0	0	0
3						
4						

Summary					
Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns-N _____	Actual TOC _____	Frac. Gradient _____
Average	5 Min _____	10 Min _____	15 Min _____		
Preflush:	BBI	20.00	Type: SodSilc/H2O		
Load & Bkdn:	Gal - BBI		Pad:Bbl -Gal		
Excess /Return	BBI	45	Calc Disp Bbl		
Calc TOC		0	Actual Disp		74.00
Treatment:	Gal - BBI		Disp Bbl		
Cement Slurry:	BBI	176.0			
Total Volume	BBI	270.00			

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY

PROJECT NUMBER TN # 475		TICKET DATE 2/2/2014
COUNTY Grant	COMPANY Linn Energy	CUSTOMER REP Orlando
LEASE NAME Knoeber	Well No. 4 ATU 166	EMPLOYEE NAME Jesus Jimenez
JOB TYPE Surface		

Jesus Jimenez				
Beau Clem				
Chris Layton				
Eric Poole				

Form. Name Chase-Courciff Drive Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	2-1-14	02/01/14	02/02/14	02/02/14
Time	15:00	19:00	01:00	02:30

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	Max. Allow
Casing	New	24	8.625	44	0	770	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Fl.
Perforations							
Perforations							
Perforations							

Materials

	0	Density	0	Lb/Gal
Mud Type	H2O			
Disp. Fluid	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	
02/01/14	7.0	02/02/14	2.0	Surface
Total	7.0	Total	2.0	

Pressures

MAX	900	AVG.	50
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	480	Premium Class C	2% Calcium Chloride and .25 #/sk Cellulose	6.34	1.35	14.8
2						
3						
4						

Summary

Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns: _____	Actual TOC _____	Frac. Gradient _____	5 Min _____	10 Min _____	15 Min _____	Preflush: BBI	10.00	Type: H2O
			NO						Load & Bkdn: Gal - BBI		Pad: Bbl - Gal
									Excess /Return BBI	30	Calc. Disp Bbl
									Calc. TOC	Surface	Actual Disp
									Treatment: Gal - BBI		Diso Bbl
									Cement Slurry BBI	115.0	
									Total Volume BBI	171.00	

CUSTOMER REPRESENTATIVE Walt Higgins SIGNATURE

Thank You For Using
O - TEX Pumping