



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1206021
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: _____

1206021

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	MONCUR 5 ATU-251
Doc ID	1206021

Tops

Name	Top	Datum
Krider	2309	KB
Winfield	2350	KB
Towanda	2414	KB
Ft_Riley	2458	KB
Funston	2577	KB
Crouse	2625	KB
Morrill	2725	KB
Grenola	2768	KB

JOB SUMMARY

COUNTY Stanton	PROJECT NUMBER TN # 511	TICKET DATE 2/18/2014
COMPANY Linn Operating	CUSTOMER REP Orlando	
LEASE NAME Moncur	Well No. #5 ATU 251	JOB TYPE Surface
EMP NAME Bryon Hackett		EMPLOYEE NAME Bryon Hackett

Form. Name <u>Chase Council Grove</u> Type: _____	
Packer Type _____ Set At _____ Bottom Hole Temp. _____ Pressure _____ Retainer Depth _____ Total Depth _____	

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
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

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

Date	Called Out	On Location	Job Started	Job Completed
	02/18/14	02/18/14	02/18/14	02/18/14
Time	1200	1730	2134	2242

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing	New	24#	8 5/8"	J55	KB	760
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						
Perforations						

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
02/18/14	6.0	02/18/14	1.0	Surface
Total	6.0	Total	1.0	

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

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	480	Premium Class C	2% Calcium Chloride; 0.25 lb/sk Cellufake	6.34	1.32	14.8
2	0	0	Take Float equip for production (5 1/2" G.S.; 5 1/2" Float insert; 5 1/2" Sto	0	0	0
3						
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	10.00
	Lost Returns-N	Load & Bkdn: Gal - BBI	
	Actual TOC	Excess /Return BBI	45
Average	Frac. Gradient	Calc. TOC	0
DISP 5 Min.	10 Min.	Treatment: Gal - BBI	
	15 Min.	Cement Slurry: BBI	113.0
		Total Volume BBI	168.00

CUSTOMER REPRESENTATIVE _____


 SIGNATURE

Thank You For Using
 O - TEX Pumping

JOB SUMMARY

COUNTRY Stanton	COMPANY Linn Energy	PROJECT NUMBER TN # 513	TICKET DATE 2/20/2014
LEASE NAME Moncur	Well No. 5 ATU 251	CUSTOMER REP Oriando	
EMP NAME Bryon Hackett		EMPLOYEE NAME Bryon Hackett	

Bryon Hackett			
Steve Crocker			
Miguel Garcia			
Adam Wali			

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
	02/19/14	02/20/14	02/20/14	02/20/14
Time	2030	400	1055	1248

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#	5.5"	JK	KB	3106
Liner						2500
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						
Perforations						
Perforations						

Materials			
Mud Type	0	Density	0
Disp. Fluid	H2O	Density	8.33
Spacer type	SodSilcH2O	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	
02/20/14	10.0	02/20/14	1.8	Production
Total	10.0	Total	1.8	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures	
MAX	1150
AVG	200
Average Rates in BPM	
MAX	4
AVG	4
Cement Left in Pipe	
Feet	44
Reason	Shoe Track

Cement Data			
Stage	Sacks	Cement	Additives
1	430	O-TEX Low Dense Cement	2% Gypsum; 2% Calcium Chloride; 2% C-45; 0.4% C-15; 0.4% C-41P; 0.2% C-61; 0.25 lb/sk
2	0	0	Take 10 gals Claymax
3			Take all Float Equip. (1, 8 5/8 T.P. G.S.; 1 8 5/8 Float insert with Auto fill; 8
4			

Summary			
Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns: _____
Average	5 Min _____	Frac. Gradient _____	10 Min _____ 15 Min _____
Preflush:	BBI	20.00	Type: SodSilcH2O
Load & Bkdn:	Gal - BBI	50	Pad: Bbl - Gal
Excess /Return	BBI	0	Calc Disp Bbl
Calc. TOC			Actual Disp
Treatment:	Gal - BBI	172.0	Disp Bbl
Cement Slurry:	BBI	265.00	
Total Volume	BBI		

CUSTOMER REPRESENTATIVE _____

[Signature]
SIGNATURE

Thank You For Using
O - TEX Pumping