



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1209418  
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: \_\_\_\_\_

1209418

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> <i>(Submit ACO-4)</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	WISHERD C-4 ATU-319
Doc ID	1209418

Tops

Name	Top	Datum
KRIDER	2379	KB
WINFIELD	2430	KB
TOWANDA	2481	KB
FT_RILEY	2523	KB
FUNSTON	2654	KB
CROUSE	2701	KB
MORRILL	2791	KB
GRENOLA	2836	KB



<b>JOB SUMMARY</b>			PROJECT NUMBER <b>TN # 549</b>	TICKET DATE <b>3/7/2014</b>
COUNTY <b>Kearny</b>	COMPANY <b>Linn Operating</b>		CUSTOMER REP <b>Weldon Higgins</b>	
LEASE NAME <b>Wisherd</b>	Well No. <b>C4 ATU 319</b>	JOB TYPE <b>Surface</b>	EMPLOYEE NAME <b>LAMONT PATTERSON</b>	

EMP NAME <b>LAMONT PATTERSON</b>					
<b>ERIC POOL</b>					
<b>JASON JONES</b>					

Form. Name Cheas Council Grove Type: \_\_\_\_\_  
 Packer Type \_\_\_\_\_ Set At \_\_\_\_\_  
 Bottom Hole Temp. \_\_\_\_\_ Pressure \_\_\_\_\_  
 Retainer Depth \_\_\_\_\_ Total Depth \_\_\_\_\_

Date	Called Out	On Location	Job Started	Job Completed
		<b>03/06/14</b>	<b>03/06/14</b>	<b>03/07/14</b>
Time		<b>1900</b>	<b>2300</b>	<b>15</b>

**Tools and Accessories**

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	1	IR
Cement Basket	0	IR

**Well Data**

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24#	8 5/8"	J44	KB	602	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

**Materials**

	WBM	Density	8.4	Lb/Gal
Disp. Fluid	H2O	Density	8.33	Lb/Gal
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

**Hours On Location**

Date	Hours	Date	Hours	Description of Job
03/06/14	5.0	03/06/14	2.0	Surface
				<b>GOOD RETURNS THRU JOB</b>
				<b>JOB WAS COMPLETED SAFELY</b>
				<b>APPROX 15 BBLs OF CMT TO</b>
				<b>APPROX 63 SKS</b>
Total	5.0	Total	2.0	

Perpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**Pressures**

MAX 1000	AVG 350
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	390	Premium Plus Class C	2% Calcium Chloride; 0.25 lb/sk Celluloflake	6.34	1.32	14.8
2	0	0	Take all Float equipment for next job. (F.S.; Float insert; Stop ring; Ball; 2 ft	0	0	0
3						
4						

**Summary**

Preflush Breakdown	Type: <b>MAXIMUM</b>	Preflush: BBI	<b>10.00</b>	Type: <b>H2O</b>
	Lost Returns: <b>NO</b>	Load & Bkdn: Gal - BBI		Pad: Bbl - Gal
	Actual TOC	Excess /Return BBI	<b>15</b>	Calc. Disp Bbl
Average	Frac. Gradient	Calc. TOC:	<b>SURFACE</b>	Actual Disp. <b>35.00</b>
isp 5 Min.	10 Min	Treatment: Gal - BBI	<b>#VALUE!</b>	Disp: Bbl
	15 Min	Cement Slurry BBI	<b>#VALUE!</b>	
		Total Volume BBI	<b>#VALUE!</b>	

# JOB SUMMARY

PROJECT NUMBER: **TN # 551**      TICKET DATE: **3/8/2014**

COUNTY: **Kearny**      COMPANY: **Linn Energy**  
 LEASE NAME: **Wisherd**      Well No: **C 4 ATU 319**      JOB TYPE: **Production**

CUSTOMER REP: **Weldon Higgins**  
 EMPLOYEE NAME: **Bryon Hackett**

EMP NAME					
Bryon Hackett					
Steve Crocker					
Miguel Garcia					

Form. Name: Chase Council Grove Type: \_\_\_\_\_  
 Packer Type: \_\_\_\_\_ Set At: \_\_\_\_\_  
 Bottom Hole Temp. \_\_\_\_\_ Pressure \_\_\_\_\_  
 Retainer Depth \_\_\_\_\_ Total Depth \_\_\_\_\_

	Called Out	On Location	Job Started	Job Completed
Date	03/07/14	03/08/14	03/08/14	03/08/14
Time	1730	1100	1233	1413

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
Texas Pattern Guide Shoe	1	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing	New	16.6 #	5.5"	KB		3128
Liner						2500
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
	Density		Lb/Gal
Mud Type	0		
Disp. Fluid	H2O	Density 8.33	Lb/Gal
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	
03/08/14	4.0	03/08/14	1.8	Production
Total	4.0	Total	1.8	

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

Pressures			
MAX	AVG	MAX	AVG
1200	200	3	3
Average Rates in BPM			
Cement Left in Pipe			
Feet 45	Reason	Shoe Track	

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	440	O-Tex Low Dense Cemen	2% Oyp; 2% Calcium Chloride; 2% C-45; 0.4% C-15; 0.4% C-41P; 0.2% C-51; 0.25 lbs/sk Cellulose;	13.29	2.25	11.5
2	0	0	Take 10 gals Claymax for displacement	0	0	0
3			Take float equipment for next job (8 5/8 T.P.G.S.; 8 5/8 F.C. Insert w/AF t)			
4						

Summary					
Preflush	20.00	Type: SodSilcH2O	Preflush:	BBI	20.00
Breakdown	45	MAXIMUM	Load & Bkdn:	Gal - BBI	45
	0	Lost Returns	Excess /Return	BBI	0
	0	Actual TOC	Calc TOC		0
Average	176.0	Frac. Gradient	Treatment:	Gal - BBI	176.0
5 Min	269.00	10 Min	Cement Slurry:	BBI	269.00
15 Min			Total Volume	BBI	269.00

CUSTOMER REPRESENTATIVE Weldon Higgins      SIGNATURE

Thank You For Using  
O - TEX Pumping