Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1212159

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

## WELL COMPLETION FORM

	WELL HISTORY -	DESCRIPTION C	<b>DF WELL &amp; LEASE</b>
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OPERATOR: License #	API No. 15
Name:	_ Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	_ Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	_
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Produce	
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	_ Dewatering method used:
Dual Completion Permit #: SWD Permit #:	-
SWD         Permit #:           ENHR         Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	- Quarter Sec TwpS. R East West
Recompletion Date Reached TD Completion Date of Recompletion Date	Countv: 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:

## 

1212159

Operator Na	me:			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 Take (Attach Additional		Yes No		.og Formatic	on (Top), Depth an	d Datum	Sample
Samples Sent to Geo	,	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		on, 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 / SQL	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic fracturing treatment on this well? Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 Was the hydraulic fracturing treatment information submitted to the chemical disclosure reg		-	☐ Yes [ ? ☐ Yes [ ☐ Yes [	No (If No, ski	o questions 2 an o question 3) out Page Three (		
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				cture, Shot, Cement mount and Kind of Mat		d Depth

TUBING RECORD:	Size: Set At: Packer At:			Liner Ru	n: Yes [	No				
Date of First, Resumed	Producti	on, SWD or ENHF	<b>?</b> .	Producing N	lethod:	ping	Gas Lift	Other (Explain)	)	
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	ON OF G	AS:			METHOD (	OF COMPLE	TION:		PRODUCTION INTE	RVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit A		Commingled (Submit ACO-4)		
(If vented, Sub	omit ACO	-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	BAUGHMAN B-4 ATU-96
Doc ID	1212159

Tops

Name	Тор	Datum
Krider	2316	КВ
Winfield	2380	КВ
Towanda	2450	КВ
Fort Riley	2490	КВ
Funston	2622	КВ
Middleborg	2694	КВ
Cottonwood	2750	КВ
Grenola	2799	КВ

### Summary of Changes

Lease Name and Number: BAUGHMAN B-4 ATU-96 API/Permit #: 15-187-21237-00-00 Doc ID: 1212159 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value	
Approved Date	12/19/2013	06/27/2014	
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform	https://kolar.kgs.ku.edu/ kcc/detail/locationInform	
Perf_Record_4	ation.cfm?section=9&to Set RBP @ 2570	ation.cfm?section=9&to	
Plug Back Total Depth	2570		
Producing Formation	CHASE	CHASE & COUNCIL GROVE	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 73597	//kcc/detail/operatorE ditDetail.cfm?docID=12 12159	



Confidentiality Requested:

CONFIDENTIAL

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1173597

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# WELL COMPLETION FORM

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
GG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
	If Alternate II completion, cement circulated from:
Operator:	
Well Name:	feet depth to:w/sx cmt
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion         Permit #:	Dewatering method used:
SWD         Permit #:	Location of fluid disposal if hauled offsite:
 ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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.

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