



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1212350
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: _____

1212350

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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	TILLIE CLOW 4 ATU-260
Doc ID	1212350

Tops

Name	Top	Datum
KRIDER	2393	KB
WINFIELD	2428	KB
TOWANDA	2501	KB
FT_RILEY	2550	KB
FUNSTON	2679	KB
CROUSE	2734	KB
MORRILL	2812	KB
GRENOLA	2855	KB

JOB SUMMARY

COUNTY Grant	PROJECT NUMBER TN # 657	TICKET DATE 4/15/2014
LEASE NAME Tillie Clow	COMPANY Linn Energy	CUSTOMER REP Orlando
Well No 4 ATU 260	JOB TYPE Production	EMPLOYEE NAME LAMONT PATTERSON

EMP NAME LAMONT PATTERSON			
CODY GLASSGOW			
SANTIAGO CALIXTO			
STEVE CROCKER			

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		04/14/14	04/14/14	04/16/14
Time		1230	2250	1230

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	0	IR
Weld-A	2	IR
Texas Pattern Gulda Shoe	1	IR
Cement Basket	0	IR

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	15.5	6.5	JK	KB	3110	1000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	Density	Lb/Gal
Disp. Fluid	H2O Density 8.33	Lb/Gal
Spacer type	LOWSTOP 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	
04/14/14	5.0	04/14/14	9.0	Production
				HAD RETURNS THRU ALMOST ENTIRE JOB
				LOST THEM 50 BBL INTO DISPLACEMENT
				JOB WAS COMPLETED SAFELY
Total	5.0	Total	9.0	

Perpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures

MAX	1000	AVG	250
Average Rates in BPM			
MAX	3	AVG	2.5
Cement Left in Pipe			
Feel	1 BBL	Reason	Shoe Joint

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	435	O-TEX LowDense	2% Oyo, 2% Calcium Chloride, 2% C-43, 0.4% C-13, 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						
4						

Summary

Preflush Breakdown	Type: MAXIMUM	Preflush: BBL	20.00	Type: FLOWSTOP
	Lost Returns: YES	Load & Bkdn: Gal - BBL	0	Pad: Bbl - Gal
	Actual TOC	Excess /Return BBL	3,110	Calc. Dispo Bbl
Average	Frac. Gradient	Cement Slurry: BBL	#VALUE!	Actual Dispo
15.0 Min	10 Min	Total Volume: BBL	#VALUE!	Dispo Bbl
	15 Min			

CUSTOMER REPRESENTATIVE _____


 SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY

PROJECT NUMBER TN # 643		TICKET DATE 4/10/2014
COUNTY Grant		
COMPANY Linn Energy		
CUSTOMER REP Orlando		
LEASE NAME Tillie Clow #4 ATU 260		WELL No. #4 ATU 260
JOB TYPE Surface		EMPLOYEE NAME Jesus Jimenez

EMP NAME Jesus Jimenez					
Bryon Hackett					
Danny Parker					
Clarence Mitchell					

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
	4-9-2014	04/09/14	04/10/14	04/10/14
Time	12:00	20:00	06:30	08:00

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	Max. Allow
Casing	New	24	8.625	+	0	725	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

	0	Density	0	Lb/Gal
Mud Type	H2O	Density		Lb/Gal
Disp. Fluid	H2O	BBL	10	
Spacer type		BBL		
Spacer type		Gal.		%
Acid Type		Gal.		%
Acid Type		Gal.		In
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
04/09/14	12.0	04/10/14	2.0	Surface
Total	12.0	Total	2.0	

Perpac Balls _____ **Qty.** _____

Other _____

Other _____

Other _____

Other _____

Pressures

MAX	600	AVG	30
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	455	Premium Class C	2% Calcium Chloride and .25 #/sk Cellulose	6.34	1.35	14.8
2						
3						
4						

Summary

Preflush Breakdown	Type: MAXIMUM	YES	Lost Returns	Actual TOC	Frac. Gradient	5 Min	10 Min	15 Min	Preflush: BBI	10.00	Type: H2O
									Load & Bkdn: Gal - BBI		Pad: Bbl - Gal
									Excess /Return BBI	0	Calc Disp Bbl
									Calc. TOC	SURFACE	Actual Disp
									Treatment: Gal - BBI		Disp Bbl
									Cement Slurry BBI	109.0	
									Total Volume BBI	162.00	

CUSTOMER REPRESENTATIVE _____ **SIGNATURE** _____

Thank You For Using
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