

1212427

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: 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	O.E. JOSSERAND 4 ATU-234
Doc ID	1212427

Tops

Name	Top	Datum
KRIDER	2329	KB
WINFIELD	2371	KB
TOWANDA	2442	KB
FT_RILEY	2485	KB
FUNSTON	2596	KB
CROUSE	2665	KB
MORRILL	2743	KB
GRENOLA	2782	KB

JOB SUMMARY		PROJECT NUMBER TN # 677	TICKET DATE 4/20/2014
COUNTY Stanton	COMPANY Linn	CUSTOMER REP Orlando	
LEASE NAME O.E. Jossrand	Well No. 4 ATU 234	EMPLOYEE NAME Steve Crocker	
JOB TYPE Production			

EMP NAME Steve Crocker					
Bryon Hackett					
Reggie Samaniego					

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

Date	Called Out	On Location	Job Started	Job Completed
	04/19-14	04/20/14	04/20/14	04/20/14
Time	1830	415	840	1020

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Valve	1	IR
Centralizers	25	IR
Top Plug	1	IR
HEAD	1	IR
Limit clamp	1	IR
Weld-A	2	IR
guide shoe	1	IR
Cement Basket	0	IR

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	15.5	5.5	JK	KB	3111	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	Sodium SI	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	
04/20/14	8.0	04/20/14	1.5	Production
				Cement to surface
				60bbbls / 150sks
				Top of Cement
				0'
Total	8.0	Total	1.5	

Pressures			
MAX	1250	AVG	700
Average Rates in BPM			
MAX	3.8	AVG	3.5
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	430	O-Tex LowDense Cement	2%Oyp, 2%Calcium Chloride, 2%C-15, 0.4%C-15, 0.4%C-41P, 0.2%C-01, 0.25 lb/sk Cellulose	13.29	2.25	11.5
2	0			0	0	0
3						
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	28.00
	Lost Returns	Load & Bkdn: Gal - BBI	60
	Actual TOC	Ficess. Return BBI	0
Average	Frac. Gradient	Calc TOC	0
5 min	10 min	Treatment: Gal - BBI	172.0
	15 min	Cement Slurry: BBI	265.00
		Total Volume BBI	265.00

CUSTOMER REPRESENTATIVE _____

 SIGNATURE

Thank You For Using
 O - TEX Pumping

JOB SUMMARY		PROJECT NUMBER TN # 672	TICKET DATE 4/19/2014
COUNTY Stanton	COMPANY Linn Energy	CUSTOMER REP 0	
LEASE NAME O.E. Josserrand	Well No. 4-ATU-234	EMPLOYEE NAME Anthony Ralston	
JOB TYPE Surface		EUP NAME	

Anthony Ralston					
Chris Layton					
Miguel Murgado					
Miguel Garcia Hernandez					

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	04/18/2014	04/19/14	04/19/14	04/19/14
Time	14:00	20:00	22:37	23:48

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
Link clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24	8.625	J-55	0	770	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	8.5 Lb/Gal
Disp. Fluid	H2O	Density	8.33 Lb/Gal
Spacer type	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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
04/19/14	5.0	04/19/14	3.0	Surface
Total	5.0	Total	3.0	

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	480	Premium Plus Class C	2% Calcium Chloride, 0.25% Cellulose	6.34	1.32	14.8
2	0	0	0	0	0	0
3						
4						

MAX	940	AVG	48
Average Rates in BPM			
MAX	3	AVG	3
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	10.00
	Lost Returns	Load & Bkdn: Gal - BBI	0
	Actual TOC	Excess / Return BBI	20
	Frac. Gradient	Calc. TOC	0
Average	5 Min	Treatment: Gal - BBI	112.0
	10 Min	Cement Slurry BBI	168.00
	15 Min	Total Volume BBI	168.00

CUSTOMER REPRESENTATIVE _____

SIGNATURE _____

Thank You For Usino
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