

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1212427

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec.	TwpS. R	East West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
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:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	dow	Terrip. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		Feet
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Dlan	
☐ Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Pormit #:		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used: _		
SWD			Location of fluid disposal if	f hauled offsite:	
☐ ENHR					
GSW	Permit #:		Operator Name:		
_ _			Lease Name:	License #:_	
Spud Date or Date R	eached TD	Completion Date or	QuarterSec	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.

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:



Operator Name:			Lease Name:			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ing and shut-in pressu	ormations penetrated. Dures, whether shut-in preith final chart(s). Attach	ssure reached stati	c level, hydrosta	itic pressures, bott		
		otain Geophysical Data a or newer AND an image t		gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			on (Top), Depth an		Sample
Samples Sent to Geol	ogical Survey	Yes No	Nam	Э		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-			ion, 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
_	5 "	ADDITIONAL	CEMENTING / SQU	EEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	d Type and Percent Additives			
	ılic fracturing treatment or	n this well?		Yes	No (If No, ski	p questions 2 aı	nd 3)
Does the volume of the to	otal base fluid of the hydra	aulic fracturing treatment ex submitted to the chemical of	=	= =	No (If No, ski	p question 3) out Page Three	
Shots Per Foot	PERFORATIO Specify Fo	N RECORD - Bridge Plug potage of Each Interval Perl	s Set/Type forated		cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	IR. Producing Meth		Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:	N Open Hole		Comp. Cor	mmingled	PRODUCTIO	DN INTERVAL:
(If vented, Sub	omit ACO-18.)	Other (Specify)	(Submit A	(Sub	mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	O.E. JOSSERAND 4 ATU-234
Doc ID	1212427

Tops

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

Form	ACO1 - Well Completion
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Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
SURFACE	12.25	8.625	24	770	Premium Plus Class C	480	
PRODUC TION	7.875	5.50	15.50	3111	O-Tex LowDense	430	

		-	PROJECT NAME	LR T	Increase a	-	
JOB SUM	MARY		TN# 67	7	1	4/20/201	4
COUNTY			CLISTOMER REP				
Stanton Linn	Orlando Uniorit influt						
O.E. Josszand 4ATU 234 Production			Steve Cr				
- In the second			Steve CI	OCKE			
EMP HAME	7.1			-	1		
Steve Crocker					-		
Bryon Hackett					-		
Reggie Samaniego				-	-		
Form Name Type	10-1-2	Out.	IAn Landle	. 11	h Charled	T tob (ompleted
Packer Type Set At	Date Called	Out 419-14	On Locatio	74A	b Started 04/20/14	360	Ompleted 14/20/14
Packer Type Set At Boltom Hole Temp. Pressure	Date	710-17	1		- 112-11	1 .	
Retainer Depth Total Depth	Time 1	830	415		840		1020
Tools and Accessories	71114	The state of	Well L	ata			
Type and Size Oty Make		New/Used		Size Grad		To	Max. Allow
Auto Fill Tube 0 IR	Casing	New	16.5	5.5	« KB	3111	2500
Insert Float Valve 1 IR	Liner						
Centralizers 26 R	Liner			1			-
Top Plug 1 IR	Tubing				-		-
HEAD 1 IR	Drift Pipe				-		Shots/Ft.
Limit clamp 1 IR	Open Hole			-			SHOISHT.
	Perforations			-	+ - +		+
guide shoe 1 IR Cement Basket 0 IR	Perforations Perforations				1		
Materials Materials	Hours On Loc	ation	Operating	Hours	Descrip	tion of Jo	
Mud Type 0 Density 0 Lb/Gal	Hours On Loc Date 04/20/14	Hours	Operating Date 04/20/14	Hours	Product	ion	
Disp. Fluid H20 Density B.33 Lb/Gal	04/20/14	8.0	04/20/14	1.5			
Spacer type Sodium Si BBL 20					60bbls /	to surfac	<u>e</u>
Spacer type BBL 96					BUDDIE /	1005105	
Acid Type Gal % ———————————————————————————————————					Top of C	ement	
Surfactant Gal. In							
NE Agent Gal In						200	
Fluid Loss Gal/Lb In							
Gelling Agent Gal/Lb In							
Fric. Red. Gal/Lb In		B.O	Total	1.6			
MISC Gal/Lb in	Total	8.0	i otai	1.0			_
Peripac Balls Qty			Pre	essures			
Other	MAX	1250	AVG	200			
Other			Average	Rates in B	PM		
Other	MAX	3.8	AVG	3.5	2810		
Other				Left in Pig			
Other	Feel 44		Reason		Shoe.	Joint	
	Cement	Data			10100-	U!_*-	I berief
Stage Sacks Cement 1 430 O-Tex LowDense Cemen 29/0ys, 29/Calcium Chit	Additives	0 IMO 110 CO	VO. 10 0 20 2	Calladeba	W/Rq 13.29		Lbs/Gal 11.5
	274G-45, B.474G-15	. u.4%C-41P, 0.2	7C-01, U.Z3 B/34	C- C	13.29	0	0
2 0 0 0				-	-	- - '	+
3							
						1	1
	Summary		-			75 - 5	-
Preflush Type:		eflush:	BBI	20.00			lum Sil
Breakdown MAXIMUM	Los	ad & Bkdn:	Gal - BBI		Pad:Bbi		
Lost Returns f	0 F*	cess Relin		60	Cale Dis		73
Actual TOC	<u>C</u> a	Ic TOC	Cal DDI	0	Actual E		73.00
Average Frac Gradient		eatment: ment Slumv	Gal - BBI	172.0	Distr Bb	H	-
5 tán 10 tán 15 tá		tal Volume	BBI	265,0		-1 11	
	10	L. FOILING					
			11 .	_	-		
ALIAZALIED DEODEASLIZAZUE			(II)	フ			
CUSTOMER REPRESENTATIVE			SIGNATURE				
		1		ant Va	ı For Usii	n or	
		-0.00					
		20000		- TEX	Pumping	7	

105.0	LIBORE COLOR	PROJECTRONIUM	THERA T DATE		
JUBS	UMMARY	TN # 672	4/	19/2014	
Stanton ILinn F	CUSTOMER NEA				
Well No. JOB TYPE		O EMPLOYER NAME			
O.E. Josserand 4-ATU-234 Surface		Anthony Raiston			
Anthony Raiston					
Chris Layton					
Miguel Murgado					
Miguel Garcia Hernandez					
Form. Name • Type:					
Books Turn		On Location Lini	Started	Hab Completed	
Packer Type Set At Bottom Hole Temp. Pressure	Called Out Date 04/18/2014	On Location Joi 04/19/14	04/19/14	Job Completed 04/19/14	
Retainer Depth Total Depth	Time 14:00				
Tools and Accessories	Time 14:00	20:00 Vell Dala	22:37	23:48	
Type and Size Oty Make	New/Used	Weight Size Grade	From I	Y- 100 00	
Auto Fill Tube 0 IR Insert Float Valve 0 IP	Casing New	24 8.625		770 Max. Allow 770 2000	
	Liner			710 2000	
Top Plug 0 IR	Liner				
HEAD 0 IR	Tubing				
Limit clamp 0 IR	Drill Pipe Open Hole				
Weld-A 0 IR	Perforations			Shots/Ft	
rexas Pattern Guide Shoe 0	Perforations				
Cement Basket 0 R	Perforations				
Mud Type WBM Density 8,5 Lb	Hours On Location Gail Date Hours	Operating Hours	Description	of Job	
Disp. Fluid H20 Density 9.32	/Gat	Date Hours	Surface		
Spacer type H20 BBL 10	Gai 047 57 4 5.0	04/19/14 3.0	Senace		
Spacer type BBL.					
Acid Type Gal. % Acid Type Gal. %					
C					
NE Agent Gal. In	_				
Fluid Loss Gal/Lb In	- -				
Gelling Agent Gal/Lb In					
Fric. Red. GaVLb In					
MISC,Gal/LbIn	Total 5.0	otal 3.0			
Perfpac BallsQly.					
Other	WAX 940	Pressures			
Other		AVG 48 Average Rates in BPM			
Other	MAX 3	14 AC 3	•		
Other		Cement Left in Pipe			
<u> </u>	FART 44	Reason	Shoe Joint	t l	
Stage Sacks Cement	Cement Data Additives				
1 480 Premium Plus Class C 2%Catchem Cris	ride, 0.25% Calinhaire			Yield Lbs/Gal	
2 0 0 0			6.34	1.32 14.8	
3 4			 - ° 	0 0	
			+		
					
reflush Type:	Summary				
reakdown MAXIMUM	Preflush: 8 Load & Bkdn: G	IBI 10.00	Type:	H20	
Lost Returns t	6 Financi (Dation C		Pad Bol -Gal		
Actual Tee	O Cate Tort	0	Cala Disp Biti Actual Disp	46.00	
verage Frac Gradient 10 kg	Treatment: G	al - BBI	_Disp 8th	46.00	
10.00	Cement Sturry B				
	Total Volume B	BI 168.00			
	A .				
CUSTOMER REPRESENTATIVE	11				
	Vul	DNATURE			
		Thank You F			
		O - TEX Pu	<i>imping</i>		