



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1212479
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 Date Reached TD Completion Date or Recompletion Date

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: _____

1212479

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

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	FRED SHORE B-5 ATU-231
Doc ID	1212479

Tops

Name	Top	Datum
KRIDER	2352	KB
WINFIELD	2386	KB
TOWANDA	2461	KB
FT_RILEY	2503	KB
FUNSTON	2623	KB
CROUSE	2682	KB
MORRILL	2772	KB
GRENOLA	2816	KB

JOB SUMMARY		PROJECT NUMBER TN # 682	TICKET DATE 4/22/2014
COUNTY Stanton	COMPANY Linn Energy	CUSTOMER REP 0	
LEASE NAME Fred Shore	Well No. B5 ATU 231	EMPLOYEE NAME Jesus Jimenez	
JOB TYPE Surface			

Jesus Jimenez	Miguel Hernandez				
Mario Abrego					
Beau Clem					
Jose Arellano					

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

	Called Out	On Location	Job Started	Job Completed
Date	4-21-14	04/22/14	04/22/14	04/22/14
Time	14:00	00:05	00:10	01:30

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	J-55	0	729	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	Disp. Fluid	Density	0	Lb/Gal
H2O	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
04/22/14	2.0	04/22/14	1.5	Surface
Total	2.0	Total	1.5	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Other _____

Pressures

MAX **900** AVG **50**

Average Rates in BPM

MAX **3** AVG **3**

Cement Left in Pipe

Feet **44** Reason _____ Shoe Joint

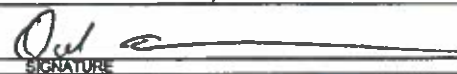
Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	455	Premium Plus Class C	2% Calcium Chloride	6.34	1.32	14.8
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Summary

Preflush Type: _____	Preflush: BBI	10.00	Type: H2O
Breakdown MAXIMUM _____	Load & Bkdn: Gal - BBI	43	Pad Bbl - Gal
Lost Returns: NO	Excess /Return BBI	43	Calc Disp Bbl
Actual TOC _____	Calc. TOC	SURFACE	Actual Disp
Average Frac. Gradient _____	Treatment: Gal - BBI	107.0	Disp Bbl
5 Min _____ 10 Min _____ 15 Min _____	Cement Slurry BBI	160.00	
	Total Volume BBI	160.00	

CUSTOMER REPRESENTATIVE _____


 SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY		PROJECT NUMBER TN # 683	TICKET DATE 4/23/2014
COUNTY Stanton	COMPANY Linn Energy	CUSTOMER REP 0	
LEASE NAME Fred Shore	Well No. 85 ATU 231	JOB TYPE Production	
EMP NAME Jesus Jimenez		EMPLOYEE NAME Jesus Jimenez	

Jesus Jimenez			
Beau Clem			
Mario Abrego			

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	4-23-14	04/23/14	04/23/14	04/23/14
Time	03:00	08:00	11:00	13:00

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				From	To	Max. Allow
Casing	New/Used	Weight	Size Grade	0	3108	2000
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						Shots/Fl.
Perforations						
Perforations						
Perforations						

Materials			
Mud Type	H2O	Density	8.33 Lb/Gal
Spacer type	HUM SILIC 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	
04/23/14	5.0	04/23/14	2.0	Production
Total	5.0	Total	2.0	

Perfpac Balls _____ Qty _____

Other _____

Other _____

Other _____

Other _____

Pressures	
MAX 1000	AVG 100
Average Rates in BPM	
MAX 3	AVG 3
Cement Left in Pipe	
Feet 44	Reason Shoe Joint

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	435	O-TEX Low Dense Cement	2%GYP, 2%Calcium Chloride, 2%CC-45, 0.4%CC-15, 0.4%CC-41P, 0.2%CC-51P, 0.25 lb/sk Cellulose	13.28	2.25	11.5
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI 20.00	Type: SODIUM SILICATE
	Actual TOC	Load & Bkdn: Gal - BBI	Pad Bbl - Gal
	Frac. Gradient	Excess /Return BBI 70	Calc Disp Bbl
Average	10 Min	Calc TOC SURFACE	Actual Disp 73.00
	15 Min	Treatment: Gal - BBI	Disp Bbl
		Cement Slurry BBI 174.0	
		Total Volume BBI 267.00	

CUSTOMER REPRESENTATIVE Wesley Hooper SIGNATURE

**Thank You For Using
O - TEX Pumping**