



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1212686  
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: \_\_\_\_\_

1212686

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> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	FEDERAL LAND BANK D-4 ATU-232
Doc ID	1212686

Tops

Name	Top	Datum
KRIDER	2365	KB
WINFIELD	2406	KB
TOWANDA	2480	KB
FT_RILEY	2525	KB
FUNSTON	2643	KB
CROUSE	2703	KB
MORRILL	2785	KB
GRENOLA	2830	KB



<b>JOB SUMMARY</b>			PROJECT NUMBER	TICKET DATE
COUNTY	COMPANY		TN # 690	4/24/2014
Grant	Linn Energy		CUSTOMER REP	
LEASE NAME	Well No	JOB TYPE	Orlando	
Federal Land Bank	D4 ATU 232	Surface	EMPLOYEE NAME	Chris Fry

EMP NAME	Chris Fry				
	Rory Morris				
	Danny Parker				

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
	4/24/14	04/24/14	04/24/14	04/24/14
Time	1200	1740	2015	2135

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

	Now/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24	8.625	44	0	728	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft
Perforations							
Perforations							

Materials			
	0	Density	0
Mud Type	H2O	Density	8.33
Disp. Fluid	H2O	BBL	10
Spacer type	BBL		
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
Frc. Red.	Gal/Lb		In
MISC	Gal/Lb		In
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
04/24/14	5.0	04/24/14	1.5	Surface
				pressure test lines 2000psi
				pump 10 bbls H2O ahead
				pump lead cmt 109bbl/14.8pg
				shut down/drop plug
				pump H2O disp. 44bbl
				bump plug 1200psi
				bleed pressure
				1/2 bbl back
				37bbl cement to pit
Total	5.0	Total	1.5	

Pressures	
MAX 1200	AVG 200
Average Rates in BPM	
MAX 3	AVG 3
Cement Left in Pipe	
Feel 44	Reason Shoe Joint

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	455	Premium Class C	2% Calcium Chloride and .25 Wt% Cellulose	6.34	1.35	14.8
2						
3						
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI 10.00	Type: H2O
	Lost Returns: No	Load & Bkdn: Gal - BBI	Pad Bbl - Gal
	Actual TOC Surface	Excess /Return BBI 37	Calc. Disp Bbl
Average	Frac. Gradient 10 Min	Calc TOC Surface	Actual Disp. 44.00
ISP 5 Min	15 Min	Treatment: Gal - BBI	Disp Bbl
		Cement Slurry: BBI	
		Total Volume BBI	163.00

CUSTOMER REPRESENTATIVE Walter Hagan SIGNATURE

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

JOB SUMMARY			PROJECT NUMBER TN # 693	TICKET DATE 4/26/2014
COUNTY Kearney	COMPANY Linn Energy	CUSTOMER Weldon Higgins		
LEASE NAME Federal Land Bank	Well No D4 ATU 232	JOB TYPE Production	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 4-26-14	On Location 04/26/14	Job Started 04/26/14	Job Completed 04/26/14
Time	02:00	07:00	08:00	10:00

#### 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	15.5	5.5	AAA	0	3111	2000	
Liner								
Liner								
Tubing								
Drill Pipe								
Open Hole								Shols/Ft.
Perforations								
Perforations								
Perforations								

Materials			
Mud Type	0	Density	0 Lb/Gal
Disp. Fluid	H2O	Density	8.33 Lb/Gal
Spacer type	MUM SILIC BBL		20
Spacer type	BBL		
Acid Type		Gal.	%
Acid Type		Gal.	%
Surfactant		Gal.	ln
NE Agent		Gal.	ln
Fluid Loss		Gal/Lb	ln
Gelling Agent		Gal/Lb	ln
Fric. Red.		Gal/Lb	ln
MISC.		Gal/Lb	ln

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
04/26/14	3.0	04/26/14	2.0	Production
<b>Total</b>	<b>3.0</b>	<b>Total</b>	<b>2.0</b>	

Perpac Balls \_\_\_\_\_ Qty \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

MAX 1020		AVG. 150	
Average Rates in BPM			
MAX 3		AVG 3	
Cement Left in Pipe			
Feet 44	Reason	Shoe Joint	

Cement Data			Additives			W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement						
1	435	O-TEX LowDense	2% Gyp, 2% Calcium Chloride, 2% C-45, 0.4% C-18, 0.4% C-41P, 0.2% C-51, 0.25 Bbl Cellulose			13.29	2.25	11.5
2	0	0	0			0	0	0
3								
4								

Summary	
Preflush Breakdown	Type: MAXIMUM
	Lost Returns: NO
	Actual TOC
Average	Frac. Gradient
15 Min	10 Min
5 Min	15 Min

Preflush:	BBI	20.00	Type: SODIUM SILICATE
Load & Bkdn:	Gal - BBI		Pad Bbl - Gal
Excess /Return:	BBI	70	Calc. Disp Bbl
Calc. TOC:			Actual Disp
Treatment:	Gal - BBI		Disp Bbl
Cement Slurry:	BBI	174.0	
Total Volume:	BBI	267.00	

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

Thank You For Using  
O - TEX Pumping