



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1212843
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: _____

1212843

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	PYLE A4- ATU-67
Doc ID	1212843

Tops

Name	Top	Datum
KRIDER	2382	KB
WINFIELD	2425	KB
TOWANDA	2495	KB
FT_RILEY	2543	KB
FUNSTON	2663	KB
CROUSE	2717	KB
MORRILL	2801	KB
GRENOLA	2844	KB

JOB SUMMARY

COUNTY Grant	PROJECT NUMBER TN # 700	TICKET DATE 4/27/2014
LEASE NAME Pyle	COMPANY Linn Energy	CUSTOMER REP Orlando
Well No. A4 ATU 67	JOB TYPE Surface	EMPLOYEE NAME Jesus Jimenez

Jesus Jimenez			
Beau Clem			
Mario Abrego			
Adam Morris			

Form. Name Chase-Corral Drive Type: _____

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

Date	Called Out	On Location	Job Started
	4/27/2014	04/27/14	04/27/14
Time	12:00pm	18:00	21:30
			22:30

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	20	0	728	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials			
	Qty	Density	Lb/Gal
Mud Type	0	0	
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	
04/27/14	4.5	04/27/14	1.0	Surface
Total	4.5	Total	1.0	

Perpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

MAX	940	AVG	50
Pressures			
MAX	3	AVG	3
Average Rates in BPM			
Feel	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 Brk CeRofake	6.34	1.35	14.8
2						
3						
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	10.00
	Lost Returns: no	Load & Bkdn: Gal - BBI	45
	Actual TOC	Excess /Return BBI	surface
Average	Frac. Gradient	Calc. TOC	Actual Disp
5 Min	10 Min	Treatment: Gal - BBI	43.00
	15 Min	Cement Slurry BBI	109.0
		Total Volume BBI	162.00

CUSTOMER REPRESENTATIVE Walter Hugg SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY			PROJECT NUMBER TN # 702	TICKET DATE 4/29/2014
COUNTY Grant	COMPANY Linn Energy		CUSTOMER REP Weldon Higgins	
LEASE NAME Pyle	Well No A4 ATU 67	JOB TYPE Production	EMPLOYEE NAME Steve Crocker	

Steve Crocker					
Bryon Hackett					
Miguel Murgado					

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

Date	Called Out 4-29-14	On Location 04/29/14	Job Started 04/29/14	Job Completed 04/29/14
Time	0800	1630	1800	1950

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		16.5	5.5	JAN	KB	0	2500
Liner						3111	
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

TD
Depth

Materials			
	g	Density	Lb/Gal
Mud Type	H2O	8.33	
Disp. Fluid			
Spacer type	dium Silic BBL	30	
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	
04/29/14	4.0	04/29/14	2.0	Production
				pumped 174bbbls cement @11.4
				38bbbls lost returns
				5bbbls Cement to the Pit
Total	4.0	Total	2.0	

Perpac Balls _____ Qty _____
 Other _____
 Other _____
 Other _____
 Other _____
 Other _____

Pressures			
MAX	1020	AVG	250
Average Rates in BPM			
MAX	3	AVG	2.8
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	435	O-TEX LowDense	2% Gyp, 2% Calcium Chloride, 2% C-43, 8.4% C-13, 8.4% C-11P, 8.2% C-51, 0.25 #/sft Cellulose	13.29	2.25	11.5
2	0			0	0	0
3						
4						

Summary					
Preflush Breakdown	Type: _____	Preflush: BBI	30.00	Type: Sodium Silicate	
	MAXIMUM	Load & Bkdn: Gal - BBI		Pad Bbl - Gal	
	Lost Returns: 38	Excess / Return BBI	5	Calc Disp Bbl	
Average	Actual: TOC	Calc: TOC		Actual Disp	73.00
	Frac Gradient	Treatment: Gal - BBI		Disp Bbl	
	5 Min	Cement Slurry: BBI	174.0		
	10 Min	Total Volume: BBI	277.00		

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

Thank You For Using
O - TEX Pumping