



Confidentiality Requested:
[] Yes [] No

KANSAS CORPORATION COMMISSION 1213957
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 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: _____

1213957

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

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	G.R. HICKOK E-5 ATU-221
Doc ID	1213957

Tops

Name	Top	Datum
KRIDER	2382	KB
WINFIELD	2426	KB
TOWANDA	2490	KB
FT_RILEY	2550	KB
FUNSTON	2672	KB
CROUSE	2731	KB
MORRILL	2805	KB
GRENOLA	2844	KB

JOB SUMMARY			PROJECT NUMBER TN # 744	TICKET DATE 5/12/2014
COUNTY Grant	COMPANY Linn Energy		CUSTOMER NAME 0	
LEASE NAME Hickok	Well No. ES ATU 221	JOB TYPE Surface	EMPLOYEE NAME BEAU CLEM	

EMP NAME BEAU CLEM					
JESUS JIMENEZ					
MARIO ABREGO					
SANTIAGO CALIXTO					

Form Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out 5/12/14	On Location 05/12/14	Job Started 05/12/14	Job Completed 05/12/14
Time	1:20PM	8:00PM	9:03PM	10:06PM

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
Casing	New	24	8.625	IR	0	728
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials			
	Density	0	Lb/Gal
Mud Type	H2O	Density	8.33
Disp. Fluid	H2O	Density	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	
Fric. Red.	Gal/Lb	In	
MISC.	Gal/Lb	In	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
05/12/14	3.0	05/12/14	1.0	Surface
Total	3.0	Total	1.0	

Perfpac Bells _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures	
MAX 919	AVG 50
Average Rates in BPM	
MAX 3	AVG 3
Cement Left in Pipe	
Feet 44	Reason Shoe Joint

Cement Data				W/Rq.	Yield	Lbs/Gal
1	455	Premium Plus Class C	2% Calcium Chloride, 0.25 lb/sk Cellulose	6.34	1.32	14.8
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Summary		Preflush: BBI	10.00	Type: H2O
Preflush Breakdown	MAXIMUM	Load & Bkdn: Gal - BBI		Pad Bbl - Gal
	Lost Returns - f	Excess /Return BBI	40	Calc Disp Bbl
	Actual TOC	Calc TOC	SURFACE	Actual Disp
Average	Frac. Gradient	Treatment: Gal - BBI	107.0	Disp Bbl
15 Min	10 Min	Cement Slurry BBI	150.00	
		Total Volume BBI		

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

Thank You For Using
O - TEX Pumping

JOB SUMMARY

COUNTY Grant		COMPANY Linn Energy		PROJECT NUMBER TN # 749	TICKET DATE 5/14/2014
LEASER NAME Hickok	Well No E5 ATU 221	JOB TYPE Production		CUSTOMER RSP 0	
EMPLOYEE NAME JESUS JIMENEZ					

JESUS JIMENEZ					
BEAU CLEM					
REGGIE SAMANIEGO					
MIGUEL GARCIA					

Form Name _____ Type _____

Packer Type _____ Set At _____

Bottom Hole Temp _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out 5/13/14	On Location 05/14/14	Job Started 05/14/14	Job Completed 05/14/14
Time	12:00	6:00AM	6:45AM	8:45AM

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

Now/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	16.5	5.5	0	3111	2000
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
Mud Type	H2O	Density	Lb/Gal
Disp. Fluid	0	8.33	
Spacer type	SILICATE 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	
05/14/14	3.0	05/14/14	2.0	Production
Total	3.0	Total	2.0	

Perpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Other _____

Pressures	
MAX 1140	AVG 150
Average Rates in BPM	
MAX 3	AVG 3
Cement Loft in Pipe	
Feet 44	Reason Shoe Joint

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	435	O-Tex LowDense Cement	2% Gypsum, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C-41P, 0.2% C-51, 0.25 lb/sk Cellulose	13.29	2.25	11.5
2	0			0	0	0
3	0			0	0	0
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	30.00
	Lost Returns: 0	Load & Bkdn: Gal - BBI	
	Actual TOC	Excess /Return BBI	53
Average	Frac. Gradient	Calc. TOC	SURFACE
5 Min	10 Min	Treatment: Gal - BBI	73.00
	15 Min	Cement Slurry BBI	174.0
		Total Volume BBI	277.00

CUSTOMER REPRESENTATIVE _____

SIGNATURE

Thank You For Using
O - TEX Pumping