



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1214266
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: _____

1214266

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	JULIAN A-4 ATU-7
Doc ID	1214266

Tops

Name	Top	Datum
KRIDER	2352	KB
WINFIELD	2403	KB
TOWANDA	2481	KB
FT_RILEY	2517	KB
FUNSTON	2640	KB
CROUSE	2697	KB
MORRILL	2776	KB
GRENOLA	2822	KB

<h1 style="margin: 0;">JOB SUMMARY</h1>			PROJECT NUMBER TN # 726	TICKET DATE 5/6/2014
COUNTY Stanton	COMPANY Linn Energy		CUSTOMER REF 0	
LEASE NAME Julian	Well No. A4 ATU 7	JOB TYPE Surface	EMPLOYEE NAME BEAU CLEM	

NAME	RELATIONSHIP	STATUS	REMARKS
BEAU CLEM			
JESUS JIMENEZ			
MARIO ABRIGO			
NATE WILLIS			

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

Date	Called Out	On Location	Job Started	Job Completed
	5/6/14	05/06/14	05/06/14	05/06/14
Time	11:00AM	7:00PM	10:20PM	11:22PM

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

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24	8.625	-45	0	728	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
	Density	Qty	Lb/Gal
Mud Type	0		
Disp. Fluid	H2O Density 8.33		
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	
05/06/14	4.0	05/06/14	1.0	Surface
Total 4.0		Total 1.0		

Perforation Balls _____ Qty _____
 Other _____
 Other _____
 Other _____
 Other _____

Pressures		Average Rates in BPM		Cement Left in Pipe	
MAX	1003	AVG	50	Reason Shoe Joint	
MAX	3	AVG	3	Reason	
Feet	44				

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	455	Premium Plus Class C	2% Calcium Chloride, 0.25 Tack cement	6.34	1.32	14.8
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Summary			
Preflush Breakdown _____	Type: _____	Preflush: BBI 10.00	Type: H2O
_____	MAXIMUM _____	Load & Bkdn: Gal - BBI 50	Pad: Bbl - Gal _____
_____	Lost Returns: _____	Excess /Return BBI _____	Calc Disp Bbl _____
_____	Actual TOC _____	Calc. TOC: _____	Actual Disu _____
Average 5 Min _____	Frac. Gradient 10 Min _____	Treatment: Gal - BBI 109.0	Disp: Bbl _____
		Cement Slurry BBI _____	
		Total Volume BBI 162.00	

CUSTOMER REPRESENTATIVE _____


SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY		PRODUCT NUMBER TN # 730	TICKET DATE 5/8/2014
COUNTY Stanton	COMPANY Linn Energy	CUSTOMER REF 0	
LEASE NAME Julian	Well No. A4 ATU 7	JOB TYPE Production	EMPLOYEE NAME BEAU CLEM

BEAU CLEM					
JESUS JIMENEZ					
MARIO ABREGO					
MIGUEL HERNANDEZ					

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

Date	Called Out	On Location	Job Started	Job Completed
	5/7/14	05/08/14	05/08/14	05/08/14
Time	5:30PM	7:00AM	12:08PM	2:57PM

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 Date		From	To	Max. Allow
	New/Used	Weight			
Casing		15.5	6.5	0	3113
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	NUM 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	
Perfpac Balls	Qty		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
05/08/14	8.5	05/08/14	3.0	Production
Total	8.5	Total	3.0	

MAX 1163	AVG 20	Pressures
MAX 2	AVG 2	Average Rates in BPM
Feel 44	Reason	Cement Left in Pipe
		Shoe Joint

Slage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	435	O-TEX LowDense Cement	2% Gypsum, 2% Calcium Chloride, 2% C-43, 0.4% C-13, 0.4% C-41P, 0.2% C-31, 0.25 lb/sk Cellulose	13.29	2.25	11.5
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Preflush Breakdown	Type: _____	Preflush: BBI	30.00	Type: SODIUM SILICATE
	MAXIMUM _____	Load & Bkdn: Gal - BBI		Pad Bbl - Gal
	Lost Returns: _____	Excess /Return BBI	0	Calc Disp Bbl
	Actual TOC _____	Calc. TOC	NO RETURNS	Actual Disp
Average _____	Frac. Gradient _____	Treatment: Gal - BBI	174.0	Disp Bbl
5 Min _____	10 Min _____	Cement Slurry BBI	277.00	
		Total Volume BBI		

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

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