



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1214277  
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: \_\_\_\_\_

1214277

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> _____
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	BRASSFIELD 5 ATU-132
Doc ID	1214277

Tops

Name	Top	Datum
KRIDER	2380	KB
WINFIELD	2422	KB
TOWANDA	2493	KB
FT_RILEY	2546	KB
FUNSTON	2665	KB
CROUSE	2725	KB
MORRILL	2800	KB
GRENOLA	2845	KB



# JOB SUMMARY

<b>PROJECT NUMBER</b> TN # 735		<b>TICKET DATE</b> 5/9/2014
<b>COUNTY</b> Grant	<b>COMPANY</b> Linn Energy	
<b>LEASE NAME</b> Grassfield	<b>Well No.</b> 5 ATU 132	<b>JOB TYPE</b> Surface
<b>CUSTOMER REP</b> 0		<b>EMPLOYEE NAME</b> Steve Crocker

<b>EMP NAME</b> Steve Crocker				
Miguel Murgado				
Nate Willis				
Santia Calixto				

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_

Packer Type \_\_\_\_\_ Set At \_\_\_\_\_

Bottom Hole Temp. \_\_\_\_\_ Pressure \_\_\_\_\_

Retainer Depth \_\_\_\_\_ Total Depth \_\_\_\_\_

	Called Out	On Location	Job Started	Job Completed
Date	5-09-14	05/09/14	05/09/14	05/09/14
Time	1430	2000	2220	2330

**Tools and Accessories**

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Valve	1	IR
Centralizers	5	IR
Top Plug	0	IR
HEAD	1	IR
Limit clamp	1	IR
Weld-A	2	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	J40	KB	728	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

**Materials**

	Qty	Density	Lb/Gal
Mud Type	0	0	
Disp. Fluid	H2O	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	
05/09/14	4.0	05/09/14	1.5	Surface
<b>Total</b>	<b>4.0</b>	<b>Total</b>	<b>1.5</b>	

Lead Cement: 14.8ppg, 107bbls  
456sks

Cement to surface : 64bbls  
230sks

Perfoac Balls \_\_\_\_\_ Qty. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Pressures**

MAX	980	AVG	200
Average Rates in BPM			
MAX	3.2	AVG	3
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

**Cement Data**

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	456	Premium Plus Class C	2% Calcium Chloride, 0.25 Bqsh Calloslate	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 & Bldn: Gal - BBI		Pad. Bbl - Gal
	Lost Returns: 0	Excess /Return BBI	64	Calc. Disp Bbl
	Actual TOC	Calc TOC	0	Actual Disp
Average	Frac. Gradient	Treatment: Gal - BBI		Disp Bbl
15p	5 Min. 10 Min. 15 Min.	Cement Slurry: BBI	107.0	
		Total Volume BBI	161.00	

CUSTOMER REPRESENTATIVE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Thank You For Using  
O - TEX Pumping

<b>JOB SUMMARY</b>			PROJECT NUMBER <b>TN # 739</b>	TICKET DATE <b>5/11/2014</b>
COUNTY <b>Stanton</b>	COMPANY <b>Linn Energy</b>		CUSTOMER REP <b>0</b>	
LEASE NAME <b>Brassfield</b>	Well No. <b>5 ATU 132</b>	JOB TYPE <b>Production</b>	EMPLOYEE NAME <b>Steve Crocker</b>	

EMP NAME					
Steve Crocker					
Miguel Murgado					
Santa Calixto					
Joe Arellano					

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

Date	Called Out <b>6-10-14</b>	On Location <b>05/11/14</b>	Job Started <b>05/11/14</b>	Job Completed <b>06/11/14</b>
Time	<b>2000</b>	<b>630</b>	<b>1020</b>	<b>1200</b>

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Valve	1	IR
Centralizers	26	IR
Top Plug	0	IR
HEAD	1	IR
Limit clamp	1	IR
Weld-A	2	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	16.5	5.5	J40	0	3114	2500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	H2O	Density	Lb/Gal
Disp. Fluid		8.33	
Spacer type	Flow Stop 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	
05/11/14	7.0	05/11/14	2.0	Production
				Lead Cement: 11.6ppg 174bbbls, 435sks
				Displace 73bbbls H2O
				Cement to Surface 58bbbls 145sks
Total	7.0	Total	2.0	

Perfpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

Pressures			
MAX	AVG	MAX	AVG
1300	400	3.5	3.2

Average Rates in BPM

MAX	3.5	AVG	3.2
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Cement Left in Pipe

Feet	Reason	Shoe Joint
44		

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

Summary			
Preflush Breakdown	Type: _____	MAXIMUM _____	Flow Stop
	Lost Returns: _____	0	Pad Bbl - Gal
	Actual TOC _____	0	Calc. Diso Bbl
Average	Frac. Gradient _____	_____	Actual Diso: _____
isp _____ 5 Min	10 Min _____	15 Min _____	Diso Bbl
	Preflush: BBL	30.00	
	Load & Bkdn: Gal - BBL	58	
	Excess /Return BBL	0	
	Calc. TOC:	_____	
	Treatment: Gal - BBL	_____	
	Cement Slurry: BBL	174.0	
	Total Volume BBL	277.00	

CUSTOMER REPRESENTATIVE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_  
 Thank You For Using  
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