Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1217088

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 #	API No. 15			
Name:	Spot Description:			
Address 1:				
Address 2:	Feet from North / South Line of Section			
City: State: Zip:+	Feet from East / West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				
CONTRACTOR: License #	GPS Location: Lat:, Long:, (e.gxxx.xxxxx) (e.gxxx.xxxxx)			
Name:	Datum: NAD27 NAD83 WGS84			
Wellsite Geologist:				
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
New Well Re-Entry Workover	Field Name:			
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Producing Formation: Kelly Bushing: 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 Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet			
Operator:	If Alternate II completion, cement circulated from:			
Well Name:	feet depth to:w/sx cmt.			
Original Comp. Date: Original Total Depth:				
Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)			
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls			
Dual Completion Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:	Operator Name:			
GSW Permit #:	License #:			
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	Quarter Sec TwpS. 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:

	Page Two	1217088		
Operator Name:	Lease Name:	Well #:		
Sec TwpS. R East _ West	County:			
INCTRUCTIONS, Chow important tang of formations populated	Datail all cares Report all	final copies of drill stoms tests giving interval tested, time teal		

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 (Attach Additional Sheets)		Yes No		0	Formation (Top), Depth and		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-o	conductor, surface, inte	ermediate, product	ion, 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 / SQL	IEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	

	Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
	Protect Casing				
Plug Off Zone					

No

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No	(If No, skip questions 2 and 3)
No	(If No, skip question 3)

(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						ement Squeeze Record I of Material Used)	Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner F	Run:	No	
Date of First, Resumed	Product	ion, SWD or ENH	٦.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:					FR\/AL:				
Vented Sold Used on Lease				Open Hole	Perf.	Dually (Submit)	Comp. A <i>CO-5)</i>	Commingled (Submit ACO-4)		L. 17/1L.
		/		Other (Specify)						

Form	ACO1 - Well Completion		
Operator	Linn Operating, Inc.		
Well Name	SULLIVAN A-4 ATU-59		
Doc ID	1217088		

Tops

Name	Тор	Datum
KRIDER	2388	КВ
WINFIELD	2434	КВ
TOWANDA	2498	КВ
FT_RILEY	2551	КВ
FUNSTON	2679	КВ
CROUSE	2734	КВ
MORRILL	2813	КВ
GRENOLA	2859	КВ

Form	ACO1 - Well Completion		
Operator	Linn Operating, Inc.		
Well Name	SULLIVAN A-4 ATU-59		
Doc ID	1217088		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
SURFACE	12.25	8.625	24	727	Premium Plus Class C	455	
PRODUC TION	7.875	5.50	15.50	3110	O-Tex LowDense	435	

JOB SUMMARY						TN # 77	IICKET DAT	5/20/2014			
Grant Linn Energy						CUSTOMER REP			512012014		
Grant				0							
LEASE NAME				Steve Crocker							
Sullivan A4				ISTEVE CI	ocker						
ENPNANE											
Steve Crocker											
Miguel Murgado											
Miguel Garcia											
		1									
Form. Name	Typ	90									
De elses Temp		AL	Date	Calle	d Out 5-19-14	On Locatio		ob Started 05/20/1		1 Job Cu	200145/20/14
Packer Type Bottom Hole Temp.		ssure	Date		0-12-14	03/20	/19	00/20/1	4	U V3	5/20/14
Retainer Depth		al Depth	Time		1700	2300		510			42
Tools and						Well D	Data			<u> </u>	
Type and Size	Qty				New/Used		Size Grad	From		To	Max. Allow
Auto Fill Tube	0	IR	Casing		New	15.5		•• 0		3110	2500
Insert Float Valve	0	IR	Liner				L				
Centralizers	0	IR	Liner								
Top Plug	0	IR	Tubing			ļ		_			
HEAD	0	IR	Drill Pir			<u> </u>	ļ				
Limit clamp	0	<u>IR</u>	Open H					-	_		Shots/Ft.
Weld-A Texas Pattern Guide Shoe	0		Perfora								
Cement Basket			Perfora Perfora								
Mater	<u> </u>		Hours	On Lo	cation	Operating.	Hours	Desr	cription	n of Job	
Mud Type	Density		Hours (Hours	Date	Hours		uction		
Disp. Fluid H20	Density		05/20/	14	8.0	05/20/14	1.5			-	
Spacer type dium Silic BB		0				L					opg,174bbls
Spacer type BB Acid Type Ga		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ļ						35sks	; · · ·	
Acid TypeGa Acid TypeGa						<u> </u>					
Surfactant Ga		in				<u> </u>		- Cem	ent to	Surface	426bis/10
NE Agent Co								-			
Fluid Loss Ga	VLb	In									
Gelling Agent Ga	И.Ь]			
Fric. Red Ga	VLb	ln	L								
MISCGa	VLD	în	Total		8.0	Total	1.5				
Perípac Balls			r				ssures				
Other		·	MAX		1300	AVG					
Other							Rates in B	PM			
Other			MAX			AVG	3.5				
Other							Left in Pip				
Other			Feet	44		Reason		Shi	oe Joi	Int	
					Data						
Stage Sacks Cem			Additive						Rq.	Yield	Lbs/Gal
		ten 2% Gypsum, 2% Calcium	Chioride, 2%	G-15, 0	4% C-15, B.4% C-4	1P, 0.2% C-\$1, 0,	25 Ib/sk Cellof		0	2.25	11.5
2 0 0 3 0 0		0							0	0	0
4									<u> </u>		V
						8					
			Sue	nmarv							
reflush	Түр	e:	201		reflush:	6BI	20.00	Туре		Sodium	Silicate
Breakdown	MA	XIMUM			bad & Bkdn			Pad	Bbi -G		
	0.05	Returns	0	E	cass Return		42	Calc	Disol	894	
					aic TOC	0-1 001	0		al Orse	<u>3</u>	0.00
Verage 5 Min		5. Gradient An15 t/a	1		reatment; ement Slurry;	Gal - BBI	174.0	Disc.	(0.0)		
9 nor	- 121	1 <i>3 14</i> 9			otal Volume		194.0				
······							204.01				
							4				
	0 () 1 7 A	TH. 11			///	1/					
CUSTOMER REPRE	SENTA	UIVE			U/,	SIGNATURE					
					1		ank Va	u For U	rine		
					I						
						0	- 1EX	Pumpi	ng]
					· · · · · · · · · · · · · · · · · · ·		_				

JOB SUM	TN # 767	5/18/2014					
COMPANY	CUSTOMER REP		01012014				
Grant Linn Energy		Orlando ·					
LEASE NAME WEI NO LOB TYPE							
Sullivan A4 ATU 59 Surface		Bryon Hackett		·			
EMPINAME							
Bryon Hackett							
Miguel Murgado							
Miguel Garcia							
Form. Name * Type:							
	Called Out	On Location Job	Started Job	Completed			
Packer Type Set At	Date 05/18/14	05/18/14	05/18/14	05/18/14			
Bottom Hole Temp Pressure							
Retainer Depth Total Depth	Time 1200	1730	2002	2103			
Tools and Accessories	Alarud Iacad	Well Data	From To	Max. Allow			
Type and Size Oty Make	New/Used	Weight Size Grade		1600			
Auto Fill Tube 1 IR	Casing New	<u> </u>	141	- 1000			
	Liner						
	Liner	+					
	Tubing		<u>├──</u> ·──-{───-				
	Open Hole			Shots/Ft.			
Limit clamp 1 IR Weld-A 2 IR	Perforations		<u> </u>				
Texas Pattern Guide Shoe 1 IR	Perforations						
Cement Basket	Perforations						
Materials	Hours On Location	Operating Hours	Description of J	obdo			
Mud Type 0 Density 0 Lb/Gal	Hours On Location Date Hours	Date Hours	Surface				
Disp. Fluid H20 Density 8,33 Lb/Gal	05/18/14 4.0	05/18/14 1.0					
Spacer type H2o BBL 10							
Spacer type BBL			Cement to Surfa	ce: 34 bbl			
Acid Type Gal%			or 150 sks				
Acid Type Gal%			Top of Cement:	0,			
SurfactantGalin			Top of Gemeric.	<u> </u>			
NE AgentGalIn Fluid Loss Gal/Lb In							
Gelling Agent Gal/Lb In							
Gelling Agent Gal/Lb In Fric. Red Gal/Lb In							
MISC. Gal/Lb In	Total 4.0	Total 1.0					
Perfpac Balls Qty.		Pressures					
Other	1/AX 830	AVG					
Other		Average Rates in BP	M				
Other	MAX 3	AVG 3					
Other		Cement Left in Pipe					
Other	Feet 44	Reason	Shoe Track				
· · · · · · · · · · · · · · · · · · ·							
Stage Sacks Cement	Additives		W/Rq. Yiel				
1 455 Premium Plus Class C 2% Calchum Chloride, 0.	23 Ib/sk CelloRake		6.34 1.3				
2 0 0 0			0 0	0			
3 0 0 0			0 0	0			
4							
			l				
	Summary			110.			
Preflush Type:	Preflush:	BBI 10.00		H2o			
Breakdown MAXIMUM	Load & Bkdn; 0 Eircess /Retur		Pad:Bbl -Gal				
Lost Returns 10	0 Excess /Retur Calc. TOC	12 [315] 0	Galo, Disp Elv Actilió Disc	44.00			
Average Actual TOD Frac. Gradient	Treatment:	Gal - BBI					
5 Min 10 Min 15 M			-				
	Total Volume	BBI 161.00					
		0					
	*	6					
		111-					
CUSTOMER REPRESENTATIVE		SIGNATURE					
	l.		Earling				
	ļ	Thank You					
		0 - TEX	Pumping				
	L						