



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1217629  
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: \_\_\_\_\_

1217629

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

<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	NICHOLAS A-5 ATU-215
Doc ID	1217629

Tops

Name	Top	Datum
KRIDER	2371	KB
WINFIELD	2414	KB
TOWANDA	2476	KB
FT_RILEY	2530	KB
FUNSTON	2660	KB
CROUSE	2716	KB
MORRILL	2796	KB
GRENOLA	2835	KB



<b>JOB SUMMARY</b>		PROJECT NUMBER <b>TN # 790</b>	TICKET DATE <b>5/24/2014</b>
COUNTY <b>Stanton</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>Weldon Higgins</b>	
LEASE NAME <b>Nicholas</b>	Well No <b>A-5 ATU 215</b>	JOB TYPE <b>Surface</b>	EMPLOYEE NAME <b>Bryon Hackett</b>

EMP NAME	Bryon Hackett	Steve Crocker	Miguel Garcia	Justin Adams
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Form. Name Chase-Council Grove Type: \_\_\_\_\_  
Packer Type \_\_\_\_\_ Set At \_\_\_\_\_  
Bottom Hole Temp. \_\_\_\_\_ Pressure \_\_\_\_\_  
Retainer Depth \_\_\_\_\_ Total Depth \_\_\_\_\_

Date	Called Out <b>05/23/14</b>	On Location <b>05/23/14</b>	Job Started <b>05/23/14</b>	Job Completed <b>05/24/14</b>
Time	<b>1215</b>	<b>1730</b>	<b>2338</b>	<b>38</b>

Type and Size	Qty	Make
Auto Fill Tube	1	IR
Insert Float Valve	1	IR
Centralizers	5	IR
Top Plug	1	IR
HEAD	1	IR
Limit clamp	1	IR
Weld-A	2	IR
Texas Pattern Guide Shoe	1	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing		24	8.625	J-55	KB	728
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials			
u	Density	u	Lb/Gal
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
Perfpac Balls		Qty.	
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
05/23/14	8.0	05/23/14	1.0	Surface
Total	8.0	Total	1.0	

Pressures			
MAX	900	AVG	100
Average Rates in BPM			
MAX	3	AVG	3
Cement Left in Pipe			
Feet	44	Reason	Shoe Track

Cement Data					
Stage	Sacks	Cement	Additives	W/Rq.	Yield
1	456	Premium Class C	2% Calcium Chloride and .25 8% Colofake	6.34	1.35
2					
3					
4					

Summary					
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	10.00	Type: H2o	
	Lost Returns	Load & Bkdn: Gal - BBI		Pad. Bbl - Gal	
	Actual TOC	Excess Return BBI	30	Calc Disp Bbl	
Average	Frac. Gradient	Calc TOC	0	Actual Disp	44.00
5 Min	10 Min	Treatment: Gal - BBI		Disp Bbl	
	15 Min	Cement Slurry: BBI	109.0		
		Total Volume: BBI	163.00		

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

Thank You For Using  
● - TEX Pumping

<b>JOB SUMMARY</b>		PROJECT NUMBER <b>TN # 798</b>	TICKET DATE <b>5/25/2014</b>
COUNTY <b>Stanton</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>Weldon Higgins</b>	
LEASE NAME <b>Nicholas</b>	Well No <b>A-5 ATU 215</b>	JOB TYPE <b>Production</b>	EMPLOYEE NAME <b>Bryon Hackett</b>

EMP NAME <b>Bryon Hackett</b>					
<b>Miguel Murgado</b>					
<b>Miguel Garcia</b>					

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

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

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

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

	<b>Called Out</b>	<b>On Location</b>	<b>Job Started</b>	<b>Job Completed</b>
Date	<b>05/24/14</b>	<b>05/25/14</b>	<b>05/25/14</b>	<b>05/25/14</b>
Time	<b>2100</b>	<b>800</b>	<b>1133</b>	<b>1316</b>

Type and Size	Qty	Make
Auto Fill Tube	1	IR
Insert Float Valve	1	IR
Centralizers	28	IR
Top Plug	1	IR
HEAD	1	IR
Limit clamp	1	IR
Weld-A	2	IR
Guide Shoe	1	IR
Cement Basket	0	IR

Well Data							
	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	15.5	5.5	AM	KB	3112	2500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
	H2o	Density	Lb/Gal
Mud Type	0	0	0
Disp. Fluid		8.33	
Spacer type	H2o	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	
05/25/14	6.0	05/26/14	1.5	Production
<b>Total</b>	<b>6.0</b>	<b>Total</b>	<b>1.5</b>	

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

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures		
MAX	1250	AVG 100
Average Rates in BPM		
MAX	3	AVG 3
Cement Left in Pipe		
Feet	44	Reason Shoe Track

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	435	O-TEX LowDense	2% Oyp, 2% Calcium Chloride, 2% C-43, 0.4% C-15, 0.4% C-41P, 0.2% C-51, 0.25 #/sk Cellulose	13.29	2.25	11.5
2	0	0	0	0	0	0
3						
4						

Summary					
Preflush	10.00	Type: H2o	Preflush	BBI	10.00
Breakdown	45	Pad: Bbl -Gal	Load & Bkdn:	Gal - BBI	45
	0	Gal% Disp Sol	Excess Return	BBI	0
	73.00	Actual Disp	Calc. TOC		73.00
Average	174.0	Treatment	Gal - BBI		
at 5 Min	257.00	Cement Slurry	BBI	174.0	
		Total Volume	BBI	257.00	

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

Thank You For Using  
O - TEX Pumping