



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1218241  
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: \_\_\_\_\_

1218241

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

<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	COBB B-4 ATU-115
Doc ID	1218241

Tops

Name	Top	Datum
KRIDER	2396	KB
WINFILED	2434	KB
TOWANDA	2498	KB
FT_RILEY	2549	KB
FUNSTON	2677	KB
CROUSE	2733	KB
MORRILL	2811	KB
GRENOLA	2863	KB



<b>JOB SUMMARY</b>			PROJECT NUMBER <b>TN # 825</b>	TRAIL DATE <b>6/2/2014</b>
COUNTY <b>Stanton</b>	COMPANY <b>Linn Energy</b>		CUSTOMER REP <b>0</b>	
LEASE NAME <b>Cobb</b>	WELL No <b>84 ATU 115</b>	JOB TYPE <b>Surface</b>	EMPLOYEE NAME <b>Steve Crocker</b>	

EMP NAME					
Steve Crocker					
Lamont Patterson					
Reggie Samaniego					
Adam Morris					

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

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

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

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

Date	Called Out <b>6-1-14</b>	On Location <b>06/01/14</b>	Job Started <b>06/02/14</b>	Job Completed <b>06/02/14</b>
Time	<b>1700</b>	<b>2200</b>	<b>310</b>	<b>410</b>

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	Max. Allow
Casing	New	24	8.625	J40	0	728	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft
Perforations							
Perforations							
Perforations							

Materials			
	#	Density	Lb/Gal
Mud Type		8	
Disp. Fluid	H2O	Density 8.33	Lb/Gal
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
Perpac Balls		Qty.	
Other			
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
06/01/14	6.0	06/02/14	1.0	Surface
				10 bbls Spacer H2O
				107bbls Lead Cement at 14.8
				44bbls Displacement H2O
				Cement to Surface: 25bbls
				106sks
Total	6.0	Total	1.0	

Pressures			
MAX	100	AVG	250
Average Rates in BPM			
MAX	4	AVG	3.5
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives	6.34	1.32	14.8
1	466	Premium Plus Class C	2% Calcium Chloride, 0.75 Inhib Calc/Bates	0	0	0
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Summary					
Preflush	Type	MAXIMUM	Preflush: BBL	10.00	Type: H2O
Breakdown	Lost Returns	Actual TOC	Load & Bkdn: Gal - BBL	25	Pad: Bbl - Gal
Average	Frac. Gradient	15 Min	Excess /Return BBL	0	Calc Disp Bbl
5 Min	10 Min		Calc TOC	0	Actual Disp. Diso Bbl
			Treatment: Gal - BBL	107.0	
			Cement Slurry: BBL	161.00	
			Total Volume BBL		

CUSTOMER REPRESENTATIVE Walter Heger SIGNATURE

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

# JOB SUMMARY

COUNTRY <b>Stanton</b>	COMPANY <b>Linn Energy</b>	PROJECT NUMBER <b>TN # 830</b>	TICKET DATE <b>6/3/2014</b>
CLASS NAME <b>Cobb</b>	WELL NO. <b>B4 ATU 115</b>	JOB TYPE <b>Production</b>	EMPLOYEE NAME <b>JASON JONES</b>

JASON JONES			
MIGUEL MURGADO			
DANIEL MUNIZ			

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

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

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

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

Date	Called Out	On Location	Job Started	Job Completed
		06/03/14	06/03/14	06/03/14
Time		1200	1410	1620

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

Well Data						
Casing	New/Used	Weight	Size	Grade	From	To
Liner	New	15.5	5.5	40	KB	3111
Liner						5000
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/FL
Perforations						
Perforations						

Materials			
Mud Type	Density		Lb/Gal
Disp. Fluid	0	0	
Spacer type	H2O	8.33	
Spacer type	HUM SILIC BBL	20	
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	
06/03/14	4.0	06/03/14	2.0	Production
				GOOD RETURNS THRU JOB JOB WAS COMPLETED SAFELY APPROX 100 BBLs OF CMT. TO SURFACE APPROX 250 SKS
Total		Total		
4.0		2.0		

Partpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures			
MAX	AVG	MAX	AVG
1250	550	Average Rates in BPM	
3	3	Cement Left in Pipe	
Feet 44	Reason	Shoe Joint	

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 Inhib Colloidal	13.29	2.25	11.5
2	0	0		0	0	0
3	0	0		0	0	0
4	0	0		0	0	0

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	20.00
	MAXIMUM _____	Load & Bkdn: Gal - BBI	
	Lost Returns: _____	Excess / Return BBI	100
Average _____	Actual TOC _____	Calc TOC _____	SURFACE
5 Min _____	Frac. Gradient _____	Treatment: Gal - BBI	#VALUE!
	10 Min _____	Cement Slurry BBI	#VALUE!
	15 Min _____	Total Volume BBI	#VALUE!
		Type: SODIUM SILICATE	
		Pad Bbl - Gal	74
		Calc Disp Bbl	74.00
		Actual Disp	
		Disp Bbl	

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

SIGNATURE \_\_\_\_\_

Thank You For Using  
O - TEX Pumping