



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219908
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: _____

1219908

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

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	BREEDING A-5 ATU-204
Doc ID	1219908

Tops

Name	Top	Datum
KRIDER	2373	KB
WINFIELD	2420	KB
TOWANDA	2491	KB
FT_RILEY	2532	KB
FUNSTON	2661	KB
CROUSE	2718	KB
MORRILL	2800	KB
GRENOLA	2848	KB

JOB SUMMARY			PROJECT NUMBER TN # 880	TICKET DATE 6/17/2014
COUNTRY Morton	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins		
LEASE NAME Breeding	Well No. A5 ATU 204	JOB TYPE Production	EMPLOYEE NAME JESUS JIMENEZ	

EMP NAME JESUS JIMENEZ					
BEAU CLEM					
NATE WILLIS					

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

Date	Called Out 6-17-14	On Location 06/17/14	Job Started 06/17/14	Job Completed 06/17/14
Time	12:00	6:00AM	2:00pm	4:00pm

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	15.5	5.5	40	0	3112	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	0	Density	0 Lb/Gal
Disp Fluid	H2O	Density	8.33 Lb/Gal
Spacer type	NUM SILIC BBL		20
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	
06/17/14	8.0	06/17/14	2.0	Production
Total	8.0	Total	2.0	

MAX 1100		AVG 200	
Average Rates in BPM			
MAX 3		AVG 3	
Cement Left in Pipe			
Feel 44	Reason		Shoe Joint

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	435	O-Tex LowDense	2% Gyp, 2% Calcium Chloride, 2% C-45, 0.4% C-13, 0.4% C-41P, 0.2% C-61, 0.25 #/sk Cellulose	13.29	2.25	11.5
2	0	0	0	0	0	0
3						
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI 20.00	Type: SODIUM SILICATE
	Last Returns: NO	Load & Bkdn: Gal - BBI	Pad Bbl - Gal
	Actual TOC	Excess /Return BBI 73	Calc Disp Bbl
Average	Frac. Gradient	Calc. TOC	Actual Disp 73.00
5 Min	10 Min	Treatment: Gal - BBI	Disp Bbl
	15 Min	Cement Slurry BBI 174.0	
		Total Volume BBI 267.00	

CUSTOMER REPRESENTATIVE _____
 SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY			PROJECT NUMBER TN # 879	TRUCK DATE 6/15/2014
CLIENT Morton	COMPANY Linn Energy		CUSTOMER REP Orlando	
LEASE NAME Breeding	Well No A5 ATU 204	JOB TYPE Surface	EMPLOYEE NAME Steve Crocker	

EMP NAME					
Steve Crocker					
Miguel Murgado					
Adam Morris					
Shawn Cotton					

Form Name Chase-Council Grove Type _____

Packer Type _____ Set At _____

Bottom Hole Temp _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out 6-15-14	On Location 06/15/14	Job Started 06/15/14	Job Completed 06/15/14
Time	1230	1750	2145	2255

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	40	0	728	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials			
Mud Type	0	Density	0 Lb/Gal
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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
06/15/14	6.0	06/15/14	1.0	Surface
				10bbls H2O Spacer
				109bbls Lead Cement
				at 14.8
				44bbls Displacement H2O
				Cement to Surface: 44bbls
				183sks
Total	6.0	Total	1.0	

Perpac Balls _____ Qty _____

Other _____

Other _____

Other _____

Other _____

Pressures		Average Rates in BPM	
MAX	1055	AVG	200
MAX	3.5	AVG	3
Feet	44	Cement Left in Pipe	Reason
			Shoe Joint

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	455	Premium Class C	2% Calcium Chloride and .25 %K Cellulose	6.34	1.35	14.8
2						
3						
4						

Summary			
Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns-N _____
Average	5 Min _____	10 Min _____	15 Min _____
Preflush	BBI	10.00	Type: H2O
Load & Bkdn	Gal - BBI		Pad Bbl - Gal
Excess /Return	BBI	44	Calc Disp Bbl
Calc TOC	Gal - BBI	0	Actual Disp
Treatment	BBI	109.0	Disp Bbl
Cement Slurry	BBI	163.00	
Total Volume	BBI		

CUSTOMER REPRESENTATIVE _____

SIGNATURE

Thank You For Using
O - TEX Pumping