



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1220271  
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: \_\_\_\_\_

1220271

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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	FIRST STATE BANK OF LARNED 6 ATU-355
Doc ID	1220271

Tops

Name	Top	Datum
KRIDER	2404	KB
WINFIELD	2450	KB
TOWANDA	2516	KB
FT_RILEY	2573	KB
FUNSTON	2693	KB
CROUSE	2750	KB
MORRILL	2826	KB
GRENOLA	2870	KB



<b>JOB SUMMARY</b>		PROJECT NUMBER <b>TN # 866</b>	TRACET DATE <b>6/13/2014</b>
COUNTRY <b>Morton</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>Oriando</b>	
LEASE NAME <b>First State Bank of Lar 6 ATU 355</b>	Well No. <b>Surface</b>	EMPLOYEE NAME <b>JASON JONES</b>	

<b>JASON JONES</b>					
<b>DAVID SIGALA</b>					
<b>REGGIE SAMINEGO</b>					
<b>TYLER LEE</b>					

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

Date	Called Out	On Location	Job Started	Job Completed
		<b>06/13/14</b>	<b>06/13/14</b>	<b>06/13/14</b>
Time		<b>2000</b>	<b>2150</b>	<b>30</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

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24	8.625	J44	KB	729	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	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	
06/13/14	4.0	06/13/14	2.0	Surface
				APPROX 50 BBLs OF CMT.
				TO SURFACE
				APPROX 207 SKS
				GOOD RETURNS THRU JOB
				JOB WAS COMPLETED SAFELY
Total	4.0	Total	2.0	

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

MAX 1000		AVG 350	
Average Rates in BPM			
MAX 3		AVG 3	
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

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

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	10.00
	Lost Returns: NO	Load & Bkdn: Gal - BBI	
	Actual TOC: SURFACE	Excess / Return: BBI	50
Average	Frac. Gradient: 10 Min	Calc TOC: SURFACE	43
		Treatment: Gal - BBI	43.00
		Cement Slurry: BBI	#VALUE!
		Total Volume: BBI	#VALUE!

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

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

<b>JOB SUMMARY</b>		PROJECT NUMBER <b>TN # 870</b>	TICKET DATE <b>6/14/2014</b>
COUNTRY <b>Morton</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>Weldon Higgins</b>	
LEASE NAME <b>First State Bank of Lar 6 ATU 355</b>	Well No <b></b>	JOB TYPE <b>Production</b>	EMPLOYEE NAME <b>JESUS JIMENEZ</b>

EMP NAME  
**JESUS JIMENEZ**  
**MARIO ABREGO**  
**NATE WILLIS**

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

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

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

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

Date	Called Out	On Location	Job Started	Job Completed
	<b>6-14-14</b>	<b>06/14/14</b>	<b>06/14/14</b>	<b>06/14/14</b>
Time	<b>4:00AM</b>	<b>10:00AM</b>	<b>11:00AM</b>	<b>1:00PM</b>

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
	New	Used						
Casing			15.5	5.5	J44	0	3113	1500
Liner								
Liner								
Tubing								
Drill Pipe								
Open Hole								Shots/Ft.
Perforations								
Perforations								
Perforations								

Materials			
Mud Type	0	Density	0
Disp. Fluid	H2O	Density	Lb/Gal
Spacer type	IRUM 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	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
06/14/14	3.0	06/14/14	2.0	Production
<b>Total</b>	<b>3.0</b>	<b>Total</b>	<b>2.0</b>	

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

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_


Other \_\_\_\_\_

Pressures			
<b>MAX</b>	<b>910</b>	<b>AVG</b>	<b>100</b>
Average Rates in BPM			
<b>MAX</b>	<b>3</b>	<b>AVG</b>	<b>3</b>
Cement Left in Pipe			
<b>Feet</b>	<b>44</b>	<b>Reason</b>	<b>Shoe Joint</b>

Cement Data						
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-15, 0.4% C-41P, 0.2% C-51, 0.25 Blk Cellulose	13.29	2.25	11.5
2	0	0	0	0	0	0
3						
4						

Summary			
Preflush Breakdown	Type: <b>MAXIMUM</b>	Preflush: BBI	<b>20.00</b>
	Lost Returns: <b>NO</b>	Load & Bkdn: Gal - BBI	
	Actual TOC	Excess / Return BBI	<b>50</b>
Average	Frac. Gradient	Calc. TOC	<b>SURFACE</b>
ISP: <b>5 Min</b>	<b>10 Min</b>	Treatment: Gal - BBI	<b>0.00</b>
	<b>15 Min</b>	Cement Slurry BBI	<b>174.0</b>
		Total Volume BBI	<b>194.00</b>

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

  
 SIGNATURE

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