



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220467
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: _____

1220467

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

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	MILBURN B-4 ATU-203
Doc ID	1220467

Tops

Name	Top	Datum
KRIDER	2382	KB
WINFIELD	2427	KB
TOWANDA	2503	KB
FT_RILEY	2552	KB
FUNSTON	2671	KB
CROUSE	2730	KB
MORRILL	2810	KB
GRENOLA	2863	KB

JOB SUMMARY		PROJECT NUMBER TN # 890	TICKET DATE 6/20/2014
COUNTY Morton	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins	
LEASE NAME Milburn	Well No B4ATU 203	JOB TYPE Production	
EMP NAME Steve Crocker		EMPLOYEE NAME Steve Crocker	

Steve Crocker			
Miguel Murgado			
Tyler Lee			

Form Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

	Called Out	On Location	Job Started	Job Completed
Date	6-19-14	08/20/14	06/20/14	08/20/14
Time	2300	720	950	1131

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Inert 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
Casing	New	15.5	5.5	40	0	3111
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						Shots/Ft
Perforations						
Perforations						
Perforations						

Materials			
Mud Type	Density	0	Lb/Gal
Disp. Fluid	H2O	Density	8.33
Spacer type	ium Silic	BBL	30
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	
06/20/14	4.0	06/20/14	1.5	Production
				Pump Spacer 30bbls
				Pump Lead at 11.5ppg
				174bbls
				Pump Displacement 73bbls
				Cement to Pit : 60bbls / 125s
Total	4.0	Total	1.5	

Perfpac Balls _____ Qty _____

Other _____

Other _____

Other _____

Other _____

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

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	435	O-Tex LowDense	2% Oys, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C-41P, 0.2% C-54, 0.25 Shk Cellulose	13.29	2.25	11.5
2	0	0	0	0	0	0
3						
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	30.00
	Lost Returns: 0	Load & Bkdn: Gal - BBI	50
	Actual TDC	Excess /Return BBI	0
Average	Frac. Gradient	Calc TDC	73.00
15 Min	10 Min	Treatment: Gal - BBI	
5 Min	15 Min	Cement Slurry: BBI	174.0
		Total Volume BBI	277.00

CUSTOMER REPRESENTATIVE *Weldon Higgins* SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY

PROJECT NUMBER TN # 885		TICKET DATE 6/18/2014
COUNTY Morton	COMPANY Linn Energy	CUSTOMER REP Orlando
LEAD NAME Milburn	Well No. B4 ATU 203	JOB TYPE Surface
		EMPLOYEE NAME JESUS JIMENEZ

EMP NAME JESUS JIMENEZ				
BEAU CLEM				
MARCO ABREGO				
TYLER LEE				

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

Date	Called Out	On Location	Job Started	Job Completed
	6-18-14	06/18/14	06/18/14	06/18/14
Time	12:00	7:00PM	9:00PM	10:00PM

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	440	0	728	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	Density	Lb/Gal
Disp. Fluid	H2O	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

Perpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
06/18/14	3.0	06/18/14	1.0	Surface
Total	3.0	Total	1.0	

Pressures	
MAX 950	AVG 50
Average Rates in BPM	
MAX 3	AVG 3
Cement Left in Pipe	
Feet 44	Reason Shoe Joint

Cement Data

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

Summary

Preflush Breakdown	Type: _____	Preflush: BBI 10.00	Type: H2O
	MAXIMUM _____	Load & Bkdn: Gal - BBI _____	Pad:Bbl -Gal _____
	Lost Returns: NO	Excess /Return BBI 40	Calc Disp Bbl _____
	Actual TOC _____	Calc. TOC: SURFACE	Actual Disp 43.00
Average	Frac. Gradient _____	Treatment: Gal - BBI _____	Disp:Bbl _____
5 Min. _____	10 Min. _____	Cement Slurry BBI 169.0	
	15 Min. _____	Total Volume BBI 162.00	

CUSTOMER REPRESENTATIVE Walter Hoag SIGNATURE

Thank You For Using
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