



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221490
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: _____

1221490

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	PORTER A-4 ATU-233
Doc ID	1221490

Tops

Name	Top	Datum
KRIDER	2408	KB
WINFIELD	2447	KB
TOWANDA	2519	KB
FT_RILEY	2571	KB
FUNSTON	2690	KB
CROUSE	2752	KB
MORRILL	2827	KB
GRENOLA	2869	KB

JOB SUMMARY			PROJECT NUMBER TN # 913	TRIP DATE 6/28/2014
COUNTY GRANT	COMPANY Linn Energy	CUSTOMER REP WELDON		
WELL NAME Porter	WELL NO A4 ATU 233	JOB TYPE Surface	EMPLOYEE NAME JASON JONES	

TRIP NAME	JASON JONES	JOE ARRELLANO					
	CHAD NORRIS						
	DAVID MITCHELL						
	FRANK SWEET						

Form Name Class-Coupled Grove Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		06/28/14	06/28/14	06/28/14
Time		2000	2245	0

Tools and Accessories		
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	Max. Allow
Casing	New	24	8.625	40	KB	728	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/FL
Perforations							
Perforations							
Perforations							

Materials			
	Qty	Density	Lb/Gal
Mud Type	0	0	
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
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
06/28/14	4.0	06/28/14	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	

Pressures			
MAX	AVG	REASON	SHOE JOINT
1200	200		
Average Rates in BPM			
MAX	3	AVG	3
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

Cement Data					W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives				
1	435	Premium Class C	2% Calcium Chloride and .25 6% Cellulose		6.34	1.35	14.8
2							
3							
4							

Summary							
Preflush		Type: _____	Preflush: BBI	10.00	Type: H2O		
Breakdown		MAXIMUM	Load & Bkdn: Gal - BBI		Pad Bbl - Gal		
		Lost Returns: NO	Excess /Return BBI	50	Calc Disp Bbl	43	
		Actual TOC	Calc TOC		Actual Disp	43.00	
Average		Frac. Gradient	Treatment: Gal - BBI		Disp Bbl		
5 Min		10 Min	Cement Slurry BBI	#VALUE!			
		15 Min	Total Volume BBI	#VALUE!			

CUSTOMER REPRESENTATIVE Weldon Jones SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY			PROJECT NUMBER TN # 920	TICKET DATE 6/29/2014
COUNTY Morton	COMPANY Linn Energy		CUSTOMER REP 0	
LEASE NAME Porter	Well No A4 ATU 233	Lease Type Production	EMPLOYEE NAME Chris Lewis	

EMP NAME					
Chris Lewis					
Steve Crocker					
Tony Lewis					

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

Date	Called Out	On Location	Job Started	Job Completed
		06/29/14	06/29/14	06/29/14
Time		600	1025	1215

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

	Now/Used	Weight	Size	Grade	From	To	Max. Allow
Casing		15.5	5.5	KB		3110	2500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

	0	Density	0	Lb/Gal
Mud Type	H2O	Density	8.33	Lb/Gal
Spacer type	dium 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	
06/29/14	6.0	06/29/14	2.0	Production
				Pump Spacer Sodium Silicate
				Pump Lead At 11.5ppg
				174bbbls
				Pump Displacement 74bbbls
				Cementito Surface: 40bbbls
				100scks
Total	6.0	Total	2.0	

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

Pressures
MAX 2500 **AVG 100**
Average Rates in BPM
MAX 3.5 **AVG 3**
Cement Left in Pipe
Feel 44 **Reason** **Shoe Joint**

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	435	O-TEX LowDense Cement	2% Gypsum, 2% Calcium Chloride, 2% C-48, 0.6% C-18, 0.4% C-41P, 0.2% C-31, 0.25 Ink Cellulose	13.29	2.25	11.5
2	0			0	0	0
3	0			0	0	0
4						

Summary

Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	30.00	Type: Sodium silicate
	Lost Returns: 0	Load & Bkdn: Gal - BBI	40	Pad: Bbl - Gal
	Actual TOC	Excess /Return BBI	0	Calc Disp Bbl
Average	Frac. Gradient	Calc. TOC	0	Actual Disp.
ISP 5 Min.	10 Min	Treatment: Gal - BBI	174.0	Disp Bbl
	15 Min	Cement Slurry BBI	278.00	
		Total Volume BBI	278.00	

CUSTOMER REPRESENTATIVE Walter Hagan SIGNATURE

Thank You For Using
O - TEX Pumping