



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1222197
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
-----------------------------------	-----------------	---

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: _____

1222197

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
--	---

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	HOHNER A-4 ATU-264
Doc ID	1222197

Tops

Name	Top	Datum
KRIDER	2375	
WINFIELD	2417	
TOWANDA	2486	
FT_RILEY	2535	
FUNSTON	2661	
CROUSE	2718	
MORRILL	2795	
GRENOLA	2838	

JOB SUMMARY

PROJECT NUMBER: **TN # 953** TICKET DATE: **7/8/2014**
 COUNTY: **Grant** COMPANY: **Linn Energy** CUSTOMER REP: **0**
 LEASE NAME: **Hohner** Well No.: **A4 ATU 264** JOB TYPE: **Surface** EMPLOYEE NAME: **Chris Lewis**

EMP NAME	Chris Lewis	Steve Crocker	Joe Moore
Adam Morris			

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

Date	Called Out	On Location	Job Started	Job Completed
		07/08/14	07/08/14	07/08/14
Time		200	250	410

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	J 05	KB	792	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
	Density	0	Lb/Gal
Disp. Fluid	H20	Density	8.33
Spacer type	H20	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

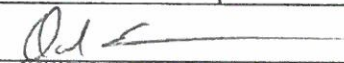
Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
07/08/14	2.5	07/08/14	1.5	Surface
				10bbl Spacer
				108 bbl Lead at 14.8
				44 bbls Displacement
Total	2.5	Total	1.5	Cement to Surface: 1bbl
				4sks

Perfpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

Pressures		Average Rates in BPM	
MAX 1400	AVG 100	MAX 3.5	AVG 3
Feet 44		Cement Left in Pipe	
Reason		Shoe Joint	

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	455	Premium Plus Class C	2% Calcium Chloride, 0.25 lb/sk Celloflake	6.34	1.32	14.8
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	10.00
	Lost Returns: 0	Load & Bkdn: Gal - BBI	
	Actual TOC	Excess /Return BBI	1
Average	Frac. Gradient	Calc. TOC	0
ISIP 5 Min.	10 Min	Treatment: Gal - BBI	
	15 Min	Cement Slurry BBI	108.0
		Total Volume BBI	162.00
		Type: H20	
		Pad: Bbl - Gal	
		Calc. Disp Bbl	
		Actual Disp. Bbl	44.00
		Disp: Bbl	

CUSTOMER REPRESENTATIVE _____
 SIGNATURE: 
Thank You For Using O - TEX Pumping

JOB SUMMARY

COUNTY Grant	PROJECT NUMBER TN # 955	TICKET DATE 7/9/2014
COMPANY Linn Energy	CUSTOMER REP 0	
LEASE NAME Hohner	Well No. A4 ATU 264	JOB TYPE Production
EMP NAME BEAU CLEM		EMPLOYEE NAME BEAU CLEM

BEAU CLEM					
MARIO ABREGO					
SHAWN COTTON					

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	7/9/2014	07/09/14	07/09/14	07/09/14
Time	9:00PM	9:00PM	5:40PM	7:25PM

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	J-55	0	3108	2000
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	NIUM 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	
07/09/14	11.5	07/09/14	2.0	Production
Total	11.5	Total	2.0	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

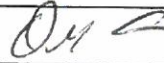
Other _____

Pressures	
MAX 1127	AVG 200
Average Rates in BPM	
MAX 3	AVG 3
Cement Left in Pipe	
Feet 0	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 lb/sk Celloflak	13.29	2.25	11.5
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Preflush Breakdown _____ Type: _____ _____ Type: MAXIMUM _____ _____ Lost Returns- _____ Actual TOC _____ Average _____ Frac. Gradient _____ ISIP 5 Min. _____ 10 Min. _____ 15 Min. _____	Summary Preflush: BBI 30.00 Type: SODIUM SILICATE Load & Bkdn: Gal - BBI _____ Pad:Bbl -Gal _____ Excess /Return BBI 65 Calc. Disp Bbl _____ Calc. TOC: SURFACE Actual Disp. 73.00 Treatment: Gal - BBI _____ Disp:Bbl _____ Cement Slurry BBI 174.0 Total Volume BBI 277.00
---	---

CUSTOMER REPRESENTATIVE _____


 SIGNATURE

Thank You For Using
 O - TEX Pumping