



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1222253
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: _____

1222253

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 Yes No
(Attach Additional Sheets)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No

Log Formation (Top), Depth and Datum Sample
Name Top Datum

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 (Amount and Kind of Material Used)	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:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Commingled (Submit ACO-4)

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	HELMLE 4 ATU-262
Doc ID	1222253

Tops

Name	Top	Datum
KRIDER	2311	
WINFIELD	2355	
TOWANDA	2411	
FT_RILEY	2467	
FUNSTON	2583	
CROUSE	2634	
MORRILL	2730	
GRENOLA	2777	

JOB SUMMARY

COUNTY Grant	PROJECT NUMBER TN # 977	TICKET DATE 7/16/2014
LEASE NAME Helmie	COMPANY Linn Energy	CUSTOMER REP 0
Well No 4 ATU 252	JOB TYPE Surface	EMPLOYEE NAME Chris Lewis

Chris Lewis					
Steve Crocker					
Adam Morris					
Tyler Lee					

Form Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		07/16/14	07/16/14	
Time	2100			

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	JKB	KB	772	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials

Material	Qty	Density	Unit
Mud Type	0	0	Lb/Gal
Disp. Fluid			
Spacer type	BBL	0	
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

Date	Hours	Date	Hours	Description of Job
07/16/14		07/16/14		Surface
Total	0.0	Total	0.0	

Perpac Balls _____ Qty _____

Other _____

Other _____

Other _____

Other _____

Pressures

MAX	1500	AVG	
Average Rates in BPM			
MAX	3	AVG	
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	485	Premium Plus Class C	2% Calcium Chloride, 0.25 lb/sk Celluflate	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: _____	Preflush: BBI	0.60	Type: _____
	MAXIMUM _____	Load & Bkdn: Gal - BBI		Pad: Bbl - Gal
	Lost Returns: _____	Excess /Return BBI	35	Calc Disp Bbl
	Actual TOC _____	Calc TOC _____		Actual Disp. _____
Average	Frac. Gradient _____	Treatment: Gal - BBI		Disp Bbl _____
ISP	5 Min _____ 10 Min _____ 15 Min _____	Cement Slurry BBI	114.0	
		Total Volume BBI	160.00	

CUSTOMER REPRESENTATIVE Walter Heger SIGNATURE

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

JOB SUMMARY		PROJECT NUMBER TN # 984	TICKET DATE 7/18/2014
COUNTRY Stanton	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins	
LEASE NAME Helmie	Well No. 4 ATU 262	JOB TYPE Production	EMPLOYEE NAME 0
EMP NAME			

0					
Chris Lewis					
Tony Lewis					
Daniel Muniz					

Form Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		07/18/14	07/18/14	07/18/14
Time	1200			

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	New	15.5	5.5	KB	3110	2000
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
	Density		Lb/Gal
Mud Type	0		
Disp. Fluid	H2O	Density 8.33	
Spacer type	BBL	0	
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	
07/18/14	4.0	07/18/14	2.0	Production
Total	4.0	Total	2.0	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures	
MAX 2000	AVG _____
Average Rates in BPM	
MAX 3	AVG 3
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% Oyp, 2% Calcium Chloride, 2% C-45, 0.4% C-13, 0.4% C-41P, 0.2% C-51, 0.25 #/sk Cellulose	13.29	2.25	11.5
2	0	0	0	0	0	0
3						
4						

Preflush Breakdown		Type: _____		Summary		Preflush: BBI 0.00		Type: _____	
Average 5 Min.		MAXIMUM		Lost Returns- 0		Load & Bkdn: Gal - BBI		Pad: Bbl - Gal	
Frac. Gradient 10 Min		Actual TOC		Calc. TOC		Excess /Return BBI 0		Calc. Disp Bbl	
15 Min		Frac. Gradient 10 Min		Treatment: Gal - BBI		Cement Slurry BBI 174.0		Actual Disp. 73.00	
				Total Volume BBI		247.00		Disp. Bbl	

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

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