

1222612

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
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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	ACKERMAN 4 ATU-270
Doc ID	1222612

Tops

Name	Top	Datum
KRIDER	2363	KB
WINFIELD	2406	KB
TOWANDA	2474	KB
FT-RILEY	2522	KB
FUNSTON	2648	KB
CROUSE	2703	KB
MORRILL	2785	KB
GRENOLA	2827	KB

JOB SUMMARY			PROJECT NUMBER TN # 959	TICKET DATE 7/11/2014
COUNTY Grant	COMPANY Linn Energy	CUSTOMER REP 0		
LEASE NAME W.M. Ackerman	Well No. 4 ATU 270	JOB TYPE Surface	EMPLOYEE NAME Chris Lewis	

EMP NAME Chris Lewis					
Tony Lewis					
Santia Calixto					
Miguel Garcia-Hernandez					

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		07/11/14		
Time	2000			

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
Casing	New	24	8.625	J40	KB	728
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials			
	Density		Lb/Gal
Mud Type	0		
Disp. Fluid	H2O	Density 8.33	Lb/Gal
Spacer type	H2O	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	
07/11/14				Surface
Total	0.0	Total	0.0	

Perpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

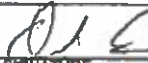
Other _____

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

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lba/Gal
1	455	Premium Plus Class C	2% Calcium Chloride, 0.25 lb/sk Celconata	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	20.00
	Lost Returns: 0	Load & Bkdn: Gal - BBI	
	Actual TOC	Excess /Return BBI	10
Average	Frac. Gradient	Calc. TOC	
5 Min	10 Min	Treatment: Gal - BBI	
	15 Min	Cement Slurry: BBI	107.0
		Total Volume: BBI	170.40

CUSTOMER REPRESENTATIVE _____

SIGNATURE: 

Thank You For Using
O - TEX Pumping

JOB SUMMARY

COUNTY Grant	PRODUCT NUMBER TN # 965	TICKET DATE 7/13/2014
COMPANY Linn Energy	CUSTOMER REP 0	
LEASE NAME WM Ackerman	Well No. 4 ATU 270	JOB TYPE Production
EMPLOYEE NAME JESUS JIMENEZ		

EMP NAME JESUS JIMENEZ			
LAMONT PATTERSON			
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
	7-12-14	07/12/14	07/12/14	07/13/14
Time	2:00AM	9:00AM	11:00PM	1:00AM

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		15.5	5.5	A43	0	3110	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials			
	Density	Qty	Lb/Gal
Mud Type	0	0	
Disp. Fluid	H2O	Density 8.33	Lb/Gal
Spacer type	SODIUM SILICATE	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	
07/12/14	15.0	07/12/14	2.0	Production
Total	15.0	Total	2.0	

Peripac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

MAX	1150	AVG	100	Pressures
MAX	3	AVG	3	Average Rates in BPM
Feet	44	Reason		Shoe Joint

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	435	O-Tex Low Density Cement	2% Gypsum, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C-19P, 0.2% C-61, 0.25 lbs/sk Cellulose	13.29	2.25	11.5
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Preflush Breakdown Average _____ 5 Min	Type: _____ MAXIMUM _____ Lost Returns _____ NO _____ Actual TOC _____ Frac. Gradient _____ 10 Min _____ 15 Min _____	Summary Preflush: BBI _____ 30.00 Load & Bkdn: Gal - BBI _____ Excess /Return BBI _____ 85 Calc. TOC _____ SURFACE _____ Treatment: Gal - BBI _____ Cement Slurry BBI _____ 174.0 Total Volume BBI _____ 277.00	Type: SODIUM SILICATE Pad: Bbl - Gal _____ Calc Disp Bbl _____ Actual Disp. _____ 73.00 Disp Bbl _____
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CUSTOMER REPRESENTATIVE _____

SIGNATURE _____

Thank You For Using
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