



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1223011
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: _____

1223011

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	McDONALD C-5 ATU-291
Doc ID	1223011

Tops

Name	Top	Datum
KRIDER	2519	KB
WINFIELD	2551	KB
TOWNADA	2622	KB
FT_RILEY	2677	KB
FUNSTON_LM	2797	KB
CROUSE	2844	KB
MORRILL	2937	KB
GRENOLA	2980	KB

JOB SUMMARY		PROJECT NUMBER TN # 1023	TICKET DATE 7/31/2014
COUNTY Hamilton	COMPANY Linn Energy	CUSTOMER REP 0	
LEASE NAME McDonald	Well No. C5 ATU 291	JOB TYPE Production	
GMP NAME		EMPLOYEE NAME Chris Lewis	

Chris Lewis					
Tony Lewis					
Johnny Blackwood					

Form Name _____ Type _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		07/31/14	07/31/14	07/31/14
Time		700	1215	1350

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	15.5	5.5	J40	KB	3068	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials			
	H2O	Density	Lb/Gal
Disp. Fluid		8.33	
Spacer type	dium sillica 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	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
07/31/14	7.0	07/31/14	2.0	Production
Total	7.0	Total	2.0	

Pressures			
MAX	AVG	MAX	AVG
2000	500	3	3
Average Rates in BPM			
Cement Left in Pipe			
Feet	Reason	Shoe Joint	

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	425	O-Tex LowDense Cement	2% Gypsum, 2% Calcium Chloride, 2% C-45, 0.6% C-15, 0.4% C-41P, 0.2% C-41, 0.25 lbs/sk Cellotek	13.29	2.25	115
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Preflush Breakdown	_____	Type: _____	Summary	Preflush: BBI	30.00	Type: sodium silicate
	_____	MAXIMUM		Load & Bkdn: Gal - BBI	_____	Pad: Bbl -Gal
Average	_____	Lost Returns: _____	Excess /Return BBI	50	Calc Disp Bbl	_____
	_____	Actual TOC	Calc TOC	0	Actual Disp	72.00
_____	5 Min	Frac Gradient	Treatment: Gal - BBI	_____	Disp Bbl	_____
_____	10 Min	15 Min	Cement Slurry BBI	170.0		
			Total Volume BBI	272.00		

CUSTOMER REPRESENTATIVE _____

SIGNATURE _____

Thank You For Using
O - TEX Pumping

JOB SUMMARY		PROJECT NUMBER TN # 1020	TICKET DATE 7/29/2014
COUNTY Hamilton	COMPANY Linn Energy	CUSTOMER REP 0	
LEASE NAME McDonnell	Well No CS 970 234	EMPLOYEE NAME Steve Crocker	
CAMP NAME	JOB TYPE Surface		

Steve Crocker					
Shawn Cotton					
Tony Lewis					
Jenny Blackwood					

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

Date	Called Out	On Location	Job Started	Job Completed
		07/29/14	07/29/14	07/29/14
Time		1900	2110	2220

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			From	To	Max. Allow
Casing	Now/Used	Weight	Size	Grade	
	New	24	8.625	140	1500
Liner					
Liner					
Tubing					
Drill Pipe					
Open Hole					Shots/Ft.
Perforations					
Perforations					
Perforations					

Materials			
Mud Type	Density		Lb/Gal
Disp. Fluid	H2O	Density	8.33
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

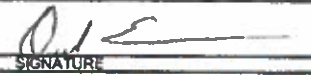
Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
07/29/14	3.5	07/29/14	1.0	Surface
				PUMP SPACER 108BBL
				PUMP LEAD CMT AT 14.8
				1078BBL
				DISPLACEMENT 448BBL
				CMT TO SURFACE
				558BBL / 230SKS
Total	3.5	Total	1.0	

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

Pressures	
MAX 900	AVG 100
Average Rates in BPM	
MAX 3.5	AVG 3
Cement Left in Pipe	
Feet 44	Reason Shoe Joint

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	455	Premium Plus Class C	2% Calcium Chloride, 0.25 lb/sk Celluloflake	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	Type: H2O
	Lost Returns F 0	Load & Bkdn: Gal - BBI	Pad: Bbl - Gal
	Actual TOC	Excess /Return BBI 55	Calc Disp Bbl
Average 5 Min	Frac. Gradient 10 Min	Calc TOC 0	Actual Disp 44.00
	15 Min	Treatment: Gal - BBI	D.sp Bbl
		Cement Slurry BBI 107.0	
		Total Volume BBI 161.00	

CUSTOMER REPRESENTATIVE _____
 SIGNATURE 

Thank You For Using
O - TEX Pumping