



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1223174
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: _____

1223174

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	SEITZ 5 ATU-294
Doc ID	1223174

Tops

Name	Top	Datum
KRIDER	2517	KB
WINFIELD	2555	KB
TOWANDA	2622	KB
FT_RILEY	2679	KB
FUNSTON_LM	2800	KB
CROUSE	2846	KB
MORRILL	2935	KB
GRENOLA	2986	KB

JOB SUMMARY		PROJECT NUMBER TN # 1032	TICKET DATE 8/1/2014
LOCATION Kearny		COMPANY Linn Energy	
LEASE NAME Seitz	Well No. 5 ATU 294	CUSTOMER REP Orlando	
EMP NAME Chris Lewis		EMPLOYEE NAME Chris Lewis	
JOB TYPE Surface			

Chris Lewis			
Steve Crocker			
Daniel Bustos			

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

Date	Called Out	On Location	Job Started	Job Completed
		08/01/14	08/01/14	08/01/14
Time		1900	2055	2200

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		24	8.625	J-40	KB	768	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

	Qty	Density	Lb/Gal
Mud Type	0	0	
Disp. Fluid	H2O	8.33	
Spacer type	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	
08/01/14	3.5	08/01/14	1.5	Surface
Total	3.5	Total	1.5	

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	

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	485	Premium Class C	2% Calcium Chloride and .25 %/sk CaO/foxa	6.34	1.35	14.8
2						
3						
4						

Preflush Breakdown	Type: MAXIMUM	Summary	Preflush: BBI 10.00	Type: H2O
Average	Lost Returns: 0	Load & Bkdn: Gal - BBI	Excess /Return BBI 35	Pad Bbl - Gal
5 Min	Actual TOC	Calc TOC	Treatment: Gal - BBI 0	Actual Disp 45.00
10 Min	Frac. Gradient	Cement Slurry BBI 115.0	Total Volume BBI 172.00	Disp Bbl
15 Min				

CUSTOMER REPRESENTATIVE _____
SIGNATURE _____

Thank You For Using
O - TEX Pumping

JOB SUMMARY

COUNTY Kearny	PROJECT NUMBER TN # 1036
LEASE NAME Seltz	TICKET DATE 8/3/2014
WELL NO. 5 ATU 294	CUSTOMER REP Weldon Higgins
JOB TYPE Production	APPROX. NAME Chris Lewis

Chris Lewis			
Steve Crocker			
Daniel Brusto			

Form Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		08/03/14	08/03/14	08/03/14
Time		700	745	925

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	
Casing	New	15.5	5.5	44	
Liner					
Liner					
Tubing					
Drill Pipe					
Open Hole					
Perforations					Shots/Ft.
Perforations					
Perforations					

Materials			
Mud Type	Density	0	Lb/Gal
Disp. Fluid	H2O	Density	8.33
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	
08/03/14	2.5	08/03/14		Production
Total	2.5	Total	0.0	

Perpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

MAX 2000		AVG 500	
MAX 3		AVG 3	
Feet 44		Reason Shoe Joint	

Cement Data			
Stage	Sacks	Cement	Additives
1	425	O-Tex LowDense	2% Gyp, 2% Calcium Chloride, 2% C-43, 0.4% C-13, 0.4% C-41F, 0.2% C-51, 0.25 #/sk Carbottake
2	0	0	0
3			
4			

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	30.00
	Lost Returns F	Load & Bkdn: Gal - BBI	0
	Actual TOC	Excess /Return BBI	0
Average	Frac. Gradient	Calc TOC	0
5 Min	10 Min	Treatment: Gal - BBI	170.0
	15 Min	Cement Slurry BBI	170.0
		Total Volume BBI	272.00

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

Thank You For Using
O - TEX Pumping