



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1223312
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: _____

1223312

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> _____				
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	SHORE C-4 ATU-58
Doc ID	1223312

Tops

Name	Top	Datum
KRIDER	2319	KB
WINFIELD	2365	KB
TOWANDA	2440	KB
FT_RILEY	2478	KB
FUNSTON_LM	2609	KB
CROUSE	2663	KB
MORRILL	2747	KB
GRENOLA	2780	KB

JOB SUMMARY			PROJECT NUMBER TN # 1039	TICKET DATE 8/4/2014
CITY Stanton	COMPANY Linn Energy	CUSTOMER REP Orlando		
LEASE NAME Shore	Well No. C-4 ATU 58	JOB TYPE Surface	EMPLOYEE NAME JASON JONES	

EQUIP NAME	JASON JONES	DANIEL BUSTOS			
	DAVID SIGALA				
	TYLER LEE				
	JOE ARELLANO				

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

Date	Called Out	On Location	Job Started	Job Completed
		08/04/14	08/04/14	08/04/14
Time		1930	2200	2300

Type and Size	Qty	Make
Auto Fill Tube	1	IR
Insert Float Valve	1	IR
Centralizers	5	IR
Top Plug	1	IR
HEAD	1	IR
Limit clamp	1	IR
Weid-A	2	IR
Texas Pattern Guide Shoe	1	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Surf Grade	From	To	Max. Allow
Casing	New	24	8.625 440	KB	729	2000
Liner						
Tubing						
Drill Pipe						
Open Hole						Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials			
		Density	Lb/Gal
Mud Type	H2O	8.33	
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	
08/04/14	4.0	08/04/14	2.0	Surface GOOD RETURNS THRU JOB JOB WAS COMPLETED SAFELY APPROX 50 BBLs OF CMT. WAS CIRCULATED TO SURFACE APPROX 207 SKS
Total	4.0	Total	2.0	

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

Pressures		
MAX	1400	AVG 270
Average Rates in BPM		
MAX	3	AVG 3
Cement Left in Pipe		
Feel	44	Reason Shoe Joint

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	455	Premium Class C	2% Calcium Chloride and .25 gph Cellulose	6.34	1.35	14.8
2						
3						
4						

Summary					
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	10.00	Type: H2O	
	Lost Returns: NO	Load & Bkdn: Gal - BBI	50	Pad. Bbl - Gal	
	Actual TOC: SURFACE	Excess / Return: BBI		Calc. Disp Bbl	
Average	Frac. Gradient	Calc. TOC: SURFACE		Actual Disp	43.00
15 Min	10 Min	Treatment: Gal - BBI	#VALUE!	Disp. Bbl	
	15 Min	Cement Slurry: BBI	#VALUE!		
		Total Volume: BBI	#VALUE!		

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

Thank You For Using
O - TEX Pumping

JOB SUMMARY		PROJECT NUMBER TN # 1045	TICKET DATE 8/6/2014
COUNTRY Stanton	COMPANY Linn Energy	CUSTOMER REF 0	
LEASE NAME Shore	Well No. C4 ATU 58	JOB TYPE Production	EMPLOYEE NAME JESUS JIMENEZ

EMP NAME JESUS JIMENEZ					
LAMONT PATTERSON					
SANTIAGO CALIXTO					

Form Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out 8/6/2014	On Location 08/06/14	Job Started 08/06/14	Job Completed 08/06/14
Time	12:00AM	7:00AM	8:30AM	11:00AM

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Fical 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	16.5	5.5	440	0	3457	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	Density	0	Lb/Gal
Disp. Fluid	H2O	Density	8.33
Spacer type	NUM SILIC 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

Perpac Balls _____ Qty _____

Other _____

Other _____

Other _____

Other _____

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
08/06/14	4.0	08/06/14	2.5	Production
Total	4.0	Total	2.5	

MAX 1100	AVG 50	Pressures
MAX 3	AVG 3	Average Rates in BPM
Feet 44	Reason	Cement Left in Pipe
		Shoe Joint

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	425	O-Tex LowDense Cement	2% Oyp, 2% Calcium Chloride, 2% C-43, 0.4% C-15, 0.4% C-41P, 0.2% C-51, 0.25 lb/sk Cellulose	13.29	2.25	11.5
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Preflush	Type: _____	Preflush: BBI	20.00	Type: SODIUM SILICATE
Breakdown	MAXIMUM	Load & Bkdn: Gal - BBI		Pad Bbl - Gal
	Lost Returns ?	Excess /Return BBI	72	Calc Disp Bbl
	Actual TOC	Calc. TOC	SURFACE	Actual Disp
Average	Frac. Gradient	Treatment: Gal - BBI		Disp Bbl
15 Min	10 Min	Cement Slurry BBI	170.0	
		Total Volume BBI	262.00	

CUSTOMER REPRESENTATIVE _____

SIGNATURE _____

Thank You For Using
O - TEX Pumping