



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225912
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: _____

1225912

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. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	SHIPMAN 4 ATU-127
Doc ID	1225912

Tops

Name	Top	Datum
KRIDER	2336	KB
WINFIELD	2374	KB
TOWANDA	2448	KB
FT_RILEY	2488	KB
FUNSTON_LM	2614	KB
CROUSE	2669	KB
MORRILL	2751	KB
GRENOLA	2792	KB

JOB SUMMARY			PROJECT NUMBER TN # 1052	TICKET DATE 8/10/2014
COUNTRY Stanton	COMPANY Linn Energy	CUSTOMER REP 0		
LEAS NAME Shipman	Well No. 4 ATU 127	LEAS TYPE Surface	EMPLOYEE NAME Steve Crocker	

EMP NAME Steve Crocker					
Tony Lewis					
Ernest Brown					
Adam Morris					

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

Date	Called Out	On Location	Job Started	Job Completed
		08/10/14	08/10/14	08/10/14
Time	1700			

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
Casing	New	24	8.625	240	0	726
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						
Perforations						
Perforations						

Materials			
	Density		Lb/Gal
Mud Type	0		
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	
08/10/14		08/10/14		Surface
				Pump Spacer
				Pump Lead CMT 107bbbls at 14.8
				Pump Displacement 44bbbls
				CMT to Surface: 44bbbls / 187fks
Total	0.0	Total	0.0	

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

Pressures	
MAX	AVG
MAX	Average Rates in BPM
	AVG
Feet	Cement Left in Pipe
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 Bpkt Cellulose	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	10.00
	MAXIMUM _____	Load & Bkdn: Gal - BBI	
	Lost Returns: _____	Excess / Return BBI	0
	Actual TOC _____	Calc. TOC _____	
Average	Frac. Gradient _____	Treatment: Gal - BBI	
5 Min.	10 Min.	Cement Slurry BBI	107.9
	15 Min.	Total Volume BBI	161.00

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

Thank You For Using
O - TEX Pumping

JOB SUMMARY			PROJECT NUMBER TN # 1058	HOIST DATE 8/12/2014
COUNTY Stanton	COMPANY Linn Energy	CUSTOMER REP 0		
LEASE NAME Shipman	Well No 4 ATU 127	JOB TYPE Production	EMPLOYEE NAME LAMONT PATTERSON	

EMP NAME					
LAMONT PATTERSON					
MIGUEL MURGADO					
JOSEPH MARTINEZ					

Form. Name _____ Type: _____
Packer Type _____ Sol AI _____
Bottom Hole Temp. _____ Pressure _____
Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		08/12/14	08/12/14	08/12/14
Time		430	1045	1235

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

Well Data							
	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	15.5	5.5	J48	KB	3056	1400
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
	Density		Lb/Gal
Mud Type	8	Density	8.33
Disp. Fluid	H2O	Density	8.33
Spacer type	LOWSTOP	BBL	20
Spacer type	BBL		
Acid Type	Gal.	%	
Acid Type	Gal.	%	
Surfactant	Gal.	ln	
NE Agent	Gal.	ln	
Fluid Loss	Gal/Lb	ln	
Gelling Agent	Gal/Lb	ln	
Fric. Red.	Gal/Lb	ln	
MISC.	Gal/Lb	ln	
Perfec Balls		Qty.	
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
08/12/14	9.0	08/12/14	11.0	Production
				APPROX 68 BBL TO PIT
				FINAL LIFT 560 PSI
				1/2 BBL BACK ON FLOATS
				JOB COMPLETED SAFELY
Total	9.0	Total	11.0	

Pressures			
MAX	AVG	MAX	AVG
1100	550	3.5	3
Average Rates in BPM			
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

Cement Data			Additives			W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	2% Gyp, 2% Calcium Chloride, 2% C-48, 0.4% C-15, 0.4% C-11F, 0.2% C-61, 0.25 Sphul Cellulose			13.28	2.25	11.5
1	425	O-Tex Low-Dense Cement	0	0	0	0	0	0
2	0		0	0	0	0	0	0
3	0		0	0	0	0	0	0
4								

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	20.00
	Lost Returns: 0	Load & Bkdn: Gal - BBI	68
	Actual TOC	Excess /Return BBI	3.056
Average	Frac. Gradient	Calc TOC	176.0
5 Min	10 Min	Treatment: Gal - BBI	262.00
	15 Min	Cement Slurry BBI	
		Total Volume BBI	

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

Thank You For Using
O - TEX Pumping