



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1230050
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: _____

1230050

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

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	FRANK J. SCHMITZ 5 ATU-394
Doc ID	1230050

Tops

Name	Top	Datum
KRIDER	2937	KB
WINFIELD	2443	KB
TOWANDA	2509	KB
FT_RILEY	2560	KB
FUNSTON_LM	2687	KB
CROUSE	2741	KB
MORRILL	2807	KB
GRENOLA	2863	KB

JOB SUMMARY		PROJECT NUMBER TN # 1108	TICKET DATE 8/27/2014
COUNTY Grant	COMPANY Linn Energy	CUSTOMER REP 0	
LEASE NAME Frank J Schmitz	Well No. #5 ATU 394	EMPLOYEE NAME JESUS JIMENEZ	
JOB TYPE Surface		EMP NAME	

JESUS JIMENEZ					
MIGUEL MURGADO					
JOHNNY BLACKWOOD					
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
	8/27/2014	08/27/14	08/27/14	08/27/14
Time	12:00AM	5:00AM	8:00AM	9:00AM

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

	New/Used	Weight	Size	Grade	Well Data		
					From	To	Max. Allow
Casing	New	24	8.625	J43	0	725	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	Qty	Density	Lb/Gal
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	
08/27/14	4.0	08/27/14	1.0	Surface
Total	4.0	Total	1.0	

Peripac Balls _____ Qty _____

Other _____

Other _____

Other _____

Other _____

Other _____

Pressures	
MAX 920	AVG 100
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	450	Premium Plus Class C	2% Calcium Chloride, 0.25 lbs/sk CaBoflake	6.34	1.32	14.8
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Preflush Breakdown		Summary		Preflush: BBI 10.00		Type: H2O	
Type: MAXIMUM		Loss: Returns: NO		Load & Bkdn: Gal - BBI		Pad: BBI - Gal	
Actual TOC		Actual TOC		Excess /Return BBI 43		Calc. Disp Bbl	
Frac. Gradient		Frac. Gradient		Calc. TOC: SURFACE		Actual Disp 43.00	
5 Min		10 Min		Treatment: Gal - BBI		Disp Bbl	
		15 Min		Cement Slurry BBI			
				Total Volume BBI		159.00	

CUSTOMER REPRESENTATIVE *Jesus Jimenez*

SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY			PRODUCT NUMBER TN # 1116	TICKET DATE 8/28/2014
COUNTY Grant	COMPANY Linn Energy		CUSTOMER REP 0	
LEASE NAME Frank J. Schmitz	Well No #5 ATU 394	JOB TYPE Production	EMPLOYEE NAME BEAU CLEM	

BEAU CLEM				
SHAWN COTTON				
CHRIS LAYTON				

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	8/27/14	08/28/14	08/28/14	08/28/14
Time	10:04PM	11:00AM	6:44PM	8:40PM

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
New/Used	Weight	Size	Grade		
Casing	New	15.5	5.5	0	3064.4
Liner					
Liner					
Tubing					
Drill Pipe					
Open Hole					
Perforations					Shots/Ft.
Perforations					
Perforations					

Materials		
Disp. Fluid	Density	Lb/Gal
H2O	8.33	
Spacer type	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	
08/28/14	10.5	08/28/14	2.0	Production
Total	10.5	Total	2.0	

Perpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Other _____

MAX	1005	AVG	60
Pressures			
MAX	3.5	AVG	3
Average Rates in BPM			
Feet	44	Reason	Shoe Joint

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	425	0-Tex LowDense Cement	2% Gyp, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C-41P, 0.2% C-51, 0.25 lb/sk CaFloRate	13.29	2.25	11.5
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Preflush Breakdown		Summary	
Type: _____	MAXIMUM _____	Preflush: BBI	30.00
Lost Returns: _____	Actual TOC _____	Load & Bkdn: Gal - BBI	72
Frac. Gradient _____	_____	Excess / Return: BBI	72
_____	_____	Calc TOC _____	72.00
Average _____	_____	Treatment: Gal - BBI	170.0
_____	_____	Cement Slurry: BBI	170.0
_____	_____	Total Volume: BBI	272.00

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

Thank You For Using
O - TEX Pumping