



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1232311  
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: \_\_\_\_\_

1232311

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](mailto: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:  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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	E.M. PHILLIPPI 5 ATU-239
Doc ID	1232311

Tops

Name	Top	Datum
KRIDER	2345	KB
WINFIELD	2378	KB
TOWANDA	2448	KB
FT_RILEY	2490	KB
FUNSTON_LM	2613	KB
CROUSE	2656	KB
MORRILL	2792	KB
GRENOLA	2807	KB



<b>JOB SUMMARY</b>		PROJECT NUMBER <b>TN # 1120</b>	TICKET DATE <b>8/30/2014</b>
COURTY <b>Stanton</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>HERMAN LUJAN</b>	
LEASE NAME <b>E M PHILLIPPI</b>	Well No. <b>5 ATU 239</b>	JOB TYPE <b>Surface</b>	
EMP NAME <b>BEAU CLEM</b>		EMPLOYEE NAME <b>BEAU CLEM</b>	

BEAU CLEM				
MARIO ABREGO				
ADAM MORRIS				
GABRIEL MURTY				

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_

Packer Type \_\_\_\_\_ Set At \_\_\_\_\_

Bottom Hole Temp. \_\_\_\_\_ Pressure \_\_\_\_\_

Retainer Depth \_\_\_\_\_ Total Depth \_\_\_\_\_

Date	Called Out <b>8/29/14</b>	On Location <b>08/30/14</b>	Job Started <b>08/30/14</b>	Job Completed <b>08/30/14</b>
Time	<b>5:00PM</b>	<b>12:00AM</b>	<b>12:47AM</b>	<b>1:58AM</b>

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	New	24	8.625	AAA	0	765	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials	Density	Qty	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	
08/30/14	2.5	08/30/14	1.3	Surface
Total		Total		
2.5		1.3		

Perfpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures	
MAX	800
AVG	30
Average Rates in BPM	
MAX	3.5
AVG	3
Cement Left in Pipe	
Feet	44
Reason	
Shoe Joint	

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	485	Premium Plus Class C	2% Calcium Chloride, 0.25 Brak 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: <b>MAXIMUM</b>	Preflush: BBI <b>10.00</b>	Type: <b>H2O</b>
	Lost Returns: <b>0</b>	Load & Bkdn: Gal - BBI <b>50</b>	Pad: BBI - Gal _____
Average	Actual TOC _____	Calc TOC <b>SURFACE</b>	Calc Disp Bbl _____
5 Min	Frac. Gradient <b>10 Min</b>	Treatment: Gal - BBI _____	Actual Disp <b>46.00</b>
	15 Min _____	Cement Slurry BBI <b>114.0</b>	Disp Bbl _____
		Total Volume BBI <b>170.00</b>	

CUSTOMER REPRESENTATIVE *Herman Lujan*

SIGNATURE \_\_\_\_\_

**Thank You For Using**  
**O - TEX Pumping**

<b>JOB SUMMARY</b>		PROJECT NUMBER <b>TN # 1122</b>	TICKET DATE <b>8/31/2014</b>
COUNTY <b>STANTON</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>HERMAN LUJAN</b>	
LEASE NAME <b>E.M. Phillippi</b>	Well No. <b>5 ATU 239</b>	EMPLOYEE NAME <b>BEAU CLEM</b>	
JOB TYPE <b>Production</b>			

BEAU CLEM					
MARIO ABREGO					
ANGEL GARCIA					

Form Name \_\_\_\_\_ Type: \_\_\_\_\_

Packer Type \_\_\_\_\_ Set At \_\_\_\_\_

Bottom Hole Temp. \_\_\_\_\_ Pressure \_\_\_\_\_

Retainer Depth \_\_\_\_\_ Total Depth \_\_\_\_\_

Date	Called Out <b>8/30/14</b>	On Location <b>08/31/14</b>	Job Started <b>08/31/14</b>	Job Completed <b>08/31/14</b>
Time	<b>6:55PM</b>	<b>7:00AM</b>	<b>1:22PM</b>	<b>3:20PM</b>

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	J-40	0	3107	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials			
	H2O	Density	Lb/Gal
Mud Type	0	0	0
Disp. Fluid	H2O	Density	8.33
Spacer type	DDNM SIL 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	
08/31/14	7.5	08/31/14	2.0	Production
Total	7.5	Total	2.0	

Perfpac Balls \_\_\_\_\_ Qty \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

MAX <b>1090</b>		AVG <b>50</b>	
MAX <b>3.5</b>		AVG <b>3</b>	
Feet <b>44</b>		Reason <b>Shoe Joint</b>	

Cement Data			Additives			W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	2% Gyp, 2% Calcium Chloride, 2% C-43, 0.4% C-15, 0.4% C-41P, 0.2% C-51, 0.25 10/100k Cellulose			13.29	2.25	11.5
1	425	O-TEX LowDense Cement	0	0	0	0	0	0
2	0		0	0	0	0	0	0
3	0		0	0	0	0	0	0
4								

Prelflush Breakdown		Type: _____		Summary		Type: H2O/SODIUM SILICATE	
_____		MAXIMUM _____		Preflush: BBI _____ 30.00		Pad: Bbl - Gal _____	
_____		Lost Returns: _____		Load & Bkdn: Gal - BBI _____		Calc Disp Bbl _____	
_____		Actual TOC: _____		Excess /Return BBI _____		Actual Disp. _____	
Average _____		Frac. Gradient _____		Calc. TOC: _____		Disp Bbl _____	
(5.0) 5 Min _____		10 Min _____		Treatment: Gal - BBI _____		_____	
		15 Min _____		Cement Slurry BBI _____		_____	
				Total Volume BBI _____		273.00	

CUSTOMER REPRESENTATIVE *Dennis Lopez*

SIGNATURE \_\_\_\_\_

**Thank You For Using**  
**O - TEX Pumping**