



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236865
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: _____

1236865

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: 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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JOB SUMMARY		PROJECT NUMBER TN # 1190	TICKET DATE 9/25/2014
COUNTY Finney	COMPANY Linn Energy	CUSTOMER REP WELDON HIGGINS	
LEASE NAME Murphy	Well No. 4 ATU 92	JOB TYPE Surface	
EMP NAME BEAU CLEM			

BEAU CLEM					
MARIO ABREGO					
DALE PURDY					
DANIEL MUNIZ					

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

Date	Called Out 9/24/14	On Location 09/25/14	Job Started 09/25/14	Job Completed 09/25/14
Time	4:15PM	1:00AM	2:31AM	3:58AM

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	J-40	0	1018	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

	0	Density	0	Lb/Gal
Mud Type				
Disp. Fluid	H2O	BBL	10	8.33
Spacer type				
Spacer type				
Acid Type				%
Acid Type				%
Surfactant				In
NE Agent				In
Fluid Loss				In
Gelling Agent				In
Fric. Red.				In
MISC.				In

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
09/25/14	4.0	09/25/14	1.5	Surface
Total	4.0	Total	1.5	

Perpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____
 Other _____

Pressures	
MAX 875	AVG 50
Average Rates in BPM	
MAX 4	AVG 3
Cement Left in Pipe	
Feet 43	Reason Shoe Joint

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	640	Premium Class C	2% Calcium Chloride and .25 %ak Cellulose	6.34	1.35	14.8
2						
3						
4						

Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns † _____	Actual TOC _____	Frac. Gradient _____	5 Min _____	10 Min _____	15 Min _____	Summary	Preflush: BBI _____	Load & Bkdn: Gal - BBI _____	Excess /return BBI _____	Calc TOC _____	Treatment: Gal - BBI _____	Cement Slurry BBI _____	Total Volume BBI _____	Type: H2O	Pad:Bbl -Gal _____	Calc Disp Bbl _____	Actual Disp _____	Disp Bbl _____
										10.00		55	SURFACE	154.0	226.00						

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY

COUNTY: Finney LEASE NAME: Murphy EMP NAME: Steve Crocker	PROJECT NUMBER: TN # 1194 COMPANY: Linn Energy Well No: 4 ATU 92 JOB TYPE: Production	TICKET DATE: 9/26/2014 CUSTOMER REP: Weldon Higgins EMPLOYEE NAME: Steve Crocker
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Steve Crocker			
Chris Lewis			
Tyler Lee			

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		09/26/14	09/26/14	09/26/14
Time		1000	1800	2100

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	15.5	5.5	J-40	0	2938
Liner						2500
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						
Perforations						

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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
09/26/14	11.0	09/26/14	3.0	Production
				pump 20bbls sodium silicate
				pump lead cmt at 11.5ppg
				152bbls
				pump displacement 69bbls
				CMT to Surface 70bbls
				174skts
Total	11.0	Total	3.0	

Pressures	
MAX 900	AVG 150
Average Rates in BPM	
MAX 3.5	AVG 3
Cement Left in Pipe	
Feet 44	Reason Shoe Joint

Cement Data			
Stage	Sacks	Cement	Additives
1	380	O-TEX LowDense	2% Gyp, 2% Calcium Chloride, 2% C-43, 0.4% C-15, 0.4% C-41P, 0.2% C-31, 0.25 #/sk Cellulose
2	0	0	0
3			
4			

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	20.00
	Lost Returns: 0	Load & Bkdn: Gal - BBI	70
	Actual TOC	Excess / Return: BBI	0
Average	Frac. Gradient: 10 Min	Treatment: Gal - BBI	152.0
5 Min	15 Min	Cement Slurry: BBI	241.00
		Total Volume: BBI	

CUSTOMER REPRESENTATIVE *Weldon Higgins* SIGNATURE

Thank You For Using
O - TEX Pumping