

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238558
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: _____

1238558



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: <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. <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	WRATIL 4 ATU-354
Doc ID	1238558

Tops

Name	Top	Datum
KRIDER	2336	KB
WINFIELD	2374	KB
TOWANDA	2444	KB
FT_RIGLEY	2497	KB
FUNSTON_LM	2621	KB
CROUSE	2679	KB
MORRILL	2754	KB
GRENOLA	2797	KB

JOB SUMMARY			PROJECT NUMBER TN # 1211	TICKET DATE 10/1/2014
COUNTY Morton	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins		
LEASE NAME Wratil	Well No. 4 ATU 354	JOB TYPE Production	EMPLOYEE NAME JESUS JIMENEZ	

EMP NAME JESUS JIMENEZ				
MIGUEL MURGADO				
CHRISTOPHER LAYTON				

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

Date	Called Out 10-1-2014	On Location 10/01/14	Job Started 10/01/14	Job Completed 10/01/14
Time	2:00AM	9:00AM	2:30PM	4:30PM

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 Bucket	0	IR

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	15.5	5.5	J44	0	3064	2000
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	6	Density	0 Lb/Gal
Disp. Fluid	H2O	Density	8.33 Lb/Gal
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	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
10/01/14	7.5	10/01/14	2.0	Production
Total	7.5	Total	2.0	

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

Pressures			
MAX	1000	AVG	100
Average Rates in BPM			
MAX	3	AVG	3
Cement Left in Pipe			
Feet	43	Reason	Shoe Joint

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

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	20.00
	Lost Returns: NO	Load & Bkdn: Gal - BBI	
	Actual TOC	Excess /Return BBI	70
Average	Frac Gradient	Calc TOC	SURFACE
ISP	5 Min	Treatment: Gal - BBI	
	10 Min	Cement Slurry BBI	170.0
	15 Min	Total Volume BBI	262.00
		Type: SODIUM SILICATE	
		Pad:Bbl -Gal	
		Calc Disp Bbl	
		Actual Disp	72.00
		Disp. Bbl	

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

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

JOB SUMMARY

COUNTY Morton	PROJECT NUMBER TN # 1205	TICKET DATE 9/29/2014
LEASE NAME Wratil	COMPANY Linn Energy	CUSTOMER REP Orlando
Well No. 4 ATU 354	JOB TYPE Surface	EMPLOYEE NAME MARIO ABREGO

Form Name Chaco-Corral Drive Type: _____ Packer Type _____ Set At _____ Bottom Hole Temp. _____ Pressure _____ Retainer Depth _____ Total Depth _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Date</th> <th>Called Out</th> <th>On Location</th> <th>Job Started</th> <th>Job Completed</th> </tr> <tr> <td></td> <td>8/28/2014</td> <td>09/28/14</td> <td>09/29/14</td> <td>09/29/14</td> </tr> <tr> <th>Time</th> <td>4:00PM</td> <td>9:00PM</td> <td>3:16AM</td> <td>4:23AM</td> </tr> </table>	Date	Called Out	On Location	Job Started	Job Completed		8/28/2014	09/28/14	09/29/14	09/29/14	Time	4:00PM	9:00PM	3:16AM	4:23AM
Date	Called Out	On Location	Job Started	Job Completed												
	8/28/2014	09/28/14	09/29/14	09/29/14												
Time	4:00PM	9:00PM	3:16AM	4:23AM												

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	Max. Allow
Casing	NEW	24	8.625	40	0	730	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials

Mud Type	Disp.	Fluid	Density	U	Lb/Gal
H2O	H2O	Density	8.33		Lb/Gal
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	

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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
09/28/14	9.0	09/29/14	2.0	Surface
Total	9.0	Total	2.0	

Pressures

MAX	1800	AVG	60
MAX	3.5	AVG	3.5

Average Rates in BPM
Cement Left in Pipe
Reason Shoe Joint

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	450	Premium Class C	2% Calcium Chloride and .25 Bbl Cellulose	6.34	1.35	14.8
2						
3						
4						

Summary

Preflush Breakdown	Type: _____	Preflush: BBI	10.00	Type: H2O
	MAXIMUM _____	Load & Bkdn: Gal - BBI		Pad: Bbl -Gal
	Lost Returns # _____	Excess /Return BBI	0	Calc Disp Bbl
	Actual TOC _____	Calc TOC:	380-500	Actual Disp
Average	Frac. Gradient _____	Treatment: Gal - BBI		Disp Bbl
5 Min	10 Min _____	Cement Slurry BBI	108.0	
	15 Min _____	Total Volume BBI	162.00	

CUSTOMER REPRESENTATIVE *Willie Hays* SIGNATURE

Thank You For Using
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