

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1240220
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: _____

1240220



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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	MAUD COLLINGWOOD 4 ATU-359
Doc ID	1240220

Tops

Name	Top	Datum
KRIDER	2395	KB
WINFIELD	2445	KB
TOWANDA	2498	KB
FT-RILEY	2549	KB
FUNSTON	2681	KB
CROUSE	2739	KB
MORRILL	2821	KB
GRENOLA	2859	KB

JOB SUMMARY

PROJECT NUMBER: **TN # 1224** TICKET DATE: **10/5/2014**

COUNTY: **Stanton** COMPANY: **Linn Energy** CUSTOMER REP: **0**
 CLASS NAME: **Maud Collingwood** WEL NO.: **4 ATU 359** JOB TYPE: **Surface** EMPLOYEE NAME: **Stev Crocker**

SMP NAME: **Stev Crocker**
Tony Lewis
Gabe Murton
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
		10/05/14	10/05/14	10/05/14
Time		1900	2235	2340

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 Shoes	0	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing	New	24	8.825	240	0	767
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						Shots/Ft.
Perforations						
Perforations						

Materials			
Mud Type	Density	0	Lb/Gal
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	Date	Hours	Date	Hours	
10/05/14	4.5	10/05/14	1.0					Surface
								Pump spacer 10bbbs
								Pump lead cmt at 14.8ppg
								113bbbs
								Displace cmt 46bbbs
								cmt to surface 50bbbs
								201aks
Total	4.5	Total	1.0					

Perfpac Bells: _____ Qty: _____
 Other: _____
 Other: _____
 Other: _____
 Other: _____

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

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives	6.34	1.32	14.8
1	480	Premium Plus Class C	2% Calcium Chloride, 0.25 tank Collofak	0	0	0
2	0	0	0	0	0	0
3	0	0	0			
4						

Summary			
Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns -f _____
Average _____ 5 Min	Frac. Gradient _____ 10 Min	_____ 15 Min	
Preflush:	BBI	10.00	Type: H2O
Load & Bkdn:	Gal - BBI	50	Pad: BBI - Gal
Excess /Return	BBI	0	Calc Disp Bbl
Calc. TOC:			Actual Disp.
Treatment:	Gal - BBI	113.0	Disp Bbl
Cement Slurry	BBI	169.00	
Total Volume	BBI		

CUSTOMER REPRESENTATIVE: Walter Higgins SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY			PROJECT NUMBER TN # 1225	TICKET DATE 10/7/2014
COUNTY Stanton	COMPANY Linn Energy	CUSTOMER REP 0		
LEASE NAME Maud Collingwood	Well No. 4 ATU 359	JOB TYPE Production	EMPLOYEE NAME Chris Lewis	

EMP NAME					
Chris Lewis					
Tony Lewis					
Joe Arellano					

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

Date	Called Out	On Location	Job Started	Job Completed
		10/07/14	10/07/14	10/07/14
Time	800			

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	15.5	5.5	240	KB	6067	2500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	Density		Lb/Gal
Disp. Fluid	H2O	Density	8.33
Spacer type	ium Sylic	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	
10/07/14	5.0	10/07/14	2.0	Production
Total	5.0	Total	2.0	

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

Pressures			
MAX	2500	AVG	100
Average Rates in BPM			
MAX	3	AVG	3
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

Cement Data				Additives			W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement		2% Oyp, 2% Calcium Chloride, 2% C-45, 0.4% C-18, 0.4% C-41P, 0.2% C-61, 0.25 Bbl/ak Colofake			13.29	2.25	11.5
1	425	O-Tex LowDense Cement				0	0	0	
2	0	0				0	0	0	
3	0	0				0	0	0	
4									

Summary			
Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns _____
Average	5 Min _____	10 Min _____	15 Min _____
Preflush:	BBL	20.00	Type: Sodium Silicate
Load & Bkdn:	Gal - BBL	70	Pad/Bbl - Gal
Excess /Return	BBL	0	Calc Disp Bbl
Calc TOC		0	Actual Disp
Treatment:	Gal - BBL	170.0	Disp Bbl
Cement Slurry	BBL	170.0	
Total Volume	BBL	262.00	

CUSTOMER REPRESENTATIVE Willie Huggins SIGNATURE

Thank You For Using
O - TEX Pumping