

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1240420  
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: \_\_\_\_\_

1240420



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

<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> _____ <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	ALLER A-4 ATU-445
Doc ID	1240420

Tops

Name	Top	Datum
KRIDER	2392	KB
WINFIELD	2428	KB
TOWANDA	2492	KB
FT_RILEY	2543	KB
FUNSTON_LM	2670	KB
CROUSE	2723	KB
MORRILL	2799	KB
GRENOLA	2844	KB



<b>JOB SUMMARY</b>		PROJECT NUMBER <b>TN # 1241</b>	TICKET DATE <b>10/14/2014</b>
COURTY <b>0</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>0</b>	
LEASE NAME <b>Wfer</b>	Well No. <b>A4 ATU 445</b>	JOB TYPE <b>Surface</b>	
EMP NAME <b>DAVIDSIGALA</b>		EMPLOYEE NAME <b>DAVIDSIGALA</b>	

DAVIDSIGALA					
SHAWN COTTON					
CHRISTOPHER LAYTON					
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
		10/14/14	10/14/14	10/14/14
Time	600	2130	2300	

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	24	8.625	440	KB	730
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
	Qty	Density	Lb/Gal
Mud Type	H2O	8.3	
Disp. Fluid			
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	
10/14/14	6.0	10/14/14	1.5	Surface
				JOB COMPLETE SAFE
				FLOATS HELD
				APPROX. BBL 50 CNT BACK
				1/2BBL BACK AFTER CHECK
Total	6.0	Total	1.5	

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

Pressures	
MAX 700	AVG 100
Average Rates in BPM	
MAX 3	AVG 3
Cement Left in Pipe	
Feet 43	Reason Shoe Joint

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	455	Premium Plus Class C	2% Calcium Chloride, 0.25 Bbls Cellulose	8.34	1.32	14.8
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Preflush Breakdown	Type: _____	Summary	Preflush: BBI 10.00	Type: H2O
	MAXIMUM _____	Load & Bkdn: Gal - BBI _____	Excess /Return BBI 63	Pad Bbl -Gal _____
	Lost Returns: f _____	Calc TOC _____	Calc TOC 1,455	Calc Disp Bbl _____
Average	Frac Gradient _____	Treatment: Gal - BBI _____	Cement Slurry BBI 107.0	Actual Disp _____
5 Min	10 Min _____	Total Volume BBI 160.97		Disp Bbl _____

CUSTOMER REPRESENTATIVE Walter Hays SIGNATURE

**Thank You For Using**  
**TEX Pumping**

<b>JOB SUMMARY</b>		PROJECT NUMBER <b>TN # 1246</b>	TICKET DATE <b>10/16/2014</b>
CITY <b>Morton</b>	COMPANY <b>Linn Energy</b>	CLIENT ORDER REF <b>0</b>	
LEASE NAME <b>Alter</b>	Well No. <b>A4 ATU 445</b>	JOB TYPE <b>Production</b>	EMPLOYEE NAME <b>DAVID SIGALA</b>

EMP NAME <b>DAVID SIGALA</b>				
<b>MARIO ABREGO</b>				
<b>RICHARD POLK</b>				

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

Date	Called Out	On Location	Job Started	Job Completed
		10/16/14	10/16/14	10/16/14
Time	745			

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	15.5	5.5	140	KB	3063	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Fl
Perforations							
Perforations							
Perforations							

Materials		
Mud Type	0	Density 0 Lb/Gal
Disp. Fluid	H2O	Density 8.3 Lb/Gal
Spacer type	LOWSTOP	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	
10/16/14		10/16/14		Production
				JOB COMPLETE SAFE
				FLOATS HELD
				APPROX 1/2 BBL BACK WHEN
				APPROX 30 BBL CMT BACK
Total	0.0	Total	0.0	

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

Pressures	
<b>MAX</b>	<b>AVG</b>
Average Rates in BPM	
<b>MAX</b>	<b>AVG</b>
Cement Left in Pipe	
<b>Feel 42</b>	<b>Reason Shoe Joint</b>

Cement Data		Additives		W/Rq	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	425	O-Tex LowDense Cement	2% Oyp, 2% Calcium Chloride, 2% C-43, 0.4% C-15, 0.4% C-41P, 0.2% C-61, 0.23 lb/sk Cellulose	13.25	2.25	11.5
2	0			0	0	0
3	0			0	0	0
4						

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	<b>30.00</b>
	MAXIMUM _____	Load & Bkdn: Gal - BBI	
	Lost Returns _____	Excess /Return BBI	<b>0</b>
	Actual TOC _____	Calc TOC	<b>SURFACE</b>
Average (15') 5 Min.	Frac. Gradient 10 Min.	Treatment: Gal - BBI	<b>170.0</b>
	15 Min.	Cement Slurry BBI	<b>272.00</b>
		Total Volume BBI	<b>272.00</b>

CUSTOMER REPRESENTATIVE Wick Higgins SIGNATURE

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