

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1240594  
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: \_\_\_\_\_

1240594

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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	BAILEY 4 ATU-129
Doc ID	1240594

Tops

Name	Top	Datum
KRIDER	2356	KB
WINFIELD	2391	KB
TOWANDA	2457	KB
FT_RILEY	2517	KB
FUNSTON_LM	2636	KB
CROUSE	2696	KB
MORRILL	2769	KB
GRENOLA	2813	KB



<b>JOB SUMMARY</b>		PROJECT NUMBER <b>TN # 1278</b>	TICKET DATE <b>10/25/2014</b>
LOCATION <b>Stanton</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>Orlando</b>	
WELL NAME <b>Bailey</b>	Well No. <b>4 ATU 129</b>	JOB TYPE <b>Surface</b>	
EMP NAME <b>MARIO ABREGO</b>		EMPLOYEE NAME <b>MARIO ABREGO</b>	

<b>MARIO ABREGO</b>					
<b>DAVID SAGALA</b>					
<b>SANTIAGO CALIXTO</b>					
<b>MIGUEL FIARUA</b>					

Form. Name Casco-Corral Grove Type: \_\_\_\_\_

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

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

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

Date	Called Out	On Location	Job Started	Job Completed
	10/26/2014	10/26/14	10/26/14	10/26/14
Time	1:00PM	6:00PM	6:45PM	8:00PM

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
	New	Used						
Casing			24	8.625	J-55	0	730	2000
Liner								
Liner								
Tubing								
Drill Pipe								
Open Hole								
Perforations								Shots/Fl.
Perforations								
Perforations								

Materials			
	WBM	Density	Lb/Gal
Disp. Fluid	H2O	8.33	
Spacer type	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
Perfpac Balls		Qty.	
Other			
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
10/26/14	4.0	10/26/14	2.0	Surface
Total	4.0	Total	2.0	

Pressures			
MAX	1050	AVG	4
Average Rates in BPM			
MAX	4	AVG	3
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

Cement Data				W/Rc.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	450	Premium Class C	2% Calcium Chloride and .25 %wt Cellulose	6.34	1.32	14.8
2						
3						
4						

Preflush Breakdown	Type: <b>MAXIMUM</b>	Preflush: BBI <b>10.00</b>	Type: <b>H2O</b>
Average	Lost Returns / Actual TOC	Load & Bkdn: Gal - BBI <b>30</b>	Pad: Bbl - Gal
	Frac. Gradient	Excess / Return BBI	Calc Disp Bbl
	5 Min	Calc TOC	Actual Disp
	10 Min	Treatment: Gal - BBI	Disp Bbl
	15 Min	Cement Slurry BBI	
		Total Volume BBI	

CUSTOMER REPRESENTATIVE Will Higgin SIGNATURE

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

<b>JOB SUMMARY</b>			PROJECT NUMBER <b>TN # 1281</b>	START DATE <b>10/28/2014</b>
COUNTRY <b>0</b>	COMPANY <b>Linn Energy</b>		CUSTOMER REP <b>Weldon Higgins</b>	
LEASE NAME <b>Bailey</b>	Well No. <b>4 ATU 129</b>	JOB TYPE <b>Production</b>	EMPLOYEE NAME <b>MARIO ABREGO</b>	

EMP NAME <b>MARIO ABREGO</b>				
<b>SHAWN COTTON</b>				
<b>MIGUEL MURGADO</b>				

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

Date	Called Out	On Location	Job Started	Job Completed
	10/28/2014	10/28/14	10/28/14	10/28/14
Time	1:00AM	6:00AM	6:53AM	8:35AM

**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	405	0	3057	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

**Materials**

	H2O	Density	Lb/Gal
Mud Type	0	0	
Disp. Fluid		8.33	
Spacer type	HUM SILIC 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**

Date	Hours	Date	Hours	Description of Job
10/28/14	4.0	10/28/14	2.0	Production
Total	4.0	Total	2.0	

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

**Pressures**

MAX 1050	AVG _____
MAX 3.5	AVG 3
Cement Left in Pipe	
Feet 44	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-43, 0.4% C-13, 0.4% C-1P, 0.2% C-51, 0.25 #/sk Cellulofake	13.29	2.25	11.5
2	0	0	0	0	0	0
3						
4						

**Summary**

Preflush Breakdown	Type: _____	MAXIMUM _____	Actual TOC _____	Frac Gradient _____	10 Min _____	15 Min _____	Preflush: BBI 30.00	Type: SODIUM SILICATE
Average _____	5 Min _____	Actual TOC _____	Frac Gradient _____	10 Min _____	15 Min _____	Treatment: Gal - BBI _____	Load & Bkdn: Gal - BBI _____	Pad: Bbl - Gal _____
		Excess /Return BBI _____	Calc TOC _____			Cement Slurry BBI 170.0	Calc Disp Bbl _____	Actual Q % _____
						Total Volume BBI 272.00	Disp Bbl _____	72.00

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

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