

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1240609  
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: \_\_\_\_\_

1240609



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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</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	MCIVER 3 ATU-451
Doc ID	1240609

Tops

Name	Top	Datum
KRIDER	2341	KB
WINFIELD	2385	KB
TOWANDA	2451	KB
FT_RILEY	2507	KB
FUNSTON_LM	2616	KB
CROUSE	2677	KB
MORRILL	2756	KB
GRENOLA	2800	KB



<b>JOB SUMMARY</b>			PROJECT NUMBER <b>TN # 1290</b>	TICKET DATE <b>11/1/2014</b>
COUNTY <b>Stanton</b>	COMPANY <b>Linn Energy</b>		CUSTOMER REP <b>Orlando</b>	
LEASE NAME <b>McIver</b>	Well No. <b>3 ATU 451</b>	JOB TYPE <b>Surface</b>	EMPLOYEE NAME <b>DAVID SIGALA</b>	

EMP NAME <b>DAVID SIGALA</b>					
<b>SHAWN COTTON</b>					
<b>MIGUEL GARCIA</b>					
<b>SANTIAGO CALIXTO</b>					

Form Name Case-Cement Grout Type: \_\_\_\_\_

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

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

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

Date	Called Out	On Location	Job Started	Job Completed
		<b>11/01/14</b>	<b>11/01/14</b>	<b>11/01/14</b>
Time	<b>300</b>			

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	24	8.625	400	KB	720	2000
Casing							
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Fl.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	g	Density	0 Lb/Gal
Disp. Fluid	H2O	Density	8.3 Lb/Gal
Spacer type	H20 BBL		10
Spacer type	BBL		
Acid Type	Gal.		%
Acid Type	Gal.		%
Surfactant	Gal.		ln
NE Agent	Gal.		ln
Fluid Loss	Gal/Lb		ln
Gelling Agent	Gal/Lb		ln
Fric. Red.	Gal/Lb		ln
MISC.	Gal/Lb		ln

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
11/01/14		11/01/14		Surface
Total	0.0	Total	0.0	

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

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_


Other \_\_\_\_\_

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

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

Summary					
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	10.00	Type: H2O	
	Lost Returns: 0	Load & Bkdn: Gal - BBI		Pad: Bbl - Gal	
	Actual TOC	Excess /Return BBI	40	Calc. Disp Bbl	
Average	Frac. Gradient	Calc. TOC	SURFACE	Actual Disp	44.00
5 Min	10 Min	Treatment: Gal - BBI		Disp Bbl	
	15 Min	Cement Slurry BBI	100.0		
		Total Volume BBI	162.00		

CUSTOMER REPRESENTATIVE \_\_\_\_\_

  
 SIGNATURE

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

<b>JOB SUMMARY</b>			PROJECT NUMBER <b>TN # 1294</b>	START DATE <b>11/2/2014</b>
COUNTY <b>Stanton</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>Weldon Higgins</b>		
LEASE NAME <b>McIver</b>	WELL NO. <b>3 ATU 451</b>	WELL TYPE <b>Production</b>	EMPLOYEE NAME <b>DAVID SIGALA</b>	

EMP NAME <b>DAVID SIGALA</b>					
<b>SHAWN COTTON</b>					
<b>JOSEPH MARTINEZ</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
		<b>11/02/14</b>	<b>11/02/14</b>	<b>11/02/14</b>
Time	<b>1300</b>			

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	6.5	J40	KB	3088	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	Density	0	Lb/Gal
Disp. Fluid	H2O	Density	Lb/Gal
Spacer type	<b>LOWSTOP</b>	BBL	<b>30</b>
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	
11/02/14		11/02/14		Production
				<b>JOB COMPLETE SAFE</b>
				<b>RETURNS GOOD</b>
				<b>APPROX 48 BBL CMT BACK</b>
				<b>FLOATS HELD 1/2 BBL BACK</b>
Total	<b>0.0</b>	Total	<b>0.0</b>	

Peripac Balls \_\_\_\_\_ Qty. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures		
MAX	1000	AVG 450
Average Rates in BPM		
MAX	3	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-Tax LowDense	2% Gyp, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C-41P, 0.2% C-41, 0.35% Sack Cellulose	13.25	2.25	11.5
2	0	0	0	0	0	0
3						
4						

Summary			
Preflush Breakdown	Type: <b>MAXIMUM</b>	Preflush: BBI <b>30.00</b>	Type: <b>FLOWSTOP</b>
	Lost Returns <b>0</b>	Load & Bkdn: Gal - BBI	Pad: Bbl - Gal
	Actual TOC	Excess / Return BBI <b>40</b>	Calc Disp Bbl
Average	Frac. Gradient	Calc TOC <b>SURFACE</b>	Actual Disp <b>0.00</b>
5 Min	10 Min	Treatment: Gal - BBI	Disp Bbl
	15 Min	Cement Slurry BBI <b>170.0</b>	
		Total Volume BBI <b>200.00</b>	

CUSTOMER REPRESENTATIVE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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