

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1240704  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1240704



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> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	CAMPBELL E-4 ATU-456
Doc ID	1240704

Tops

Name	Top	Datum
KRIDER	2336	KB
WINFIELD	2378	KB
TOWANDA	2442	KB
FT_RILEY	2494	KB
FUNSTON_LM	2607	KB
CROUSE	2676	KB
MORRILL	2754	KB
GRENOLA	2798	KB



<b>JOB SUMMARY</b>			PROJECT NUMBER <b>TN # 1310</b>	TICKET DATE <b>11/7/2014</b>
COUNTY <b>Stanton</b>	COMPANY <b>Linn Energy</b>		CUSTOMER REF <b>0</b>	
LEASE NAME <b>Campbell</b>	Well No. <b>E4 ATU 456</b>	JOB TYPE <b>Surface</b>	EMPLOYEE NAME <b>Steve Crocker</b>	

EMP NAME							
<b>Steve Crocker</b>							
<b>Tony Lewis</b>							
<b>Miguel Margodo</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>11/07/14</b>	<b>11/07/14</b>	<b>11/07/14</b>
Time		<b>1900</b>	<b>2040</b>	<b>2230</b>

**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	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

**Materials**

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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
11/07/14	3.5	11/07/14	2.5	Surface
				Pump 100bbl spacer H2O
				Pump lead cmt at 14.8
				100bbls
				displace 44bbls H2O
				cmt to surface: 34bbls/ 183sics
Total	3.5	Total	2.5	

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

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Pressures**

MAX	1000	AVG	60
Average Rates in BPM			
MAX	3.5	AVG	3
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

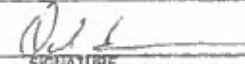
**Cement Data**

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	450	Premium Plus Class C	2% Calcium Chloride, 0.25 lbs/sk Cellulose	6.34	1.32	14.8
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

**Summary**

Preflush	_____	Type: _____	Preflush:	BBl	10.00	Type:	H2O
Breakdown	_____	MAXIMUM	Load & Bkdn:	Gal - BBl	_____	Pad Bbl - Gal	_____
	_____	Lost Returns	Excess /Return	BBl	34	Calc Disp Bbl	_____
	_____	Actual TOC	Calc. TOC	_____	0	Actual Disp	44.00
Average	_____	Frac. Gradient	Treatment:	Gal - BBl	_____	Disp Bbl	_____
15- 5 Min	_____	10 Min	Cement Slurry	BBl	106.0		
		15 Min	Total Volume	BBl	160.00		

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

  
 SIGNATURE

Thank You For Using  
O - TEX Pumping

<b>JOB SUMMARY</b>		PROJECT NUMBER <b>TN # 1313</b>	START DATE <b>11/9/2014</b>
COUNTY <b>Stanton</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>0</b>	
LEASE NAME <b>Campbell</b>	Well No. <b>E4 ATU 456</b>	EMPLOYEE NAME <b>DAVID SIGALA</b>	
JOB TYPE <b>Production</b>			

<b>DAVID SIGALA</b>					
<b>BHAWN COTTON</b>					
<b>MIGUEL MURGADO</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
		11/09/14	11/09/14	11/09/14
Time		600	1130	1330

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	J40	KB	3073	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
	lb	Density	lb/Gal
Mud Type			
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	
11/09/14	4.0	11/09/14	2.0	Production
				JOB COMPLETE SAFE
				APROX. 40 BBL CMT BACK
				GOOD RETURNS THROUGH JC
				FLOATS HELD 1/2 BBL BCK
Total	4.0	Total	2.0	

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

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures	
MAX 1000	AVG 500
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-TEX LowDense Cement	2% Oyp, 2% Calcium Chloride, 2% C-45, 0.4% C-10, 0.4% C-41P, 0.2% C-01, 0.25 lbs/sk Cellulose	13.29	2.25	11.5
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI 30.00	Type: FLOWSTOP
	Lost Returns / Actual TOC	Load & Bkdn: Gal - BBI	Pad Bbl - Gal
	Frac. Gradient	Excess /Return BBI 60	Calc Disp Bbl
Average (54) 5 Min	10 Min 15 Min	Calc TOC SURFACE	Actual Disp 72.00
		Treatment: Gal - BBI	Disp Bbl
		Cement Slurry BBI 170.0	
		Total Volume BBI 272.00	

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

*DAVID SIGALA*  
SIGNATURE

Thank You For Using  
O - TEX Pumping