

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1240724
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: _____

1240724

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	JOHNSON C-4 ATU-370
Doc ID	1240724

Tops

Name	Top	Datum
KRIDER	2366	KB
WINFIELD	2410	KB
TOWANDA	2475	KB
FT_RILEY	2526	KB
FUNSTON_LM	2647	KB
CROUSE	2709	KB
MORRILL	2787	KB
GRENOLA	2825	KB

JOB SUMMARY			PROJECT NUMBER TN # 1271	TICKET DATE 10/23/2014
COUNTY Grant	COMPANY Illn Energy		CUSTOMER REP Orlando	
LEASE NAME Johnson	Well No. C1 ATU 370	JOB TYPE Surface	EMPLOYEE NAME DAVID SIGALA	

ESP NAME DAVID SIGALA					
SHAWN COTTON					
WILBERT ARREGUIN					
SANTIAGO CALIXTO					

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

Date	Called Out	On Location	Job Started	Job Completed
		10/23/14	10/23/14	10/23/14
Time		1900	2000	2200

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	24	8.625	J40	KB	730	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	0	Density	0	Lb/Gal
Disp. Fluid	H2O	Density	8.3	Lb/Gal
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

Perfpac Balls _____ Qty. _____
Other _____
Other _____
Other _____
Other _____

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
10/23/14	3.0	10/23/14	2.0	Surface
				JOB COMPLETE SAFE
				APPROX. 30 BBLs CMT BACK
				FLOATS HELD 1/2 BBL BACK
Total	3.0	Total	2.0	

Pressures	
MAX	800
AVG	390
Average Rates in BPM	
MAX	3
AVG	3
Cement Left in Pipe	
Feet	44
Reason	
Shoe Joint	

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives	6.34	1.35	14.8
1	450	Premium Class C	2% Calcium Chloride and .25 %/sk Cellulose			
2						
3						
4						

Summary			
Preflush	10.00	Type:	H2O
Breakdown	30	Load & Bkdn.	Gal - BBl
		Excess /Retain BBl	
Average	5 Min	Calc TOC	SURFACE
		Actual TOC	44.00
		Frac Gradient	15 Min
		Treatment:	Gal - BBl
		Cement Slurry	BBl
		Total Volume	BBl
			162.00

CUSTOMER REPRESENTATIVE Will Higgin SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY			PROJECT NUMBER TN # 1274	TRIP DATE 10/25/2014
COUNTRY Grant	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins		
LEAD NAME Johnson	Well No. C4 ATU 370	JOB TYPE Production	EMPLOYEE NAME DAVID SIGALA	

EMP NAME					
DAVID SIGALA					
MARIO ABREGO					
JOSEPH MARTINEZ					

Form Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		10/25/14	10/25/14	10/25/14
Time		600	800	1030

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	Max. Allow
Casing	New	15.5	5.5	KB		3069	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	Density	Lb/Gal
Disp. Fluid	8.3	Lb/Gal
Spacer type	LOW STO 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	
10/25/14	5.0	10/25/14	2.5	Production
				JOB COMPLETE SAFE
				GOOD RETURNS
				APPROX 40 BBL CMT BACK
				FLOATS HELD 1/2 BBL BACK
Total 5.0		Total 2.5		

Perpac Balls _____ Qty _____

Other _____

Other _____

Other _____

Other _____

Pressures

MAX 1000	AVG 300
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	2% Gyp, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C-41P, 0.2% C-51, 0.25 8/32 Cellulose	13.29	2.25	11.5
2	0	0	0	0	0	0
3						
4						

Summary

Preflush	Type: _____	Preflush: BBI	30.00	Type: FLOW STOP
Breakdown	MAXIMUM _____	Load & Bkdn: Gal - BBI		Pad Bbl - Gal
	Lost Returns _____	Excess /Return BBI	40	Calc Disp Bbl
	Actual TOC _____	Calc TOC	SURFACE	Actual Disp
Average	Frac. Gradient _____	Treatment: Gal - BBI		Disp Bbl
5 Min	10 Min	Cement Slurry BBI	170.0	
		Total Volume BBI	272.00	

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE _____

Thank You For Using
O - TEX Pumping