

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1241323
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: _____

1241323



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	PETTIJOHN 5 ATU-381
Doc ID	1241323

Tops

Name	Top	Datum
KRIDER	2368	KB
WINFIELD	2409	KB
TOWANDA	2470	KB
FT_RILEY	2521	KB
FUNSTON_LM	2645	KB
BROUSE	2688	KB
MORRILL	2795	KB
GRENOLA	2840	KB

JOB SUMMARY

COUNTY Stanton	COMPANY Linn Energy	PROJECT NUMBER TN # 1333	JOB START DATE 11/18/2014
LEADER NAME Patt/John	WELL NO. 5 ATU 381	CUSTOMER REP Orlando	EMPLOYEE NAME MARIO ABREGO
JOB TYPE Surface			

ESP NAME MARIO ABREGO			
SHAWN COTTON			
ADAM MORRIS			
CHARLES WILLIAMS			

Form Name: Casco-Coupled Drive Type: _____

Packer Type: _____ Set At: _____

Bottom Hole Temp. _____ Pressure: _____

Retainer Depth _____ Total Depth: _____

Date	Called Out	On Location	Job Started	Job Completed
	11/17/2014	11/17/14	11/18/14	11/18/14
Time	3:00PM	9:00PM	12:48AM	2:00AM

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	40	0	772	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/FT
Perforations							
Perforations							

Materials			
Mud Type	Density	Wt	Lb/Gal
Disp. Fluid	H2O	Density	8.33
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	
11/17/14	4.0	11/18/14	2.0	Surface
Total	4.0	Total	2.0	

Perpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures	
MAX	AVG
800	50
Average Rates in BPM	
MAX	AVG
3.5	3
Cement Left in Pipe	
Feet	Reason
43'	Shoe Joint

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

Preflush Breakdown		Summary	
Type:	MAXIMUM	Preflush:	BBI 10.00
Lost Returns:	0	Load & Bkdn:	Gal - BBI
Actual TOC:		Excess / Return BBI:	50
Frac. Gradient:		Calc TOC:	SURFACE
Average	5 Min	Treatment:	Gal - BBI
	10 Min	Cement Slurry:	BBI 105.0
	15 Min	Total Volume:	BBI 115.00

CUSTOMER REPRESENTATIVE Wally Hays SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY

COUNTY Stanton	COMPANY Linn Energy	PROJECT NUMBER TN # 1337	TICKET DATE 11/19/2014
LEASE NAME Pettijohn	Well No. 5 ATU 381	CUSTOMER REP Weldon Higgins	EMPLOYEE NAME Steve Crocker
EMP NAME Steve Crocker			

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

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

Date	Called Out	On Location	Job Started	Job Completed
		11/19/14	11/19/14	11/19/14
Time		1130	1320	1500

Well Data							
	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	15.5	5.5	J55	0	3054	2500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials			
Mud Type	8	Density	8
Disp. Fluid	H2O	Density	8.33
Spacer type	alum sillic 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	
11/19/14	3.5	11/19/14	1.5	Production
Total	3.5	Total	1.5	

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

Pressures	
MAX	1300
AVG	200
Average Rates in BPM	
MAX	3.5
AVG	3
Cement Left in Pipe	
Feet	44
Reason	Shoe Joint

Cement Data									
Steps	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 Shk Colloids				13.25	2.25	11.5
2	0	0	0				0	0	0
3									
4									

Summary			
Preflush Breakdown	Type: _____	MAXIMUM _____	Actual TOC _____
Average	5 Min _____	10 Min _____	15 Min _____
Preflush:	BBI	30.00	Type: sodium silicate
Load & Bkdn:	Gal - BBI	50	Pad:Bbl - Gal
Excess /Return:	BBI	0	Calc Disp Bbl
Calc. TOC:		0	Actual Disp
Treatment:	Gal - BBI	170.0	D's'n Bbl
Cement Slurry:	BBI	272.00	
Total Volume:	BBI	272.00	

CUSTOMER REPRESENTATIVE *Weldon Higgins* SIGNATURE _____

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