

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1241335  
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: \_\_\_\_\_

1241335



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
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<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	HORNER 5 ATU-437
Doc ID	1241335

Tops

Name	Top	Datum
KRIDER	2292	KB
WINFIELD	2329	KB
TOWANDA	2395	KB
FT_RILEY	2441	KB
FUNSTON_LM	2554	KB
CROUSE	2604	KB
MORRILL	2706	KB
GRENOLA	2748	KB



<b>JOB SUMMARY</b>		PROJECT NUMBER <b>TN # 1366</b>	TICKET DATE <b>11/28/2014</b>
COUNTY <b>0</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>Orlando</b>	
LEASE NAME <b>Hornar</b>	Well No. <b>5 ATU 437</b>	EMPLOYEE NAME <b>DAVID SIGALA</b>	
JOB TYPE <b>Surface</b>			

DAVID SIGALA					
SHAWN COTTON					
SANTIAGO CALIXTO					
RICK POLK					

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

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

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

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

Date	Called Out	On Location	Job Started	Job Completed
		11/28/14	11/28/14	11/28/14
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 Shoes	0	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing	New	24	8.625	200	KB	768
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
Mud Type	Density		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	
11/28/14	4.0	11/28/14	2.0	Surface
				JOB COMPLETE SAFE
				GOOD RETURNS
				FLOATS DID NOT HOLD
				38 BBL CMT BACK
Total	4.0	Total	2.0	

Perpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures	
MAX 800	AVG 100
Average Rates in BPM	
MAX 3	AVG 3
Cement Left in Pipe	
Feet 44	Reason Shoe Joint

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	480	Premium Class C	2% Calcium Chloride and .25 #/sk Cellulose	6.34	1.35	14.8
2						
3						
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	10.00
	Load Returns	Load & Bkdn: Gal - BBI	0
	Actual TOC	Excess /Return BBI	38
Average	Frac. Gradient	Calc TOC	SURFACE
5 Min	10 Min	Treatment: Gal - BBI	46.00
	15 Min	Cement Slurry BBI	116.0
		Total Volume BBI	172.00

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

  
 SIGNATURE

Thank You For Using  
 TEX Pumping

# JOB SUMMARY

COUNTY <b>Stanton</b>	PROJECT NUMBER <b>TN # 1369</b>	TICKET DATE <b>11/30/2014</b>
LEASE NAME <b>Homar</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>Weldon Higgins</b>
Well No <b>5 ATU 437</b>	JOB TYPE <b>Production</b>	EMPLOYEE NAME <b>MARIO ABREGO</b>

EMP NAME	MARIO ABREGO	DAVID SAGALA	RICKY FOLK
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Form. Name \_\_\_\_\_ Type: \_\_\_\_\_

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

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

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

Date	Called Out	On Location	Job Started	Job Completed
	11/30/2014	11/30/14	11/30/14	11/30/14
Time	5:00AM	10:00AM	10:45AM	12:33PM

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	15.5	5.5	J-40	0	3069	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials			
Mud Type	Density		Lb/Gal
Disp. Fluid	H2O	Density	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		Operating Hours		Description of Job
Date	Hours	Date	Hours	
11/30/14	4.0	11/30/14	2.0	Production
Total	4.0	Total	2.0	

Perfor Balls \_\_\_\_\_ Qty. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures	
MAX	1300
AVG	400
Average Rates in BPM	
MAX	3.5
AVG	3
Cement Left in Pipe	
Feet	42.6'
Reason	
Shoe Joint	

Cement Data				W/Rq	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	425	O-TEX LowDense	2% Oyp, 2% Calcium Chloride, 2% C-43, 0.4% C-15, 0.4% C-41F, 0.2% C-81, 0.25 #/sk Cellulose	13.29	2.25	11.5
2	0			0	0	0
3						
4						

Preflush Breakdown		Summary	
Type:	MAXIMUM	Preflush:	BBI 30.00
Lost Returns:	0	Load & Bkdn:	Gal - BBI
Actual TOC:		Excess /Return:	BBI 15
Frac. Gradient:		Calc. TOC:	SURFACE
Average (5 Min):	5 Min	Treatment:	Gal - BBI
	10 Min	Cement Slurry:	BBI 170.0
	15 Min	Total Volume:	BBI 272.00
		Type:	SODIUM SILICATE
		Pad Bbl - Gal:	
		Calc Disp Bbl:	
		Actual Disp:	72.00
		Disp Bbl:	

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

Thank You For Using  
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