

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1241351
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: _____

1241351



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	SCHERLING 4 ATU-438
Doc ID	1241351

Tops

Name	Top	Datum
KRIDER	2286	KB
WINFIELD	2328	KB
TOWANDA	2396	KB
FT_RILEY	2443	KB
FUNSTON_LM	2554	KB
CROUSE	2622	KB
MORRILL	2701	KB
GRENOLA	2742	KB

JOB SUMMARY		PROJECT NUMBER TN # 1350	TRIP DATE 11/23/2014
OWNER Stanton	COMPANY Linn Energy	CUSTOMER REP 0	
LEASE NAME Scherling	Well No. 4 ATU 438	EMPLOYEE NAME Steve Crocker	
JOB TYPE Surface			

Steve Crocker					
Tony Lewis					
Charles Williams					
Johnny Blackwood					

Form Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		11/23/14	11/23/14	11/23/14
Time		1830	2115	2220

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			From	To	Max. Allow
	New/Used	Weight	Size			
Casing	New	24	8.625	0	771	1500
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
Mud Type	Qty	Density	Lb/Gal
Disp. Fluid	H2O	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	
11/23/14	4.0	11/23/14	1.0	Surface
Total	4.0	Total	1.0	

Perpac Balls _____ Qty _____

Other _____

Other _____

Other _____

Other _____

Pressures			
MAX	AVG	MAX	AVG
1000	100	3.5	3
Average Rates in BPM			
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	480	Premium Plus Class C	2% Calcium Chloride, 8.25 Black Cellulose	6.34	1.32	14.8
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	10.00
	Lost Returns: 0	Load & Bkdn: Gal - BBI	
	Actual TOC	Excess /Return BBI	550
Average (SP) 5 Min	Frac. Gradient 10 Min	Calc TOC	0
		Treatment: Gal - BBI	
		Cement Slurry BBI	113.0
		Total Volume BBI	172.00
		Type: H2O	
		Pad Bbl - Gal	
		Calc Disp Bbl	
		Actual Disp	49.00
		Disp Bbl	

CUSTOMER REPRESENTATIVE *Walter Hagan* SIGNATURE

Thank You For Using
TEX Pumping

JOB SUMMARY

PROJECT NUMBER		TN # 1355	TICKET DATE		11/25/2014
COUNTY	Stanton	COMPANY	Linn Energy		
LEAD NAME	Scherling	Well No.	4 ATU 438		
JOB TYPE	Production		CUSTOMER REP	0	
EMP NAME	MARIO ABREGO				

MARIO ABREGO			
SHAWN COTTON			
CHARLES WILLIAMS			

Form Name _____ Type _____

Packer Type _____ Sal At _____

Bottom Hole Temp _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	11/24/2014	11/25/14	11/25/14	11/25/14
Time	9:00PM	6:00AM	12:36PM	2:46PM

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	15.5	5.5	J-40	0	3062	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	6	Density	0	Lb/Gal
Disp. Fluid	H2O	Density	8.33	Lb/Gal
Spacer type	NUM SILC 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

Date	Hours	Date	Hours	Description of Job
11/25/14	6.0	11/25/14	2.0	Production
Total	6.0	Total	2.0	

Perpac Balls _____ Qty _____

Other _____

Other _____

Other _____

Other _____

Pressures

MAX	950	AVG	130
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	7% Gyp, 7% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C-41P, 0.2% C-51, 0.25 Bbl/ Gal Cellulose	13.29	2.25	11.5
2	0			0	0	0
3	0			0	0	0
4						

Summary

Preflush	_____	Type:	_____	Preflush.	BBl	30.00	Type:	SODIUM SILCATE
Breakdown	_____	MAXIMUM	_____	Load & Bkdn:	Gal - BBl	_____	Pad Bbl	-Gal
	_____	Lost Returns	0	Excess Return	BBl	45	Calc Disp Bbl	_____
	_____	Actual TOC	_____	Calc TOC	_____	_____	Actual Disp	71.00
Average	_____	Frac. Gradient	_____	Treatment:	Gal - BBl	_____	Disp. Bbl	_____
5 Min	_____	10 Min	_____	Cement Slurry	BBl	170.0		
		15 Min	_____	Total Volume	BBl	271.00		

CUSTOMER REPRESENTATIVE Walter Hays SIGNATURE _____

Thank You For Using
O - TEX Pumping