

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1242396  
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: \_\_\_\_\_

1242396



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	COLLINGWOOD C-5 ATU-386
Doc ID	1242396

Tops

Name	Top	Datum
KRIDER	2332	KB
WINDFIELD	2370	KB
TOWANDA	2437	KB
FT_RILEY	2483	KB
FUNSTON_LM	2601	KB
CROUSE	2646	KB
MORRILL	2747	KB
GRENOLA	2791	KB



# JOB SUMMARY

COUNTY <b>Stanton</b>	COMPANY <b>Linn Energy</b>	PROJECT NUMBER <b>TN # 1379</b>	FIELD DATE <b>12/5/2014</b>
LEASE NAME <b>Collingwood</b>	Well No. <b>C5 ATU 386</b>	CUSTOMER REP <b>0</b>	EMPLOYEE NAME <b>Steve Crocker</b>
EMP NAME <b>Steve Crocker</b>			

Tony Lewis Chad Norris Adam Morris			
Form Name _____ Type: _____			

Packer Type \_\_\_\_\_ Set At \_\_\_\_\_  
 Bottom Hole Temp. \_\_\_\_\_ Pressure \_\_\_\_\_  
 Retainer Depth \_\_\_\_\_ Total Depth \_\_\_\_\_

Date	Called Out	On Location	Job Started	Job Completed
		12/04/14	12/04/14	12/05/14
Time	1900	2300	30	

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	J-55	0	771	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials			
	Qty	Density	Lb/Gal
Mud Type	0	0	0
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	
12/04/14	5.5	12/04/14	1.5	Surface
				Pump spacer H2O 10bbls
				Pump load cmt at 14.8ppg
				118bbls
				drop plug
				displace 48bbls H2O
				cmt to surface : 60bbls/255sks
Total	5.5	Total	1.5	

Perfpac Balls \_\_\_\_\_ Qty \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

Pressures	
MAX	AVG
850	200
Average Rates in BPM	
MAX	AVG
3.5	3
Cement Left in Pipe	
Feet 44	Reason _____ Shoe Joint

Cement Data			Additives			WRq	Yield	Lbs/Gal
Stage	Sacks	Cement						
1	480	Premium Plus Class C	7% Calcium Chloride, 0.25 lb/sk Colloids			6.34	1.32	14.8
2	0					0	0	0
3	0					0	0	0
4	0					0	0	0

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	10.00
	MAXIMUM _____	Load & Bkdn: Gal - BBI	60
	Lost Returns / Actual TOC _____	Excess / Return BBI	0
Average _____ 5 Min	Frac. Gradient _____ 10 Min	Treatment: Gal - BBI	115.0
	_____ 15 Min	Cement Slurry BBI	171.00
		Total Volume BBI	171.00

CUSTOMER REPRESENTATIVE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_  
 Thank You For Using  
 O - TEX Pumping

<b>JOB SUMMARY</b>			PROJECT NUMBER <b>TN # 1382</b>	TICKET DATE <b>12/6/2014</b>
COUNTRY <b>Stanton</b>	COMPANY <b>Linn Energy</b>		CUSTOMER REP <b>0</b>	
LEASE NAME <b>Collingwood</b>	Well No <b>C5 ATU 386</b>	JOB TYPE <b>Production</b>	EMPLOYEE NAME <b>Steve Crocker</b>	

EMP NAME <b>Steve Crocker</b>					
<b>Chris Lewis</b>					
<b>Santiago Calzad</b>					
<b>Joseph Martinez</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
		12/06/14	12/06/14	12/06/14
Time		700	1225	1500

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	48	0 3069 2500
Liner					
Liner					
Tubing					
Drill Pipe					
Open Hole					
Perforations					Shots/Ft.
Perforations					
Perforations					

Materials			
Mud Type	Density	0	Lb/Gal
Disp. Fluid	H2O	Density	8.33 Lb/Gal
Spacer type	dium 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	
12/06/14	8.0	12/06/14	2.5	Production
				Pump 10bbls H2O
				Pump 10bbls sodium silicate
				Pump 10bbls H2O
				Pump 170bbls lead cmt at 11.5gpm
				displace 72bbls H2O
				CMT to surface 80bbls/200sks
Total	8.0	Total	2.5	

MAX	1100	AVG	300	Pressures
MAX	3.5	AVG	3	Average Rates in BPM
Feel	44	Reason		Shoe Joint

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	425	O-Tex LowDense Cement	2% Oyp, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C-41P, 0.2% C-61, 0.25 lb/sk Cellulose	13.25	2.25	11.5
2	0			0	0	0
3	0			0	0	0
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	30.00
	Lost Returns: 0	Load & Bkdn: Gal - BBI	
	Actual TOC	Excess /Return BBI	50
Average	Frac. Gradient	Calc. TOC	0
5 Min	10 Min	Treatment: Gal - BBI	
	15 Min	Cement Slurry BBI	170.0
		Total Volume BBI	272.00

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

SIGNATURE

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