

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242448
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: _____

1242448

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	ENDSLEY 4 ATU-173
Doc ID	1242448

Tops

Name	Top	Datum
KRIDER	2360	KB
WINDFIELD	2399	KB
TOWANDA	2464	KB
FT_RILEY	2510	KB
FUNSTON_LM	2629	KB
CROUSE	2674	KB
MORRILL	2773	KB
GRENOLA	2817	KB

JOB SUMMARY

COUNTRY 0	COMPANY Linn Energy	PROJECT NUMBER TN # 1383	START DATE 12/7/2014
LEASE NAME Endsley	Well No. #4 ATU 173	JOB TYPE Surface	CUSTOMER REF 0
EMP NAME DAVID SIGALA	EMPLOYEE NAME DAVID SIGALA		

DAVID SIGALA			
SHAWN COTTON			
WILBERT ARREGUN			
TYLER LEE			

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out 12/07/14	On Location 12/07/14	Job Started 12/07/14	Job Completed 12/07/14
Time	1900	2000	2200	

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

Casing	New/Used	Weight	Size	Grade	From	To	Max. Allow
Liner	New	24	8.625	J45	KB	771	2000
Liner							
Tubing							
Oril Pipe							
Open Hole							
Perforations							Shots/FL
Perforations							
Perforations							

Materials

Mud Type	Disp. Fluid	Spacer type	Acid Type	Acid Type	Surfactant	NE Agent	Fluid Loss	Gelling Agent	Fric. Red.	MISC.
	H2O	BBL								
		BBL								
		Gal.	%	%	Gal.	Gal.	Gal/Lb	Gal/Lb	Gal/Lb	Gal/Lb

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
12/07/14	4.0	12/07/14	2.0	Surface
				JOB COMPLETE SAFE
				GOOD RETURNS
				FLOATS HELD 1/2 BBL BACK
				30 BBL CMT BACK
Total	4.0	Total	2.0	

Perpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures

MAX	1000	AVG	300
MAX	3	AVG	3

Average Rates in BPM

Feet **44** Reason _____ Shoe Joint

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	490	Premium Plus Class C	7% Calcium Chloride, 0.25 lb/sk Cellulose	6.34	1.32	14.8
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Preflush Breakdown

Average _____ 5 Min _____ 10 Min _____ 15 Min _____

Summary

Preflush:	BBL	10.00	Type:	H2O
Load & Bkdn:	Gal - BBL		Pad: Bbl -Gal	
Excess /Return	BBL	30	Calc Disp Bbl	
Calc TOC			Actual Disp	45.00
Treatment:	Gal - BBL		Dist: Bbl	
Cement Slurry	BBL	118.0		
Total Volume	BBL	172.00		

CUSTOMER REPRESENTATIVE _____


 SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY			PROJECT NUMBER TN # 1387	TICKET DATE 12/9/2014
COUNTRY Stanton	COMPANY Linn Energy		CUSTOMER REP 0	
LEASE NAME Endsley	Well No. 4 ATU 173	ZONE TYPE Production	EMPLOYEE NAME Chris Lewis	

EMP NAME					
Chris Lewis					
Tony Lewis					
Miguel Garcia-Hernandez					

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

	Called Out	On Location	Job Started	Job Completed
Date		12/09/14	12/09/14	12/09/14
Time		1600	2143	2330

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	6.5	KB		3069	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

	Qty	Density	Lb/Gal
Mud Type	0		
Disp. Fluid	H2O	Density 8.33	Lb/Gal
Spacer type	3lum Sylic 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	
12/09/14	7.5	12/09/14	2.0	Production
Total	7.5	Total	2.0	

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

Pressures

MAX	2000	AVG	
Average Rates in BPM			
MAX	3	AVG	3
Cement Left in Pipe			
Feel	44	Reason	Shoe Joint

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	425	O-Tex LowDense Cement	2% Gyp, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C-41P, 0.2% C-51, 0.25 Bbl/kt Cellulose	13.25	225	11.5
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Summary

Preflush	_____	Type: _____	Preflush:	BBL	30.00	Type: Sodium Silicate
Breakdown	_____	MAXIMUM _____	Load & Bkdn:	Gal - BBL		Pad.Bbl -Gal
	_____	Lost Returns _____	Excess /Return	BBL	25	Calc Disp Bbl
	_____	Actual TOC _____	Calc TOC:		0	Actual Disp
Average	_____	Frac Gradient _____	Treatment:	Gal - BBL		Disp Bbl
ISIP	5 Min	10 Min _____	Cement Slurry	BBL	170.0	
		15 Min _____	Total Volume	BBL	272.00	

CUSTOMER REPRESENTATIVE *W. H. Hays*

Thank You For Using
U - TEX Pumping