

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242549
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: _____

1242549



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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	HELTEMES B-4 ATU-285
Doc ID	1242549

Tops

Name	Top	Datum
KRIDER	2395	KB
WINDFIELD	2436	KB
TOWANDA	2500	KB
FT_RILEY	2553	KB
FUNSTON_LM	2677	KB
CROUSE	2742	KB
MORRILL	2826	KB
GRENOLA	2871	KB

JOB SUMMARY

COUNTY Hamilton	COMPANY Linn Energy	PROJECT NUMBER TN # 1429	TRIP DATE 12/29/2014
LEASE NO. Hellames	Well No. B-4 ATU-285	CUSTOMER REP Orlando	
EMP NAME MARIO ABREGO		EMPLOYEE TITLE MARIO ABREGO	

MARIO ABREGO
 DAVID SAGALA
 SANTIAGO CALBITO
 JONNY BLACKWOOD

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

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

Materials			
Mud Type	Density	0	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

Perpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

Date	Called Out	On Location	Job Started	Job Completed
	12/28/2014	12/28/14	12/28/14	12/29/14
Time	2:00PM	7:00PM	1:10AM	2:18AM

	Well Data		From	To	Max. Allow
	New/Used	Weight			
Casing	New	24	0	729	2000
Liner					
Liner					
Tubing					
Drill Pipe					
Open Hole					
Perforations					Shots/FT
Perforations					
Perforations					

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
12/28/14	4.0	12/28/14	2.0	Surface
Total	4.0	Total	2.0	

Pressures	
MAX 1100	AVG 60
Average Rates in BPM	
MAX 3	AVG 3
Cement Left in Pipe	
Feet 43	Reason _____
	Shoe Joint _____

Stage	Sacks	Cement	Cement Dain	Additives	W/Rq.	Yield	Lbs/Gal
1	450	Premium Class C		7% Calcium Chloride and .25% Zinc Calcifate	6.34	1.32	14.8
2							
3							
4							

Preflush Breakdown _____ Type: _____
 Average _____ 5 Min _____ 10 Min _____ 15 Min _____

Summary
 Preflush: BBI 10.00 Type: H2O
 Load & Bkdn: Gal - BBI _____
 Excess/Retain: BBI _____
 Calc. 3DC _____
 Treatment: Gal - BBI _____
 Cement Slurry: BBI _____
 Total Volume: BBI 106.00

Pad: Bbl - Gal _____
 Calc. Disp. Bbl _____
 Actual Disp. _____
 Disp. Bbl _____

CUSTOMER REPRESENTATIVE _____


 SIGNATURE

Thank You For Using
TEX Pumping

JOB SUMMARY

CITY Hamilton	PROJECT NUMBER TN # 1374	TICKET DATE 12/31/2014
LEASE NAME Haltomas	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins
Well No. B-4 ATU-285	JOB TYPE Production	EMPLOYEE NAME Steve Crocker

EMP NAME Steve Crocker		
Chris Lewis		
Joseph Martinez		

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		12/30/14	12/30/14	12/31/14
Time		1100	2245	45

Tools and Accessories

Type and Size	Qty	Make
Auto Fill Tube	1	IR
Insert Float Valve	1	IR
Centralizers	26	IR
Top Plug	1	IR
HEAD	1	IR
Limit clamp	1	IR
Weld-A	1	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	15.5	5.5	J40	0	3069	2500
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	Density	Lb/Gal
Disp. Fluid	8	0
Spacer type	H2O	8.33
Spacer type	BBL	30
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

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
12/30/14	14.0	12/30/14	2.0	Production
				Pmp spacer
				Pump 170bbls lead cmt at 11.5gpm
				s/d wash pl drop plug
				displace 72bbls H2O
				cmt to surface 10bbls/175sks
Total	14.0	Total	2.0	

Pressures

MAX	1200	AVG	250
Average Rates in BPM			
MAX	3.5	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	2% Oyp, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C-41P, 0.2% C-41, 0.25 #/sk Colofone	13.25	2.25	11.5
2	0	0	0	0	0	0
3						
4						

Summary

Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	30.00	Type: H2O
Average	Lost Returns: 0	Load & Bkdn: Gal - BBI	70	Pad Bbl - Gal
	Actual TOC	Excess /Return BBI	0	Calc Disp Bbl
	Frac. Gradient	Calc. TOC	0	Actual Disp
	5 Min	Treatment: Gal - BBI	170.0	Disp: Bbl
	10 Min	Cement Slurry BBI	170.0	
	15 Min	Total Volume BBI	272.00	

CUSTOMER REPRESENTATIVE _____

SIGNATURE _____

Thank You For Using
O-TEX Pumping