

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242550
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: _____

1242550



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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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	C.H. BINNEY 5 ATU-269
Doc ID	1242550

Tops

Name	Top	Datum
KRIDER	2359	KB
WINDFIELD	2400	KB
TOWANDA	2461	KB
FT_RILEY	2512	KB
FUNSTON_LM	2637	KB
CROUSE	2679	KB
MORRILL	2781	KB
GRENOLA	2822	KB

JOB SUMMARY

PROJECT NUMBER TN # 1402	TICKET DATE 12/16/2014
CITY Grant	COMPANY Linn Energy
LEASE NAME C.H. Binney	CUSTOMER REP Orlando
Well No. #5 ATU-269	EMPLOYEE NAME Steve Crocker
JOB TYPE Surface	

EMP NAME

Steve Crocker				
Chris Lewis				
Joe Arellano				
Wilbert Arreguin				

Form Name _____ **Chase-Connell Drive** **Type:** _____

Packer Type _____ **Set At** _____

Bottom Hole Temp. _____ **Pressure** _____

Retainer Depth _____ **Total Depth** _____

Date	Called Out	On Location	Job Started	Job Completed
		12/15/14	12/18/14	12/18/14
Time		2000	125	300

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	24	8.625	J-40	0	772	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	0	Density	0	Lb/Gal
Disp. Fluid	H2O	Density	8.33	Lb/Gal
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	
12/15/14	7.0	12/18/14	1.5	Surface
				pres. Test
				Pump spacer 10bbls H2O
				Pump 113bbls lead cmt
				at 14.8ppm
				s/d drop plug
				pump 46bbls displacement
				CMT to surface 0bbls
Total	7.0	Total	1.5	

Perfpac Balls _____ **Qty.** _____

Other _____

Other _____

Other _____

Other _____

Other _____

Pressures

MAX	AVG
MAX 3.6	AVG 3
Average Rates in BPM	
Feet 44	Reason
	Shoe Joint

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	480	Premium Class C	2% Calcium Chloride and .25 %k Cellulose	6.34	1.32	14.8
2						
3						
4						

Summary

Preflush Breakdown	Type: MAXIMUM	Preflush: BBL 10.00	Type: H2O
	Lost Returns / Actual TOC 40	Load & Bkdn: Gal - BBL 0	Pad: Bbl - Gal 46.00
Average 5 Min	Frac. Gradient 10 Min 15 Min	Excess / Return BBL	Calc Disp Bbl
		Calc TOC	Actual Disp
		Treatment: Gal - BBL	Disp Bbl
		Cement Slurry BBL	
		Total Volume BBL	
			169.00

CUSTOMER REPRESENTATIVE *Wilbert Arreguin* **SIGNATURE**

Thank You For Using
TEX Pumping

JOB SUMMARY			PROJECT NUMBER TN # 1410	START DATE 12/18/2014
COUNTY Grant	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins		
LEASE NAME C.H. Binney	WELL NO. 5 ATU 250	JOB TYPE Production	EMPLOYEE NAME Chris Lewis	

EMPLOYEE	DATE	TIME	STATUS
Chris Lewis			
Tony Lewis			
Santa Caldo			

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

Date	Called Out	On Location	Job Started	Job Completed
		12/18/14	12/18/14	12/18/14
Time	800			

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	JAN	KB	3068	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
	Density		Lb/Gal
Mud Type	8		
Disp. Fluid	H2O	Density	8.33
Spacer type	silum sylvia	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	
12/18/14		12/18/14		Production
Total	0.0	Total	0.0	

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

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

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	425	O-Tex Low/Dense	2% Gyp, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.4% C-41P, 0.2% C-81, 0.25 Brak Cellulosate	13.25	2.25	11.5
2	0	0	0	0	0	0
3						
4						

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

CUSTOMER REPRESENTATIVE *Weldon Higgins*

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