Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1244980

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 #	API No. 15 -
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
□ Oil         □ WSW         □ 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:         □ Well Name:	Producing Formation:  Elevation: Ground: Kelly Bushing: Feet Multiple Stage Cementing Collar Used? Yes No  If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.
Original Comp. Date: Original Total Depth:	
□ Deepening       □ Re-perf.       □ Conv. to ENHR       □ Conv. to SWD         □ Plug Back       □ Conv. to GSW       □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
□ Commingled         Permit #:	Chloride content:ppm Fluid volume:bbls  Dewatering method used:  Location of fluid disposal if hauled offsite:
☐ ENHR         Permit #:           ☐ GSW         Permit #:	Operator Name:            Lease Name:    License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	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:

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Operator Name:			Lease Name:			. Well #:			
Sec Twp	S. R	East West	County:						
open and closed, flow	ring and shut-in press	formations penetrated. sures, whether shut-in p with final chart(s). Attac	ressure reached st	atic level, hydrosta	atic pressures, bot				
		btain Geophysical Data or newer AND an imag			ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic lo		
Orill Stem Tests Taker		Yes No			on (Top), Depth ar		Sample		
Samples Sent to Geo	logical Survey	☐ Yes ☐ No	Na	ime		Тор	Datum		
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No							
List All E. Logs Run:									
			G RECORD	New Used	tion ato				
Durnosa of String	Size Hole	Size Casing	Weight	Setting	Type of	# Sacks	Type and Percent		
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives		
		ADDITION	AL CEMENTING / S	QUEEZE RECORD	)				
Purpose:	Depth	Type of Cement	# Sacks Used	# Sacks Used Type and Percent Additives					
Perforate	Top Bottom								
Protect Casing Plug Back TD									
Plug Off Zone									
id you perform a hydrai	ulic fracturing treatment	on this well?		Yes	No (If No, sk	ip questions 2 ar	nd 3)		
	· ·	Iraulic fracturing treatment	exceed 350,000 gallo			ip question 3)			
Vas the hydraulic fractur	ring treatment informatio	n submitted to the chemica	al disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)		
Shots Per Foot		ON RECORD - Bridge PI			acture, Shot, Cement				
	Specify I	Footage of Each Interval P	erforated	(A	Amount and Kind of Ma	terial Used)	Depth		
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No				
Date of First Danie 1	Draduation CMD - TN	HR. Producing M	othod:		□ 1co □ 1/10				
Date of First, Resumed	Production, SWD or EN	Flowing	Pumping [	Gas Lift	Other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls. Gas				Gas-Oil Ratio	Gravity		
DI0222	01.05.010	1	METHOD OF SOCIETY	N ETION:		DD00::27:	NA INITES (**		
	ON OF GAS:	Open Hole	METHOD OF COMP		mmingled	PRODUCTIO	ON INTERVAL:		
Vented Solo	Used on Lease				bmit ACO-4)				
(II verileu, Su	UIIII ACC-10.)	Other (Specify)							

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	R.B. FEGAN B-4 ATU-398
Doc ID	1244980

## Tops

Name	Тор	Datum
KRIDER	2374	КВ
WINDFIELD	2421	KB
TOWANDA	2479	КВ
FT_RILEY	2537	КВ
FUNSTON	2659	KB
CROUSE	2711	КВ
MORRILL	2794	KB
GRENOLA	2846	KB

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
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## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	730	Premium Plus Class C	450	
Production	7.875	5.50	15.50	3068	O-Tex LowDense	425	

		JOB SU	MMADY	,	TN# 1		TICKET DATE	4010710	04.4
Hamilton		COMPANY  Linn Ener			CUSTOMER RE			12/27/2	V14
LEASE NAME	W	ell No. JOB TYPE			EMPLOYEE NA				
R.B. Fegan	B4 ATU 39	8 Productio	en		Chris Le	ewis			
Chris Lewis		T ====					<del></del>		
Tony Lewis							-		
KeShaad Johnson									$\rightarrow$
Form Name									
Form. Name	• T	ype:		Called Out	10-1	11-	61		
Packer Type	s	et At	Date	Called Out	On Locati	on Joi 714	5 Started 12/27/14	Job (	Completed 12/27/14
Bottom Hole Temp. Retainer Depth		ressure	=						
	s and Acces	otal Depth	Time		900 Well	Doto	1310		1500
Type and Size	Qty			New/Use			From	To	Max. Allow
Auto Fill Tube Insert Float Valve	0	IR	Casing	New	15.5	5.5 146		3068	2000
Centralizers	0	IR IR	Liner						
Top Plug	0	İR	Tubing		+				
HEAD	0	IR	Drill Pipe						1
Limit clamp Weld-A	0	IR IB	Open Ho						Shots/Ft.
Texas Pattern Guide S		IR IR	Perforati Perforati						4
Cement Basket	0	İR	Perforation	ons					+
Mud Type 0	Materials Density	0 Lb/Ga	Hours Or al Date	Location	Operating		Descrip	tion of Jo	b
Disp. Fluid H2	0 Density				Date 12/27/14	Hours 2.0	Producti	ол	
Spacer type Jium Syl		30							
Acid Type	BBL	%							
Acid Type	Gal.	%							
Spacer type Acid Type Acid Type Surfactant NE Agent	Gal. —	In							
Fluid Loss	Gal/Lb		1	-					
Gelling Agent	Gal/Lb	In							
Fric. Red. MISC.	Gal/Lb Gal/Lb	In	Total	3.5	7.1.1	- 6.6			
			Total	3.5	Total [	2.0	-		
Perfpac Balls	Qty					ssures			
Other			MAX	2000	AVG.	100 Rates in BPN	,		
Other			MAX	3	AVG		п		
Other						Left in Pipe			
Juner			Feet 44		Reason		Shoe J	oint	
			Cem	ent Data					
Stage Sacks	Cement		Additives				W/Rq.	Yield	Lbs/Gal
1 425 O-Tex Lo	wDense Cem 0	ent 2% Gyp, 2% Calcium 0	n Chloride, 2% C-45,	0.4% C-15, 0.4% C-41	P, 0.2% C-51, 0.25	ib/sk Celloflake	13.29	2.25	11.5
3 0	0	0					0	0	0
4							0	10	0
reflush	Туре	·	Summ		DDI P	20.00	7-		
reakdown		IMUM		Preflush: Load & Bkdn:	BBI Gal - BBI	30.00	Type: Pad:Bbl -0	sodium S	Sylicate
		Returns-1	0	Excess /Return		70	Calc.Disp	Bbl	
verage		al TOC . Gradient		Calc. TOC: Treatment:	Gal - BBI	0	_Actual Dis	D C	72.00
1P5 Min			Min	Cement Slurry	BBI	170.0	Disp:Bbl		
				Total Volume		272.00			
					7				
CUSTOMER REP	DECENTAT	11/15		A	111				
OUS TOWER KEPI	RESERVAL	IVE		<u>U</u>	SIGNATURE				
						nk You F	or Heine		
						TEX P			
					U.	- IEX PL	unping		1

							PROJECT NUME	ED	TICKET DATE		
		_	<b>IOB SUM</b>	MAR'	V		TN# 14		I CALL DATE	12/23/20	4.4
COURTY			COMPANY		-		CUSTOMER RE			12/23/20	14
Hamilton			Linn Energy				0				
R.B. Fegan	B-4 ATU	Well No	Surface				EMPLOYEE NAM				
EMP NAME	D-4AIL	1 280	Journace				Steve C	ocker			
Steve Crocker											
Tony Lewis		$\vdash$			$\vdash$						
Adam Morris		$\vdash$			$\vdash$						
Wilbert Arreguin		$\vdash$			$\vdash$						
					$\sqcup$						
Form. Name	0	Type	:								
Packer Type -		Cot A	it	Data	Calle	d Out	On Location	on Jo	b Started	Job C	complete
Bottom Hole Temp.		Press	11	Date			12/22	/14	12/22/14	1	2/23/14
Retainer Depth			Depth	Time			1900	- 1	2240		
To	ols and Acc			Time			Well I	)oto	2310		10
Type and Size		ty	Make			New/Used	I Weight	Size Grade	From	То	Max. All
Auto Fill Tube	0		IR	Casing		New	24	8.625 J	4 0	730	1500
Insert Float Valve	0		IR	Liner		1	<del> </del>	5.420 3	-	130	1900
Centralizers	0		IR	Liner		+	1				+
Top Plug	0		IR	Tubing		1			1		+
HEAD	0		IR	Drill Pip		1					+
Limit clamp	0		IR	Open H		•			1		Shots/
Weld-A	0		IR	Perfora							SHOLS/
Texas Pattern Guide	Shoe 0		IR	Perfora	tions						1
Cement Basket	0		IR	Perfora	tions						1
Variable and	Materials	-	A 1136-11	Hours C Date	n Loc	cation	Operating	Hours	Descrip	tion of Jol	,
Mud Type Disp. Fluid H	0 Dens	sity	0 Lb/Gal	12/22/	-	Hours	Date	Hours	Surface		
Spacer type H20	BBL.	10	8.33 Lb/Gal	12/22/	14	5.0	12/22/14	1.5			
Spacer type	BBL.	10			+					obbis spac	
Acid Type	Gal.		%	-			<del></del>		at 14.8p	O6bbls lead	cmt
Acid Type	Gal		-%		-				dienlace	44bbis H2	^
Surfactant	Gal.		ln		-				uispiace	4400/5 FIZ	
NE Agent	Gal.		in j						cmt to s	urface- 30b	bls/128sk
Fluid Loss	Gal/Lb_		In								210112001
Gelling Agent	Gal/Lb_		In I								
ric. Red.	Gal/Lb		In I						7		
MISC.	Gal/Lb_		In	Total		5.0	Total	1.5			
Perfpac Balls		Th.			-						
Other		ety.		MAX		800		sures			
Other				IVIAA		800	AVG. Average R	otos in PD	8.4		
Other				MAX		3.5	AVE/AGE IN		IVI		
Other				WIN		9.0	Cement	eft in Pipe			
Other				Feet 4	4		Reason	ort ni ripe	Shoe J	oint	
				1001			11003011		011000	Olit	
				Con	nent E	Data					
Stage   Sacks	Cement			Additives	IIGIIL L	Jala			W/Rg.	Yield	1600
1 450 Premi	um Plus Clas	ss C	2% Calcium Chioride, 0.2		ake				6.34	1.32	Lbs/Gal
2 0	0	-	0						0.34	0	0
3 0	0		0						0	0	0
4						*			<del>-</del>	+ "	U
										+	
				Sumr	narv						
reflush		/pe:		- Juli		flush:	BBI [	10.00	Type:	H2	0
reakdown		AXIM			Loa	d & Bkdn: (	Gal - BBI		Pad:Bbl -		
	Lo	st Re	tums-1	0	Exc	ess /Return		30	Calc.Dist	Bbl	
verage		ctual				c. TOC:		0	Actual Di	Sp.	44.00
P 5 Min.		ac. G	radient 15 Min			atment: (	Gal - BBI	40C N	Disp:Bbl		
J WIII .		, ivilii	niM et			nent Slurry		106.0			
		T			TOR	al Volume	BBI	160.00			
		1	. ^ ^	7							
011000			= Welle	11 -							
CUSTOMER REI	PRESENTA	ATIVE	- Welche	Hur.	1						
				TY		S	IGNATURE				
					1		Thai	k You I	For Using	7	
										1	
					L		U	IEX P	umping		