

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1245104

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

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)		Depth
TUBING RECORD: Size: Set At: Packer At:			Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	FINNUP 4 ATU-402
Doc ID	1245104

Tops

Name	Top	Datum
KRIDER	2521	KB
WINDFIELD	2561	KB
TOWANDA	2627	KB
FT_RILEY	2682	KB
FUNSTON_LM	2802	KB
CROUSE	2853	KB
MORRILL	2942	KB
GRENOLA	2988	KB

Form	ACO1 - Well Completion
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Doc ID	1245104

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	729	Premium Plus Class C	450	
Production	7.875	5.50	15.50	3068	O-Tex LowDense	425	

JOB SUMMARY

COUNTY
Hamilton

WELL NAME
Finnup

Well No.
4 ATU 402

COMPANY
Linn Energy
JOB TYPE
Surface

PROJECT NUMBER
TN # 1447

CUSTOMER REP
0

EMPLOYEE NAME
Steve Crocker

DATE
1/7/2015

EMP NAME
Steve Crocker

Tony Lewis

Chris Lelan

Joseph Martinez

Form Name

Type:

Packer Type

Set At

Bottom Hole Temp.

Pressure

Retainer Depth

Total Depth

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

Materials	Density	Qty	Lb/Gal
Mud Type	0	0	0
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	

Perfpac Balls

Qty.

Other

Other

Other

Other

Date	Called Out	On Location	Job Started	Job Completed
		01/06/15	01/06/15	01/07/15
Time		1900	2315	100

New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24	8.625	0	725	1500
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						

Hours On Location	Operating Hours	Description of Job
Date	Date	
01/06/15	01/06/15	Surface
6.0	1.8	Pump 10 bbls H2O
		Pump 100bbls lead cmt
		at 14.8ppg
		drop plug
		displace w/ 44bbls H2O
		cmt to surface 30bbls/130sks
Total	6.0	
Total	1.8	

MAX	150B	AVG	150
MAX	3.5	AVG	3
Feet	44	Reason	Shoe Joint

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	450	Premium Plus Class C	2% 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	0	0	0	0	0	0

Preflush	Type:	Summary	Preflush:	BBI	10.00	Type:	H2O
Breakdown	MAXIMUM	Load & Bkdn:	Gal - BBI			Pad: Bbl - Gal	
	Lost Returns:	0	Excess / Return BBI		30	Calc Diso Bbl	
	Actual TOC		Calc. TOC:		0	Actual Diso	44.00
Average	Frac. Gradient		Treatment:	Gal - BBI		Diso Bbl	
5 Min	10 Min	15 Min	Cement Slurry BBI		106.0		
			Total Volume BBI		160.00		

CUSTOMER REPRESENTATIVE

Walter Hagg

SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY				PROJECT NUMBER		TICKET DATE	
COUNTRY Hamilton		COMPANY Linn Energy		TN # 1449		1/8/2015	
LEADS NAME Finnup		WELL NO. #4 ATU-402		CUSTOMER REP Weldon Higgins			
EMP NAME MARIO ABREGO		JOB TYPE Production		EMPLOYEE NAME MARIO ABREGO			
MARIO ABREGO							
SHAWN COTTON							
ADAM MORRIS							
Form. Name _____		Type: _____					
Packer Type _____		Set At _____					
Bottom Hole Temp. _____		Pressure _____					
Retainer Depth _____		Total Depth _____					
Tools and Accessories				Well Data			
Type and Size		Qty	Make	Date	Called Out	On Location	Job Started
Auto Fill Tube		0	IR	1/8/2015	1:00am	01/08/15	01/08/15
Insert Float Valve		0	IR				
Centralizers		0	IR				
Top Plug		0	IR				
HEAD		0	IR				
Liner clamp		0	IR				
Weld-A		0	IR				
Texas Pattern Guide Shoe		0	IR				
Cement Basket		0	IR				
Materials				Hours On Location			
Mud Type	H2O	Density	8.33	Date	Hours	Date	Hours
Disp. Fluid	0			01/08/15	4.0	01/08/15	2.0
Spacer type	W SILICAT 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					
Perforac Balls _____ Qty. _____				Pressures			
Other _____				MAX 1125 AVG 250			
Other _____				Average Rates in BPM			
Other _____				MAX 4 AVG 3			
Other _____				Cement Left in Pipe			
Other _____				Feet 43' Reason _____ Shoe Joint			
Cement Data							
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal	
1	425	O-Tex LowDense	2% Gyp, 2% Calcium Chloride, 2% C-40, 0.4% C-10, 0.4% C-41P, 0.2% C-51, 0.25 #/sk Cellulose	13.29	225	11.5	
2	0	0	0	0	0	0	
3							
4							
Summary							
Preflush Breakdown	Type: _____	Preflush: BBI	30.00	Type: SODIUM SILICATE/H2O			
	MAXIMUM	Load & Bkdn: Gal - BBI	43	Pad: Bbl - Gal			
	Lost Returns ?	Excess / Return BBI		Calc Disp Bbl			
	Actual TOC	Calc TOC	SURFACE	Actual Disp	72.00		
Average	Frac. Gradient	Treatment: Gal - BBI		Disp Bbl			
5 Min	10 Min	Cement Slurry BBI	170.0				
	15 Min	Total Volume BBI	272.00				
CUSTOMER REPRESENTATIVE <i>Weldon Higgins</i>							
SIGNATURE _____							
Thank You For Using O - TEX Pumping							