

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1245226
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: _____

1245226

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> _____
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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JOB SUMMARY

COUNTY Hamilton	PROJECT NUMBER TN # 1465	TICKET DATE 1/21/2015
LEASE NAME H Trussell	COMPANY Linn Energy	CUSTOMER REP 0
Well No. B5 ATU 400	JOB TYPE Surface	EMPLOYEE NAME DAVID SIGALA

EMP NAME DAVID SIGALA			
SHAWN COTTON			
WILBERT ARREGUIN			
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
		01/20/15	01/20/15	01/21/15
Time		8:20PM	10:00PM	12:20AM

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
Casing	New	24	8.625	J-55	KB	729
Liner						2000
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
Disp.	Fluid	Density	Lb/Gal
H2O	BBL	10	
	BBL	8.33	
Spacer type	Gal.	%	
Acid Type	Gal.	%	
Acid Type	Gal.	in	
Surfactant	Gal.	in	
NE Agent	Gal.	in	
Fluid Loss	Gal/Lb	in	
Gelling Agent	Gal/Lb	in	
Misc. Red.	Gal/Lb	in	
MISC.	Gal/Lb	in	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
01/20/15	4.0	01/20/15	2.0	Surface
				JOB COMPLETE SAFE
				GOOD RETURNS
				FLOATS HELD 1/2 BBL BACK
Total	4.0	Total	2.0	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

MAX 1000		AVG 200	
Average Rates in BPM			
MAX 3		AVG 3	
Cement Left in Pipe			
Feel 44	Reason		Shoe Joint

Cement			Additives			W/Rq.	Yield	Lbs/Gal
1	450	Premium Plus Class C	2% Calcium Chloride, 0.25 %/wt 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	Type: MAXIMUM Lost Returns 0 Actual TOC Frac Gradient 10 Min 15 Min	Summary Preflush: BBI 10.00 Load & Bkdn: Gal - BBI Excess /Return BBI 30 Calc TOC SURFACE Treatment: Gal - BBI Cement Slurry BBI 104.0 Total Volume BBI 158.00
		Type: H2O Pad Bbl - Gal Calc Disp Bbl Actual Disp (Disc Bbl) 44.00

CUSTOMER REPRESENTATIVE _____

SIGNATURE

Thank You For Using
- TEX Pumping

JOB SUMMARY

COUNTRY Hamilton	PROJECT NUMBER TN # 1468	TICKET DATE 1/22/2015
LEASE NAME H Trusell	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins
Well No. B-5 ATU 400	JOB TYPE Production	EMPLOYEE NAME DAVID SIGALA

EMP NAME DAVID SIGALA		
SHAWN COTTON		
ADAM MORRIS		

Form Name _____ 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	0	Density 0 Lb/Gal
Disp. Fluid	H2O	Density 8.3 Lb/Gal
Spacer type	LOWSTOP	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

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Date	Called Out	On Location	Job Started	Job Completed
		01/21/15	01/22/15	01/22/15
Time		8:00PM	7:00AM	10:20AM

Casing	New/Used		Weight	Size	Grade	From	To	Max. Allow
	New	Used						
Liner			15.5	5.5	J-55	KB	2900	2000
Liner								
Tubing								
Drill Pipe								
Open Hole								
Perforations								Shots/Ft.
Perforations								
Perforations								

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
01/21/15	4.0	01/22/15	2.0	Production
				GOOD RETURNS
				JOB COMPLETE SAFE
				FLOATS HELD 1/2 BBL BACK
				60 BBLs CHIT BACK
Total	4.0	Total	2.0	

Pressures	
MAX	1000
AVG	400
Average Rates in BPM	
MAX	3
AVG	3
Cement Left in Pipe	
Feet	44
Reason	
Shoe Joint	

Stage	Sacks	Cement	Additives	W/Rq	Yield	Lbs/Gal
1	405	O-Tex LowDense	2% Gyp, 2% Calcium Chloride, 2% C-43, 0.4% C-10, 0.4% C-41P, 0.2% C-61, 0.25 #/bbl Cellulose	13.29	2.25	11.5
2	0	0	0	0	0	0
3						
4						

Pretreatment		Summary	
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	30.00
	Lost Returns F	Load & Bkdn: Gal - BBI	60
	Actual TOC	Excess /Return BBI	SURFACE
Average	Frac. Gradient	Treatment: Gal - BBI	162.0
10 Min	10 Min	Cement Slurry BBI	250.00
	15 Min	Total Volume BBI	

CUSTOMER REPRESENTATIVE _____

SIGNATURE _____

Thank You For Using
O - TEX Pumping