Confidentiality Requested:
☑ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1245283

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 # 33999
Name: Linn Operating, Inc.
Address 1: 600 TRAVIS STE 5100
Address 2:
City: HOUSTON State: TX Zip: 77002 + 3018
Contact Person: Shawn Hildreth
Phone: (281) 840-4234
CONTRACTOR: License # 32721
Name: Eldredge Well Service LLC
Wellsite Geologist: Bill Coppedge
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 #:

1/26/2015	1/28/2015	2/11/2015
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-067-21809-00-00
Spot Description:
SE - SE - SE - SE Sec. 5 Twp. 27 S. R. 38 ☐ East ☑ West
196 Feet from ☐ North / ☑ South Line of Section
305 Feet from ☑ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW

GPS Location: Lat: *(e.g. xx.xxxxx)* , Long: *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Grant
Lease Name: DORA D. WRIGHT Well #: 5 ATU-393
Field Name: Hugoton-Panoma
Producing Formation: Chase
Elevation: Ground: 3176 Kelly Bushing: 3183
Total Vertical Depth: 2773 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 729 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: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated

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: 03/16/2015
☑ **Confidential Release Date:** 03/15/2017
☑ **Wireline Log Received**
☐ **Geologist Report Received**
☐ **UIC Distribution**
ALT ☐ I ☑ II ☐ III **Approved by:** NAOMI JAMES **Date:** 03/16/2015

[redacted]

1245283

Operator Name: Linn Operating, Inc. Lease Name: DORA D. WRIGHT Well #: 5 ATU-393

Sec. 5 Twp. 27 S. R. 38 ☐ East ☑ West County: Grant

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 ☐ Yes ☑ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☑ Yes ☐ No

Cores Taken ☐ Yes ☑ No

Electric Log Run ☑ Yes ☐ No

List All E. Logs Run:

Pulse Neutron Decay Log
PND-S Well Evaluation Log

☑ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
KRIDER	2414	KB
WINDFIELD	2452	KB
TOWANDA	2518	KB
FT_RILEY	2573	KB
FUNSTON_LM	2703	KB

CASING RECORD ☑ New ☐ 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
Surface	12.25	8.625	24	729	Premium Class C	450	
Production	7.875	5.50	15.50	2773	O-Tex LowDense	380	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate ☐ Protect Casing ☐ Plug Back TD ☐ 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
2	Chase Perfs - 2397-2420; 2454-2475	Frac Chase w/N2 Foam 600,000 SCF &	
	2520-2589; 2593-2603	250,924 lb 16/30 brown sand	

TUBING RECORD: Size: Set At: Packer At: Liner Run: ☐ Yes ☐ No

Date of First, Resumed Production, SWD or ENHR. 2/17/2015

Producing Method: ☑ Flowing ☐ Pumping ☐ Gas Lift ☐ Other *(Explain)*

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		237			

DISPOSITION OF GAS:
☐ Vented ☑ Sold ☐ Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION:
☐ Open Hole ☑ Perf. ☐ Dually Comp. *(Submit ACO-5)* ☐ Commingled *(Submit ACO-4)*
☐ Other *(Specify)*

PRODUCTION INTERVAL:

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	DORA D. WRIGHT 5 ATU-393
Doc ID	1245283

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 Class C	450	
Production	7.875	5.50	15.50	2773	O-Tex LowDense	380	

JOB SUMMARY

COUNTY: Grant	COMPANY: Linn Energy	PRODUCT NUMBER: TN # 1475	TICKET DATE: 1/27/2015
LEASE NAME: Dora D Wright	Well No.: 5 ATU 393	JOB TYPE: Surface	CUSTOMER REP: Orlando
EMP NAME: Steve Crocker			EMPLOYEE NAME: Steve Crocker

Steve Crocker							
Tony Lewis							
Johnny Blackwood							
Angel Garcia							

Form. Name: Chase-Council Grove Type:

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

Date	Called Out	On Location	Job Started	Job Completed
		01/26/15	01/26/15	01/27/15
Time		2230	2344	45

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
Umil 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-55	0	729	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	0	Density	0	Lb/Gal	
Disp. Fluid	H20	Density	8.33	Lb/Gal	
Spacer type	H20	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:
Other:

Hours On Location

Date	Hours
01/26/15	
Total	0.0

Operating Hours

Date	Hours
01/26/15	
Total	0.0

Description of Job

Surface

pump 10bbls spacer
pump 196bbls cmt at 14.8ppg
displace 44bbls H2O

cmt to surface 44bbls
173sks

Pressures

MAX 700 AVG 100

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	450	Premium Class C	2% Calcium Chloride and .25 #/sk CelloFlake	6.34	1.35	14.8
2						
3			TAKE 5 1/2 FLOAT EQUIPMENT			
4						

Summary

Preflush		Type:		Preflush: BBl	10.00
Breakdown		MAXIMUM		Load & Bkdn: Gal - BBl	
		Lost Returns ?	0	Excess /Return BBl	44
		Actual TOC		Calc. TOC	0
Average		Frac. Gradient		Treatment Gal - BBl	
ISIP	5 Min	10 Min	15 Min	Cement Slurry BBl	106.0
				Total Volume BBl	160.00

Type: H20
Pad Bbl -Gal
Calc Disp Bbl
Actual Disp 44.00
Disp Bbl

CUSTOMER REPRESENTATIVE _____ SIGNATURE

Thank You For Using
C - TEX Pumping

JOB SUMMARY

COUNTY: Grant	COMPANY: Linn Energy	PRODUCT NUMBER: TN # 1477	TICKET DATE: 1/28/2015
LEASE NAME: Dora D Wright	Well No.: 5 ATU 393	JOB TYPE: Production	CUSTOMER REP: Weldon Higgins
EMP NAME: MARIO ABREGO			EMPLOYEE NAME: MARIO ABREGO

MARIO ABREGO
SHAWN COTTON
WILBERT ARREGUIN

Form. Name _____ Type: _____

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

	Called Out	On Location	Job Started	Job Completed
Date	1/27/2015	1/28/2015	01/28/15	01/28/15
Time	10:00PM	3:00AM	6:40AM	8:30AM

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	15.5	5.5		0	2773	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials

Mud Type	wall	Density	0	Lb/Gal
Disp. Fluid	H20	Density	8.33	Lb/Gal
Spacer type	IUM SILIC	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
Other

Hours On Location

Date	Hours
1/28/2015	4.0
Total	4.0

Operating Hours

Date	Hours
01/28/15	2.0
Total	2.0

Description of Job: Production

Pressures
MAX 1200 AVG 200

Average Rates in BPM
MAX 4 AVG 3

Cement Left in Pipe
Feet 43 Reason Shoe Joint

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	380	O-Tex LowDense	2% Gyp, 2% Calcium Chloride, 2% C-43, 0.4% C-15, 0.4% C-41P, 0.2% C-61, 0.25 #/sk Cellofiake	13.29	2.25	11.5
2	0	0	0	0	0	0
3			TAKE 8 5/8 FLOAT EQUIPMENT			
4						

Summary

Preflush _____ Type: _____
Breakdown _____ MAXIMUM _____
_____ Lost Returns - _____
_____ Actual TOC _____
Average _____ Frac. Gradient _____
5 Min _____ 10 Min _____ 15 Min _____

Preflush:	BBl	30.00	Type: SODIUM SILICATE
Load & Bkdn:	Gal - BBl		Pad: Bbl - Gal
Excess /Return	BBl	56	Calc Disp Bbl
Calc. TOC		SURFACE	Actual Disp
Treatment:	Gal - BBl		Disp. Bbl 65.00
Cement Slurry	BBl	152.0	
Total Volume	BBl	247.00	

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

Thank You For Using
O - TEX Pumping