

1246568



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 Grant	PROJECT NUMBER TN # 1486	TICKET DATE 2/3/2015
LEAD NAME W.L. Puckett	COMPANY Linn Energy	CUSTOMER REP 0
Well No. 4 ATU 168	JOB TYPE Surface	EMPLOYEE NAME JASON JONES

EMP NAME JASON JONES			
EMP NAME SETH LEE			
EMP NAME JOE ARELLANO			
EMP NAME RICK POLK			

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		02/03/15	02/03/15	02/03/15
Time		100	200	300

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 Shoes	0	IR
Cement Basket	0	IR

Casing	New/Used	Weight	Well Data		From	To	Max. Allow
			Size	Grade			
Liner	New	24	8.625	J-55	KB	739	2000
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft
Perforations							
Perforations							

Materials			
Mud Type	Density	0	Lb/Gal
Disp. Fluid	H2O	Density	8.33
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	
02/03/15	3.0	02/03/15	2.0	Surface
Total	3.0	Total	2.0	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures	
MAX 1300	AVG 300
Average Rates in BPM	
MAX 4	AVG 3
Cement Left in Pipe	
Feet 42	Reason Shoe Joint

Cement Data						
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						

Preflush Breakdown Average 5 Min	Summary Type: MAXIMUM Lost Returns: NO Actual TOC: SURFACE Frac. Gradient: 10 Min 15 Min	Preflush: BBI Load & Bkdn: Gal - BBI Excess /Rel. in BBI Calc. TOC: Gal - BBI Cement Slurry BBI Total Volume BBI	Type: H2O Pad. Bbl - Gal Calc. Disp Bbl Actual Disp. Disp Bbl
			10.00 50 SURFACE #VALUE! #VALUE!

CUSTOMER REPRESENTATIVE *W.L. Puckett*

SIGNATURE _____

Thank You For Using
TEX Pumping

JOB SUMMARY

COUNTY Grant	PROJECT NUMBER TN # 1487	TICKET DATE 2/4/2015
LEAD NAME W.L. Puckett	COMPANY Linn Energy	CUSTOMER ASP 0
Well No. 4 ATU 168	JOB TYPE Production	EMPLOYEE NAME Steve Crocker

EMP NAME Steve Crocker					
Tony Lewis					
Jehruy Blackwood					

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		02/04/15	02/04/15	02/04/15
Time		600	940	1200

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

Casing	New/Used		Weight	Size	Grade	From	To	Max. Allow
	New	Used						
Liner			15.5	5.5	40	0	2857	2500
Liner								
Tubing								
Drill Pipe								
Open Hole								
Perforations								Shots/Ft.
Perforations								
Perforations								

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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
02/04/15	6.0	02/04/15	2.3	Production
				pump 10bbl spacer
				pump 15bbl lead cmt
				at 11.5ppm
				displace 87bbl H2O
				cmt to surface 7050ft/173bbls
Total	6.0	Total	2.3	

Pressures	
MAX 1100	AVG 200
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	385	O-Tex LowDense Cement	2% Gyp, 2% Calcium Chloride, 2% C-45, 0.4% C-1A, 0.4% C-41P, 0.2% C-61, 0.25 Bbls Cellulose	13.28	2.25	11.5
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI 10.00	Type: H2O
	Lost Returns: 0	Load & Bkdn: Gal - BBI 70	Pad: Bbl - Gal
	Actual TOC: 0	Excess / Return: BBI 0	Calc Disp Bbl
Average	Frac. Gradient: 10 Min	Calc TOC: 0	Actual Disp: 67.00
5 Min	15 Min	Treatment: Gal - BBI	Disp Bbl
		Cement Slurry: BBI 150.0	
		Total Volume: BBI 235.00	

CUSTOMER REPRESENTATIVE *W. L. Puckett* SIGNATURE

Thank You For Using
O - TEX Pumping