Сс	onfiden	tiality	Requested:
	Yes	ΠN	0

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1246568

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

	-	-	-	-		
WELL HISTORY -	·D	ESCRIPTIO	N OF V	VELL	&	LEASE

OPERATOR: License #			API No. 15	
Name:			Spot Description:	
Address 1:			Sec.	TwpS. R East West
Address 2:			Fe	eet from 🗌 North / 🗌 South Line of Sectior
City: Si	tate: Z	ip:+	Fe	eet from 📃 East / 🗌 West Line of Sectior
Contact Person:			Footages Calculated from	Nearest Outside Section Corner:
Phone: ()				V 🗌 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 #:
	-Entry	Workover	Field Name:	
	_		Producing Formation:	
	SWD	SIOW	Elevation: Ground:	Kelly Bushing:
Gas D&A		SIGW	Total Vertical Depth:	Plug Back Total Depth:
	GSW	Temp. Abd.		et and Cemented at: Fee
CM (Coal Bed Methane)	a Find ata);			Collar Used?
Cathodic Other (Cord				
If Workover/Re-entry: Old Well In				Fee
Operator:				cement circulated from:
Well Name:			feet depth to:	w/sx cm
Original Comp. Date:	Original T	otal Depth:		
Deepening Re-perf.	Conv. to E	ENHR Conv. to SWD	Drilling Fluid Managemen	nt Plan
Plug Back	Conv. to G	SSW Conv. to Producer	(Data must be collected from t	he Reserve Pit)
Commingled	Pormit #:		Chloride content:	ppm Fluid volume: bbls
Dual Completion			Dewatering method used:_	
			Location of fluid disposal if	hauled offsite.
GSW	Permit #:		Operator Name:	
			Lease Name:	License #:
Spud Date or Date Rea	ached TD	Completion Date or	Quarter Sec	TwpS. R East Wes
Recompletion Date		Recompletion Date	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:

	Page Two	1246568			
Operator Name:	Lease Name:	Well #:			
Sec TwpS. R East West	County:				
INCEDUCTIONS. Chause important tang of formations panatrated. Do	tail all carea. Bapart all final	annian of drill atoms toots giving interval tootod, time tool			

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 (Attach Additional Sheets)		Yes No		0	Formation (Top), Depth a		Sample
Samples Sent to Geological Survey		Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o	RECORD Ne		ion, 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 / SQU	EEZE RECORD			

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Back TD				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No	(If No, skip questions 2 and 3)
No	(If No, skip question 3)

No

(If No, fill out Page Three of the ACO-1)

Shots Per Foot	s Per Foot PERFORATION I Specify Foot			N RECORD - Bridge Plugs Set/Type botage of Each Interval Perforated				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner F		No		
Date of First, Resumed Production, SWD or ENHR.			٦.	Producing N	/lethod:	ping	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:				METHOD OF COMPLE					PRODUCTION INTE	RVAL:	
Vented Sold Used on Lease				Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)			
(If vented, Su	ubmit ACC	D-18.)		Other (Specify)		(2001111)		(000/1/100/1)			

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	W.L. PUCKETT 4 ATU-168
Doc ID	1246568

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	730	Premium Plus Class C	450	
Production	7.875	5.50	15.50	2857	O-Tex LowDense	395	

JOB SUMMARY							TN# 1				2/3/20	15	
rant (Linn Energy								Cultiver rep					
W.L. Puckett 4 ATU 168 Surface						JASON JONES							
MP NAME	_	-		-				JASON	JONES			_	
ASON JONES		1				TT		The second second	-	-	-	-	
ETH LEE													_
ICK POLK	-	-											
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		Aha:			-	Called	10.2	TO-Louis					
acker Type otlom Hole Temp.		el At			Date	VONCE	100	On Local 02/0	on H5	TOD	Started 02/03/15	100	SERVICE
etainer Depth		Tessui otal D		_	-			1.000	··· ·		10100000		02/03/13
Tools	and Acce	ssories	5		Time		_	100 	Data		200	_	300
Type and Size uto Fill Tube	Qty		Make				New/Used	Weight	Size Gr	adel	From	Te	- Change - C
sert Float Valve	0	-	IR		Casing		New	24		14	KB	To 739	Max. /
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rfactant Agent id Loss Uling Agent C. Red SC	Gal. Gal. Gal/Lb Gal/Lb Gal/Lb Gal/Lb Gal/Lb	9 11 10 10 10			Total		3.0	Total	2.0		APPROX	50 BBLS 212 SKS	OFCHI
rfactánt Agent id Loss Ling Agent 2. Red SC fpac Balis	Gal. Gal. Gal/Lb Gal/Lb Gal/Lb	9 11 10 10 10			Total		3.0				APPROX	50 BBLS 212 SKS	OFCHI
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flactant Agent dLoss	Gal Gal/_b Gal/_b Gal/_b Gal/_b Gal/_b Gal/_b Gal/_b Gal/_b	9 11 10 10 10			MAX MAX Feel 4	1	3 <u>90</u> 4	Pret AVG Average R AVG Cement I	ales in B		APPROX APPROX FRACT	SW BELCS 212 SKS 71 PERWA	OFCHI
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factant	Gal Gal Gal/Lb Gal/Lb Gal/Lb Gal/Lb Gal/Lb Qth Qth Qth Gal Plus Class 0	9 1 1 1 1 1 1 1 1 1 1 1 1 1			MAX MAX Feel 4	1 2 Nent Da	3 <u>90</u> 4	Pret AVG Average R AVG Cement I	ales in B		Shoe Ja WiRq. 6.34	pint Yield 1.32	Lbs/Ge 14.8
factant	Gal. Gal/Lb. Gal/Lb. Gal/Lb. Gal/Lb. Gal/Lb. Qth Qth Qth Plus Class				MAX MAX Foel 4	1 2 Nent Da	3 <u>90</u> 4	Pret AVG Average R AVG Cement I	ales in B		APPROX APPROX FRACU FRACU FLOATS Shoe Jo	SV BBCS 212 SRS 17 PSRW RELD WT RELD WT	Lbs/Ge
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COUNTY	JOB SUMMARY							TN # 1487			2/4/2015			
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N.L. Puckett								0 ENCOMPAGE						
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tetainer Depth Total Depth				Time			600			940		1200		
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uto Fill Tube sert Float Valve			IR	Casing		How	15.5	5.5	A	0	2857	250		
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ud Type	Ø Den	sity	0 Lb/Gal	Hours C		ours	Operating Date	Haur		Descript)		
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oge Sacks	Cement			Additions				-	1	W/Rg.	Yield	Lbs/Ga		
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