

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1248039
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: _____

1248039



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			PROJECT NUMBER TN # 1497	START DATE 2/8/2015
COUNTY Grant	COMPANY Linn Energy		CUSTOMER REP Orlando	
LEASE NAME Myers	Well No. A-4 ATU-16	JOB TYPE Surface	EMPLOYEE NAME DAVID SIGALA	

DAVID SIGALA					
SHAWN COTTON					
JOE ARELLANO					
SANTIAGO CALDITO					

Form. Name Class-Cement Grout 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			
Mat. Type	Qty	Density	Lb/Gal
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

Date	Called Out	On Location	Job Started	Job Completed
		02/08/15	02/08/15	02/08/15
Time		600 PM	800 PM	1000 PM

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing	New	24	8.625	KB		
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						Shots/Ft.
Perforations						
Perforations						
Perforations						

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
02/08/15	4.0	02/08/15	2.0	Surface
				JOB COMPLETED SAFE
				GOOD RETURNS
				FLOATS HELD
				40 BBL CEMENT BACK
Total	4.0	Total	2.0	

Pressures	
MAX	AVG
1000	100
Average Rates in BPM	
MAX	AVG
3	
Cement Left in Pipe	
Feet	Reason

Cement Data			
Stage	Sacks	Cement	Additives
1	450	Premium Class C	2% Calcium Chloride and .25 %wt Cellulose
2			
3			TAKE 5 1/2 FLOAT EQUIPMENT
4			

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI 10.00	Type: H2O
	Let	Load & Bkdn: Gal - BBI	Pad Bbl -Gal
		Excess /Return BBI 40	Calc Disp Bbl
Average	Frac Gradient	Calc. TOC: surface	Actual Disp
5 Min	10 Min	Treatment: Gal - BBI	Disc Bbl
	15 Min	Cement Slurry BBI 108.00	
		Total Volume BBI 162.00	

CUSTOMER REPRESENTATIVE *Walter Higgins* SIGNATURE

Thank You For Using
TEX Pumping

JOB SUMMARY			PROJECT NUMBER TN # 1499	TICKET DATE 2/10/2015
COUNTY Grant	COMPANY Linn Energy	CUSTOMER REP Weldon Higgins		
LEADER NAME Myers	Well No. A-4 ATU 16	JOB TYPE Production	EMPLOYEE NAME Chris Lewis	

Chris Lewis					
Tony Lewis					
Joe Arallano					

Form. Name _____ Type: _____

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

Date	Called Out	On Location	Job Started	Job Completed
		02/10/15	02/10/15	02/10/15
Time		300	730	900

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
Liner clamp	0	IR
Weid-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

	New	Used	Weight	Size	Grade	From	To	Max. Allow
Casing			15.6	5.5	J40	KB	2854	2500
Liner								
Liner								
Tubing								
Drill Pipe								
Open Hole								Shots/Ft.
Perforations								
Perforations								
Perforations								

	Qty	Density	Lb/Gal
Mud Type			
Disp. Fluid	H2O	BBL	10
Spacer type	BBL		
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
Fric. Red.	Gal/Lb		In
MISC.	Gal/Lb		In

Hours On Location	Operating Hours	Description of Job
Date	Hours	
02/10/15	6.0	Production
02/10/15	1.5	
Total	6.0	
Total	1.5	

Perpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____
 Other _____

Pressures	
MAX	2500
AVG	
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	395	O-TEX LowDense	2% Gyp, 2% Calcium Chloride, 2% C-45, 0.4% C-13, 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	Type: MAXIMUM	Preflush: BBI	10.00
Breakdown	Lost Returns: 0	Load & Bkdn: Gal - BBI	50
Average	Actual TDC	Excess / Return BBI	0
5 Min	Frac. Gradient 10 Min	Calc. TDC	0
		Treatment: Gal - BBI	158.0
		15 Min	15 Min
		Cement Slurry BBI	235.00
		Total Volume BBI	235.00

CUSTOMER REPRESENTATIVE *Weldon Higgins* SIGNATURE

Thank You For Using
 TEX Pumping