Сс	onfiden	tiality	Requested:
	Yes	ΠN	0

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1248143

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	QuarterSec TwpS. R East West
Spud Date or Date Reached TD Completion Date or 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 Approved by: Date:

	Page Two	1248143
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTOLICTIONS. Chow important tang of formations panatrated	Dotail all coros Boport all final	popies of drill stoms tasts giving interval tasted 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		-	on (Top), Depth ar		Sample	
Samples Sent to Geolog	ical Survey	Yes No	Name	9		Тор	Datum	
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
		CASING Report all strings set-c	RECORD New		tion, 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?	
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Γ

Yes	No
Yes	No
Yes	No

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

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

Shots Per Foot	t PERFORATION F Specify Foota			N RECORD - Bridge Plugs Set/Type otage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth
TUBING RECORD: Size: Set		Set At:	Set At: Packer At:		Liner F		No			
Date of First, Resumed Production, SWD or ENHR.		۲.	Producing M	lethod:	ping	Gas Lift	Other (Explain)			
Estimated Production Oil Bbls. Per 24 Hours		ls.	Gas Mcf Wat		er	Bbls.	Gas-Oil Ratio	Gravity		
DISPOSITION OF GAS:			METHOD OF COMPLETION:					PRODUCTION INT	EBVAL:	
Vented Sold Used on Lease (If vented, Submit ACO-18.)		Open Hole Perf. Dually			Comp. A <i>CO-5)</i>	Commingled (Submit ACO-4)				
		10.)		Other (Specify)						

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	PYLE A-5 ATU-382
Doc ID	1248143

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	2855	O-Tex LowDense	395	

	JOB SUM	ARY		TN# 15		2	/14/2015	
COUNTY	COMPANY							
Grant	Uinn Wei No. Lice Time							
Pyla A-5 AT				MARIO A	BREGO			
EMP NAME						1		-
MARIO ABREGO								
SHAWN COTTON						<u> </u>		
JONNY BLACKWOOD								
ADAM MORRIS							0.4%	
Form, Name	_Тура:	Called	Out	On Locatio	n Jo	5 Started 02/14/15	Job Co	mpleted
Packet Type	Set At	Date 27	Out 14/2015	02/14	15	02/14/15	02	214/15
Bottom Hole Temp.	Pressure		:00PM	7:45P	м Г	8:50PM	42	049
Retainer Depth	Total Depth	Time 2:	UUTIN	Well L		0.001		
Tools and Ac Type and Size	City Make		New/Used	Weight		From	To	Max. Allow
Auto Fill Tube		Casing	New	24	8.625 -	•	730	2000
Insert Float Valve	0 IR	Liner						
Centralizers	0 R	Liner						
Too Plug	0 IR	Tubing				╞╴┈┥		
HEAD		Drill Pipe Open Hole	1	L		┼───┼		Shots/Ft.
Limit clamp	6 R	Perforations		_				
Weld-A Texas Pattern Guide Shoe		Perforations						
		Perforations	4	(Description)	Invine	Decorio	ion of Job	L
Material	s ensiv 9 Lb/Gal)	Hours On Loc	Hours	Operating	Hours		INT OF JOD	
Mud Type WBM De Disp Fluid H29 De	ensity 0 Lb/Gal ensity 8.33 Lb/Gal	02/14/15	4.0	Date 02/14/15	2.0	Surface		
Disp. Fluid H20 De Spacer type H20 BBL	10 L. Cur]		
Specer type BBL.				L				
Acid Type Gal.	<u>%</u>							
Acid Type Gal. Surfactant Gal.	%			 			19 J. J. J.	
SurfactantGal. NE Agent Gal.	In							
Fluid Loss Gal/L	b In							
Geiling Agent Gal/L								
Fric. Red. Gal/L		Total	4.0	Total	2.0		_	
MISC. Gal/LI	b In			TO MAN				
Perfpec Balls	Qty.	and the second se	and a second second		SSUIPE			
Other		MAX	1010	AVG	Rates in B			
Other		MAX	3	AVG			10 pro- 10 mail	
Other		10000		Cement	Left in Pij	96		
Other		Feet 44		Reason		Shoe .	Joint	
			120	100				
		Cement	Dala			-	1 347-1-4	Lbs/Gal
Stage Sacks Cemen		Additives				W/Rq. 5.64	. Yield 1.32	14.8
1 450 Premium Plus		250/sk Celloftake				0	0	0
	0					0	0	0
		5 12 · · · ·						
4								
		Summary		0.01		Trees	0.000 to 2000 11	20
Preflush	Type:	Pr	eflush:	BBI Gal - BBI	10,00	Type: Pad.Bb		14
Breakdown		Lo	ss /R II	r 881	37	Calc Dis		1.1
	Lost Relums I	<u>v</u>	TO		SURFA	CE Actual C	Disp. 🦷 📃	0.00
Average	Frac. Gradient		estment:	Gal - BBI	106.0	Dan Bh		_
eser 5 Min	10 Min 15 M	10Ce	ement Slurr stal Volume	R BI	116.0		_	
		10	Neti VOIUITID	001	0.00.00	1		
	/10	11				di secondo de la composición de la composicinde la composición de la composición de la composición de		
	MAN) Jele						
CUSTOMER REPRESE	ENTATIVE / CACAL	- Telep	4	SIGNATURE				
		{	1		ank Yo.	u For Usi	ng	
			1 C+			Pumping		
			1		- 164	. umping	5 antas parte diterativa (para an

JOB SUMMARY					TN# 1509			2/16/2015		
COMPANY COMPANY					CUSTOMER REP					
Grant		-	0							
Pyle A-5			Chris Le	vis						
CARP NAME							1			
Chiple Lewis	-									
Stave Crocker										
Adam Morris										
Form, Name	Typ	p.							-	
			Calle	dOut	On Locate 02/15	n Jo	02/16/15	Job C	ompleted 2/16/15	
Packer Type	Sef		Date		02/16	15	9211013		010010	
Bottom Hole Temp.		ssure d Depth	Time		100		517	6	15	
Tools and /	CCESSO	ries	Veny, I		Well C	ola				
Type and Size	Qty	Make		New/Used	Weight	Siza Grade		2855	Max. Allow 2580	
Auto Fili Tube	0	IR	Liner	New	15.5	a.a **		2000		
nsert Float Valve	0	R	Liner	-						
Top Plug	0	IR	Tubing							
HEAD	0	IR	Orld Pipe							
Limit clamp	0	IR I	Open Hole				┠━━━━╉		Shots/Ft	
Wold	0	R	Perforations					ð		
Texas Pettern Guide Shoe	0	- IR IR	Perforations	Sector Sector	1.100					
Materi			Hours On Lo	cation	Operating	HOUTE	Descrio	tion of Jot		
Mud Type	Density_	0 Lb/Gal	Date 02/16/15	Hours	Operating Date 02/16/15	Hours_	Product	lon		
	Density	8.33 Lb/Gal	02/16/15	7.0	02/10/13					
Specer type H20 881 Specer type B81									-	
Acid Type Gal.		%							196	
Acid TypeGal.		_%							-	
Surfactant Gal. NE Agent Gal.		n							1	
NE Agent Gal. Fluid Loss Gal/										
Getting Agent Get		ln							-	
Fric. RedGal		n		7.0	Total	1.5				
MISCGal	ւթ	in	Total	7.0	IOUNI	1.0				
Perfoac Balis	Otv				Pre	Seures				
Other			MAX	2500	AVG.				23	
Other				3.	Average AVG	Rates in Bi	* M			
Other	10.000		MAX	3.		Left in Pip	2			
Other			Feet 44		Reason		Shoe	Joint		
Coner			, aut							
			Cement	Data				1 10 14	1 () () () ()	
Stage Secks Ceme	mt		Additives			M Balats Collector	W/Rq ta 13.29		Lbs/Gal 11.5	
	se Cem	ent 2% Gyp. 2% Calching	CRIMINOL, 276 G-45, 6.47	G-13, 8.4% G-41	P, 823 G41, 6		0	0	0	
2 C 0 3 0 0							0	0	0	
4								_		
								- <u> </u>	L	
	_		Summan		881	10.00	Type:	н	20	
Prellush		B: (IMUM		reflush: pad & Bkdn:			Pad:Bb	-Gal		
Breakdowi)	Los	Rehrud	0 E	rcless /Rolur	n B B	55	U D	o B	57.00	
	Actu	lai TOC		alc 100	Cal. PP	jurface	B A La L	- L	01.00	
Average 5 Min		Gradient		reatment: emont Slum	Gal - BBI BBI	158.0	Sec. 2			
au 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10.1			otal Volume		235.00				
	1	1		I						
	10.00	, 111	111							
CUSTOMER REPRES	ENTA	IVE / Alali	intlace -	-						
COGTOWERTRE ALC		1	1		SIGRATURE					
							For Usin Pumping			