

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1248181
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: _____

1248181



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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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JOB SUMMARY

COUNTY Grant	PROJECT NUMBER TN # 1511
COMPANY Linn Energy	PROJECT DATE 2/17/2015
LEASE NAME FEDERAL LAND BANK A-4 ATU-148	CUSTOMER REP 0
Well No. Surface	EMPLOYEE NUMBER DAVID SIGALA

EMP NAME DAVID SIGALA	
SHAWN COTTON	
RICK POLK	
KESHAAD JOHNSON	

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		02/17/15	02/17/15	02/17/15
Time		800PM	1000PM	1200AM

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

Well Data							
	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24	8.625	J40	KB	730	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
	Qty	Density	Lb/Gal
Mud Type	0	0	Lb/Gal
Disp. Fluid	H2O	Density	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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
02/17/15		02/17/15		Surface
				GOOD RETURNS
				JOB SAFELY COMPLETED
				FLOATS HELD
				40 BBLs RETURN CEMENT TO
Total	0.0	Total	0.0	

Perpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures			
	MAX	AVG	Reason
MAX	1000	100	
AVG			
MAX	3	3	
AVG			
Feel	44		Shoe Joint

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	450	Premium Plus Class C	2% Calcium Chloride, 0.25 %/bbl Cellulose	6.34	1.32	14.8
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Summary					
Preflush	_____	Type: _____	Preflush:	BBI	10.00
Breakdown	_____	MAXIMUM	Load & Bkdn:	Gal - BBI	_____
	_____	Actual TOC	Excess /Return:	BBI	40
Average	_____	Frac. Gradient	Calc. TOC	_____	_____
_____	5 Min	10 Min	Treatment:	Gal - BBI	_____
		15 Min	Cement Slurry	BBI	106.0
			Total Volume	BBI	150.00

CUSTOMER REPRESENTATIVE David Sigala SIGNATURE

Thank You For Using
- TEX Pumping

JOB SUMMARY

COUNTRY Grant	PROJECT NUMBER TN # 1512	START DATE 2/18/2015
LEASE NAME Federal Land Bank A-4 ATU 148	COMPANY Linn Energy	CUSTOMER REP 0
WELL NO.	JOB TYPE Production	EMPLOYEE NAME Chris Lewis

Chris Lewis			
Tony Lewis			
Miguel Murgado			

Form. Name _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
		02/18/15	02/18/15	02/18/15
Time		330	1207	1330

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

Casing	New/Used	Weight	Size	Grade	From	To	Max. Allow
Liner	New	15.5	8.5	J-55	KB	2856	2500
Liner							
Tubing							
Drill Pipe							
Open Hole							
Perforations							Shots/Ft.
Perforations							
Perforations							

Materials

Mud Type	Qty	Density	Lb/Gal
Disp. Fluid	H2O	8.33	
Spacer type	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	

Parfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
02/18/15	10.0	02/18/15	1.5	Production
Total	10.0	Total	1.5	

Pressures

MAX	2500	AVG	
Average Rates in BPM			
MAX	3	AVG	3
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	395	O-Tex Low-Dense Cement	2% Opp, 2% Calcium Chloride, 2% C-45, 0.4% C-18, 0.2% X-40	13.29	2.25	11.5
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Summary

Preflush: _____ Type: _____

Breakdown: _____ Type: H2O

Load & Bkdn: BBI 10.00

Excess RL: BBI 65

Calc IO: surface

Treatment: Gal - BBI

Cement Slurry: BBI 158.0

Total Volume: BBI 235.00

Average _____

Frac Gradient: 5 Min _____ 10 Min _____ 15 Min _____

Actual Disp: _____

Actual Bbl: _____

CUSTOMER REPRESENTATIVE _____

SIGNATURE _____

Thank You For Using
• TEX Pumping