Confidentiality Requested:

Yes No

## Kansas Corporation Commission Oil & Gas Conservation Division

1248335

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:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD □ SIOW	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
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:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Location of fluid disposal if flauled offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec. Twp. S. R. East West
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:

1248335
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Sec Twp  NSTRUCTIONS: Show	important tops of		West	County:	:					
		<b>.</b>								
and flow rates if gas to s		ures, whether	shut-in pre	ssure reach	ned stati	c level, hydrosta	atic pressures, bo		val tested, time too erature, fluid recove	
Final Radioactivity Log, I iles must be submitted in						gs must be ema	ailed to kcc-well-lo	ogs@kcc.ks.go	v. Digital electronic	
Orill Stem Tests Taken (Attach Additional She	eets)	Yes	☐ No				on (Top), Depth a		Sample	
Samples Sent to Geolog	ical Survey	Yes	No		Name	9		Тор	Datum	
Cores Taken Electric Log Run		Yes Yes	☐ No ☐ No							
ist All E. Logs Run:										
		Report all	CASING		Ne	w Used	tion etc			
Purpose of String	Size Hole	Size Ca	asing	Weig	jht	Setting	Type of	# Sacks	Type and Percent	
- urpose or curing	Drilled	Set (In	O.D.)	Lbs. /	Ft.	Depth	Cement	Used	Additives	
		A	DDITIONAL	CEMENTIN	IG / SQU	EEZE RECORD				
Purpose:	Depth	Type of C			# Sacks Used Type and Percent Additives					
Perforate	Top Bottom	, , , , , , , , , , , , , , , , , , ,								
Protect Casing Plug Back TD										
Plug Off Zone										
Did you perform a hydraulic	fracturing treatment of	on this well?				Yes	No (If No, sk	kip questions 2 ar	nd 3)	
oes the volume of the total	-		treatment ex	ceed 350,00	0 gallons?		= ` ` '	kip question 3)	,	
Vas the hydraulic fracturing	treatment information	n submitted to th	he chemical c	lisclosure reg	gistry?	Yes	No (If No, fil	l out Page Three	of the ACO-1)	
Shots Per Foot		ON RECORD -					cture, Shot, Cemen			
	Specify I	Footage of Each	ı ıntervai Peri	orated		(A	mount and Kind of M	ateriai Used)	Depth	
TUBING RECORD:	Size:	Set At:		Packer At		Liner Run:				
TODING FILOURD.	JILU.	OG! Al.		i ackei Al		Linei Huii.	Yes No	)		
Date of First, Resumed Pro	oduction, SWD or EN	HR. Pro	oducing Meth	od:	g $\square$	Gas Lift (	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er E	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION	OF GAS:		N.	IETHOD OF	COMPI F	TION.		PRODUCTIO	ON INTERVAL:	
Vented Sold	Used on Lease	Oper	n Hole	Perf.	Dually	Comp. Co	mmingled	110000110	ZIT IITI EI IVAE.	
(If vented, Submit		Otho:	r (Specify)		(Submit A	ICO-5) (Sub	omit ACO-4)			

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	LEHMAN 5 ATU-139
Doc ID	1248335

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	730	Premium Plus Class C	450	
Production	7.875	5.50	15.50	2856	O-Tex LowDense	395	

		.10	OB SUM	MAR	Y		TN# 15		TEXAT DATE	2/19/201	15
Grant			Linn Energy				CHETOMER REP				
STARL WAR		Well No.	JOB TYPE				MARIO ABREGO				363.66
Lehman	#5 ATU 1	39	Surface		_		IMARIO A	BREGU	)		0.00
MANO ABREGO	1	T			ΠŤ						
DAVID SAGALA											
JONNY BLACKWOOD						ACCESSION V					
Form. Name		Гуре:							100		
	TOTAL ST	10			Celle	d Out /19/2015	On Locatio	on I.	ob Started 02/19/15	Job C	ompleted 12/19/15
Packer Type Bottom Hole Temp.		Set At Pressu		Date	2	/19/2015	02/19	715	02/19/15		/2/19/15
Retainer Depth	F - 1977 19	Fotel D	lepth	Time	- 1	1:00PM	6:00P		7:52PM		.45PM
Too	s and Accu		5			N. 41. 3	Well	Deta	all Comm	- Y-	Diam Allian
Type and Size Auto Fill Tube	Qt		Make IR	Casino	_	New	24	Size Gra	de From	To 730	Max. Allow 2000
Insert Float Valve	0		İR	Liner							1
Centralizers	0		IR	Liner					_		
Top Plug HEAD	0		IR IR	Drill Pi						200	
Umit clamp	0		IR	Open 1	lole						Shots/Fi.
Weld-A	Shoe 0		IR I	Perion	dions						
Texas Pattern Guide : Cement Besket	Shoe 9		IR R	Perfora Perfora	mons						+
	Motorials			Hours	On Lo	cation	Operating	Hours	Descri	otion of Jo	0
Mud Type 0 Disp. Fluid H2			0 Lh/Gal	02/19	15	HOUTS	Date 02/19/15	2.0	Surface		
Spacer type H26	BBL.	10	1000								
Spacer type Acid Type	BBL -		%		-				_		
Acid Type	— Gel		%							5.00	
Surfactant	Gal.		In		-			1 1			The state of the s
NE Agent Fluid Loss	Gal. Gal/Lb		in	-	_				-	-	
Gelling Agent	Gal/Lb		ln .								
Fric. Red.	Gal/Lb Gal/Lb		In In	Total	-	4.0	Total	2.0			
			""	I OLAI	_	4.0	534				
Perfpac Balls Other Other		My.				1000	AVG	SSURES 100			
Other				MAX		1000	Average				
Other				MAX		3	AVG	3			
Other				Feoi	43'		Reason	Left in P		Joint	
Outer				reui	-		Nessyn		01100	001111	
				Ce	ment	Data					
Stage Sacks 1 450 Premi	Cement vm Plus Čis		2% Calcium Chlorida, 0	Additive			_		6.34		Lbs/Gal 14.8
1 450 Premi	O CH		0	as are con	or same.				0.54	0	0
3 0	0		0		""				0	0	0
4								_		-	
				Sun	nmary						
Preflush		уре:			Pr	eflush	BBI	10.0		7 24 7	120
Breakdown		MAXIM os! Re		0	Lo	ead & Bkdn: cess /Return	Gal - BBI	- 55	Pad:Bb	so Blu	20.00
		intiral 1	roe		U:	ile TOC		SURFA	CE Arinal	Disti	44.00
Average 5 Min		rac. G	radient 15 M	0		eatment: ement Slurry	Gal - BBI	106.0	(Hsp E)	1	
2 (41)		es same	10 M	"		ital Volume		160.0			23/23/2
						I			10.00		
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						1000	ini				
								IEX	Pumping	Q	

				-		THROUGHT NAME	na:	Dras	CDATE		-	
COLUMNY		JOB SUL	<b>MAR</b>	Y		TN# 1				2/21/20	15	
Grant		Linn Energ		CARTONIA SALP								
EAST WATE		IO. LIGHTYPE				SEPTOME IN	4		_	201		
Lehman	5 ATU 139	Production				Steve C	rocker					
Steve Crocker	-	The state of the s										
Tony Lewis												
antiago Calato												
Form. Name _	• Type	:				smeet V	72.0					
6000011950.00		-		Called	Out	IOn Locali	on	Lloh Sta	ried	Lloh /	omoloto	
Packer Type Bottom Hole Temp,	Set		Date			On Locali 02/21	715	Job Sta 02/	21/15	1	omplete 12/21/15	
Ratainer Depth		Sure Depth	Time			500						
Tools	s and Accesso	ries	_ INITIO	-		Well	Destro	. 744			130	
Type and Size	Qty	Meke			New/Used	Weight		rade Fr	om	To	Max. Al	
uto Fill Tube	0	IR	Casing		New	15.5	5.5		0	2856	250	
entralizers	0	IR IR	Liner									
op Plug		IR IR	Uner									
EAD	0	iR	Drill Pro	0								
mit clamp	0	İR	Open H	ole							Shots/	
eld-A	0	IR	Perforat	ions				1230			SHORE/	
exas Pattern Guide S ement Basket	hoe 0	IR IR	Perforat	ions								
	Materials	R	Perfore Hours C	ions	floor	Coordina	- Interest	· 30				
ud Type 8	Density	0 Lb/Gal	Usta	1	ours	Operating Date 02/21/15	Hours			on of Jo		
isp. Fluid H20 pacer type H20		B.33 Lb/Gal	02/21/1	5	4.5	02/21/15	1.8	- P	roductio	ort.		
pacer type	_BBL <u>10</u> BBL	_		-			-	P	ump 101	bis spec	er H2O	
aid Type	- Gal	%	-	-						bbis lead	cmt	
cid Type	Gal.	_%							ili.5pp seh pil			
urfectant E Agent	Gal.	_ln	7						00 pkg			
uid Loss	Gal/Lb	_ln		+			, i		eplaça (	7bbts H2	0	
elling Agent	Gel/Lb	-in		+					440	A 0011	1-1460 4	
ic. Red.	Gal/Lb	In							est to bui	face60bb	HE TOURK	
ISC.	Gal/Lb	_In	Total		4.5	Total	1.8					
orfpac Balls	Qty.					D-	SSUFES					
her	270.0 37.0		MAX	1	050	AVG.	201 201	0				
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10.11			Cen	nent Da	sta							
age Sacks (	Cament	2% Gyp, 2% Calcium (	Additives			-44			W/Rq.	Yield	Lbs/Ga	
2 0	0	O Caletani C	-INOTOR, 2% G-45	9.4% C-	15, 0.2% X-Air,	L2% C-61, L25	Brisk Callion	leks	13.29	2.25	11.5	
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									-	<del>  "  </del>	0	
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al-down	MAXIN	SUM ——		- Meil	ush:   & Bkdn; (	88) [388]	10.00		pe:	H2	0	
	Lost R	elums i	0		ss /Return		60	Pa	d BbT-C	Bhi		
rage	Abliral			Galc	TOC	_	44	Att	lual 1hs	n	67.00	
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CUSTOMER REPR	RESENTATIV	E			1	VH &		- Daniel				
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