

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1248384  
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: \_\_\_\_\_

1248384



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> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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<b>JOB SUMMARY</b>			PROJECT NUMBER <b>TN # 1526</b>	TICKET DATE <b>2/24/2015</b>
COUNTY <b>Grant</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>0</b>		
LEAD NAME <b>Barnes</b>	Well No. <b>JS ATU 149</b>	JOB TYPE <b>Surface</b>	EMPLOYEE NAME <b>Steve Crocker</b>	

EMP NAME				
Steve Crocker				
Tony Lewis				
Angel Garcia				
Miguel Murgado				

Form Name \_\_\_\_\_ Class & Control Drive \_\_\_\_\_ Type: \_\_\_\_\_

Packer Type \_\_\_\_\_ Set At \_\_\_\_\_

Bottom Hole Temp. \_\_\_\_\_ Pressure \_\_\_\_\_

Retainer Depth \_\_\_\_\_ Total Depth \_\_\_\_\_

Date	Called Out	On Location	Job Started	Job Completed
		02/24/15	02/24/15	02/24/15
Time		0	450	630

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							
	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24	8.625	JK	0	729	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
	a	Density	0
	H2O	Density	8.33
Disp. Fluid			
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	
02/24/15	6.5	02/24/15	1.5	Surface
Total	6.5	Total	1.5	pump 10bbl spacer H2O pump 16bbl lead cnt at 14.5ppg add drop plug displace 44bbl H2O bump check floats  cnt to surface 50bbl/213sks

Perpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures		Average Rates in BPM		Cement Left in Pipe	Shoe Joint
MAX	AVG	MAX	AVG		
800	150	3.5	3		
				Reason	
Feet	44				

Cement Data					W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives				
1	450	Premium Plus Class C	2% Calcium Chloride, 8.25 Salt Cellulose		6.34	1.32	14.8
2	0	0	0		0	0	0
3	0	0	0		0	0	0
4							

Summary			
Preflush Breakdown	Type: <b>MAXIMUM</b>	Preflush: <b>BBI</b>	10.00
	Lost Returns: <b>0</b>	Load & Bkdn: <b>Gal - BBI</b>	50
	Actual TOC: _____	Excess / Return: <b>BBI</b>	0
Average	Frac. Gradient: <b>10 Min</b>	Treatment: <b>Gal - BBI</b>	100.0
5 Min	15 Min	Cement Slurry: <b>BBI</b>	160.00
		Total Volume: <b>BBI</b>	160.00

CUSTOMER REPRESENTATIVE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Thank You For Using**  
**- TEX Pumping**

<b>JOB SUMMARY</b>			PROJECT NUMBER <b>TN # 1528</b>	TICKET DATE <b>2/26/2015</b>
COUNTY <b>Grant</b>	COMPANY <b>Linn Energy</b>			
LEAD NAME <b>Barnes</b>	Well No. <b>5 ATU 149</b>	JOB TYPE <b>Production</b>	CUSTOMER REP <b>0</b>	
EMP NAME <b>DAVID SIGALA</b>		EMPLOYEE NAME <b>DAVID SIGALA</b>		

<b>DAVID SIGALA</b>				
<b>SHAWN COTTON</b>				
<b>MIGUEL MURGADO</b>				

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_  
 Packer Type \_\_\_\_\_ Set At \_\_\_\_\_  
 Bottom Hole Temp. \_\_\_\_\_ Pressure \_\_\_\_\_  
 Retainer Depth \_\_\_\_\_ Total Depth \_\_\_\_\_

Date	Called Out	On Location	Job Started	Job Completed
		<b>02/25/15</b>	<b>02/26/15</b>	<b>02/26/15</b>
Time		<b>800AM</b>	<b>400AM</b>	<b>600AM</b>

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						
	New/Used	Weight	Size	Grade	From	To
Casing	New	15.5	5.5	KB	KB	2857
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole						
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
	H2O	Density	Lb/Gal
Mud Type	0	0	
Disp. Fluid	H2O	Density	8.3
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	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
02/25/15	22.0	02/26/15	2.0	Production
				GOOD RETURNS
				JOB COMPLETE SAFE
				60 BBL CMT BACK
				FLOATS HELD 1/2 BBL BACK
Total	22.0	Total	2.0	

Perpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

Pressures	
MAX 1000	AVG 300
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 LowDense Cement	2% Gyp, 2% Calcium Chloride, 2% C-45, 0.4% C-15, 0.2% X-Air, 0.2% C-61, 0.25 Bblsk Cellulose	13.29	2.25	11.5
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBl	10.00
	Lost R. In	Load & Bkdn: Gal - BBl	60
	A → T	Exc. ss Retin: B	SURFACE
Average	Frac. Gradient	Treatment: Gal - BBl	57.00
5 Min	10 Min	Cement Slurry: BBl	158.0
	15 Min	Total Volume: BBl	235.00

CUSTOMER REPRESENTATIVE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_  
 Thank You For Using  
 O-TEX Pumping