



1160616

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
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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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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	RUSSELL A-5 ATU-70
Doc ID	1160616

Tops

Name	Top	Datum
Krider	2305	KB
Winfield	2348	KB
Towanda	2402	KB
Fort Riley	2459	KB
Funston	2579	KB
Middleborg	2673	KB
Cottonwood	2729	KB
Grenola	2774	KB

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 30, 2013

Shawn Hildreth
Linn Operating, Inc.
600 TRAVIS STE 5100
HOUSTON, TX 77002-3018

Re: ACO1
API 15-187-21225-00-00
RUSSELL A-5 ATU-70
SW/4 Sec.23-28S-39W
Stanton County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Shawn Hildreth

JOB SUMMARY		PROJECT NUMBER TN # 121	TICKET DATE 6/5/2013
COUNTY Stanton	COMPANY Linn Energy	CUSTOMER REP Orlando Lozano	
LEASE NAME Russel	Well No. A5-ATU-70	JOB TYPE Surface	
EMP NAME		EMPLOYEE NAME Jessie McClain	

Jessie McClain					
Jason Jones					
Steve Crocker					
Devin Londagin					

Form Name Council Grove Type: _____
 Packer Type _____ Set At _____
 Bottom Hole Temp _____ Pressure _____
 Retainer Depth _____ Total Depth _____

Date	Called Out 6-5-13	On Location 06/05/13	Job Started 06/05/13	Job Completed 06/05/13
Time	1400	1915	2100	2215

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

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24#	8.625"	J-40	KB	771'	1600
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							


Materials			
Mud Type	WBM	Density	8.9 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
Perfpac Balls		Qty.	
Other			
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
06/05/13	3.8	06/05/13	1.3	Surface
				35 bbls of cmt to pit
Total	3.8	Total	1.3	

Pressures			
MAX	840	AVG	50
Average Rates in BPM			
MAX	4	AVG	3
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	450	Class C	2% C.C. + 0.25#/SK. Celoflake	6.30	1.32	14.8
2						
3						
4						

Summary					
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	10.00	Type: H2O	
	Lost Returns-h	Load & Bkdn: Gal - BBI	35	Pad Bbl -Gal	46
	Actual TOC	Excess /Return BBI	Surface	Calc Disp Bbl	46.30
Average	Frac. Gradient	Calc. TOC	Surface	Actual Disp.	
ISIP 5 Min	10 Min	Treatment: Gal - BBI	106.0	Disp Bbl	
	15 Min	Cement Slurry: BBI	162.30		
		Total Volume BBI			

CUSTOMER REPRESENTATIVE  SIGNATURE

Thank You For Using
O - TEX Pumping

JOB SUMMARY		PROJECT NUMBER TN # 126	TICKET DATE 6/7/2013
COUNTY Stanton	COMPANY Linn Energy	CUSTOMER REP Orlando Lozano	
LEASE NAME Russell	Well No A5-ATU-70	JOB TYPE Production	EMPLOYEE NAME Jessie McClain

EMP NAME					
Jessie McClain					
Jason Jones					
Lamont Patterson					

Form. Name Council - Grave Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

Date	Called Out 6/6/13	On Location 06/07/13	Job Started 06/07/13	Job Completed 06/07/13
Time	2:00	4:30	7:15	9:15

Type and Size	Qty	Make
Auto Fill Tube	1	IR
Insert Float Valve	1	IR
Centralizers	26	IR
Top Plug	1	IR
HEAD	1	IR
Limit clamp	1	IR
Weld-A	0	IR
Slide Shoe	1	IR
Cement Basket	0	IR

New/Used		Weight	Size	Grade	From	To	Max. Allow
Casing	New	15.5	5.5	J45	KB	3060	2000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	Lb/Gal
Disp. Fluid	H2O	8.33	
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	
06/07/13	5.5	06/07/13	2.0	Production
				Approx. 20 bbls cmt to Surface
Total	5.5	Total	2.0	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures			
MAX	1000	AVG	50
Average Rates in BPM			
MAX	4	AVG	3
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	205	Class C	0.2% C-41P, + 5% GYP, + 0.25#/SK. Celloflake	23.49	3.65	10.8
2	95	Class C	2% GEL + 0.2% C-16A, + 2% C.C.	10.4	1.90	13.0
3			DO NOT PUMP OVER 4 B.P.M. WATCH FOR CIR.C. WHILE PUMPING JOB.			
4						

Summary					
Preflush Breakdown	_____	Type: _____	Preflush: BBI	10.00	Type: H2O
		MAXIMUM	Load & Bkdn: Gal - BBI		Pad Bbl - Gal
		Lost Returns-N	Excess /Return BBI	3	Calc Disp Bbl
		Actual TOC	Calc. TOC	Surface	Actual Disp
Average	_____	Frac. Gradient	Treatment: Gal - BBI		Disp Bbl
ISP	5 Min.	10 Min.	Cement Slurry: BBI	165.0	
		15 Min.	Total Volume	BBI	246.70

CUSTOMER REPRESENTATIVE *[Signature]* SIGNATURE

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