

Confidentiality Requested:

☐ Yes ☐ No

## Kansas Corporation Commission Oil & Gas Conservation Division

1160616

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 East West						
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: ()	□NE □NW □SE □SW						
CONTRACTOR: License #	GPS Location: Lat:, Long:						
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)						
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 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:	Producing Formation:  Elevation: Ground: Kelly Bushing: Feet  Total Vertical Depth: Plug Back Total Depth: Feet  Multiple Stage Cementing Collar Used? Yes No  If yes, show depth set: Feet						
Operator:	If Alternate II completion, cement circulated from:						
Well Name: Original Total Depth: Original Total Depth:	feet depth to: w/ sx cmt.  Drilling Fluid Management Plan						
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)						
Commingled         Permit #:           Dual Completion         Permit #:	Chloride content: ppm Fluid volume: bbls  Dewatering method used:						
☐ SWD Permit #:	Location of fluid disposal if hauled offsite:						
ENHR Permit #:	Operator Name:						
GSW Permit #:	Lease Name: License #:						
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	Quarter Sec.         TwpS. 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:						

Page Two



Operator Name:			L	ease Name: _			Well #:			
Sec Twp	S. R	East We	est C	County:						
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		rval tested, time tool erature, fluid recovery,		
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log		
Drill Stem Tests Taker (Attach Additional		Yes [	No	L	_	on (Top), Depth an		Sample		
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum		
Cores Taken Electric Log Run		Yes Yes	No No							
List All E. Logs Run:										
		(	CASING REC	ORD Ne	ew Used					
		· ·		ıctor, surface, inte	ermediate, producti	1		I		
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		
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD					
Purpose:	urpose: Depth Type of Cement Top Bottom				Type and Percent Additives					
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lag on zono										
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski	o questions 2 ar	nd 3)		
Does the volume of the to		•				_ ` ` '	p question 3)			
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)		
Shots Per Foot PERFORATION RECORD - Bridge Plug Specify Footage of Each Interval Per					Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)  Depth					
	, ,	<u> </u>			,		,	·		
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:					
						Yes No				
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bi	ols. G	as-Oil Ratio	Gravity		
DIODOCITI	ON OF CAS:		N 4 - T - 1		TION:		PPODUOTIO	ON INTERVAL.		
Vented Solo	ON OF GAS:  Used on Lease	Open Ho		IOD OF COMPLE $\Box$		nmingled	PRODUCTION	ON INTERVAL:		
	bmit ACO-18.)	Other (Si	necify)	(Submit		mit ACO-4)				

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

# Tops

Name	Тор	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/

Sam Brownback, Governor

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

**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

				PROJECT NUMBE	н	THURET DATE		ı	
JOB SUMMARY			TN# 121		6/5/2013				
COUNTY	COMPANY			CUSTOMER REP			0.0.2010		
Stanton   Linn Energy				Orlando Lozano					
LEASE NAME Well No.		EMPLOYEE NAME							
Russel A5-ATU-70 Surface Jessie McClain									
EMP HAME						<del></del>			
Jessie McClain						<del> </del>			
Jason Jones						<b>_</b>			
Steve Crocker						+			
Devin Londagin								1	
Form, Name Council Grove Type:	8							0.9700	
	192		led Out	On Locatio		b Started		moleted 5/05/13	
Packer TypeSet A		Date	6-5-13	06/05/	13	06/05/13	יי ן	3/05/13	
Bottom Hole Temp. Press		7:	1400	1915	}	2100		215	
	Depth	Time	1400	Well D	ata	Z 100		. 10	
Tools and Accessori			New/Used	Weight	Size Grad	e From	To	Max. Allow	
Type and Size Qty Auto Fill Tube 0	Make	Casing	New	24#	8.625"		771'	1600	
Auto I III Tobe	IR IR	Liner	14644		2,020	,,,,,		, 300	
III BEIT FIOR VALUE	IR IR	Liner		<del>                                     </del>		+		<del>                                     </del>	
00/11/0/20/0	IR IR	Tubing	_					1	
Top Plug         0           HEAD         0	IR IR	Drill Pipe		<del>                                     </del>				<del>                                     </del>	
Limit clamp 0	IR IR	Open Hole		1				Shots/Ft.	
Weld-A 0	İŘ	Perforation							
Texas Pattern Guide Shoe 0	iR I	Perforation				1			
Cement Basket 0	iR	Perforation					L		
Materials		Hours On	Location	Operating	Hours	Descrip	olion of Job	Toronto de Pala	
Mud Type WBM Density_	8.9 Lb/Gal	Date	Hours	Date	Hours	Surface	<b>E</b>		
Disp. Fluid H20 Density	8.33 Lb/Gal	06/05/13	3.8	06/05/13	1.3			-14	
Spacer type H20 BBL 10	_			<b>—</b>		35 bbls	of cmt to p	HL	
Spacer type BBL.	- <sub>o</sub> ,		<del>                                     </del>	<u> </u>					
Acid Type Gal	_%	<del></del>	<del>                                     </del>		1	_		524 MIN 4.0	
Acid Type Gal: Surfactant Gal.			<del>                                     </del>	<b>—</b>	<del> </del>	1			
INE Agent Gal.	_in								
Fluid Loss Gal/Lb	in T								
Gelling Agent Gal/Lb	ln					10000	1115-69.	Wrest = =	
Fric, Red. Gal/Lb	in								
MISC. Gal/Lb	In	Total	3.8	Total	1.3			endige in	
Perfpac BallsQty.		(d)	nic		essures				
Other		MAX	840	AVG.	Rates in B	IDNA			
Other		IMAN	4	Average	Rates in E	ir(VI			
Other		MAX	**		t Left in Pi	DO.			
Other		Feet 44		Reason	L LEIL HILL	Shoe	Joint		
Other		Feet 44	128/85	reason		31106	Jonet		
			ant Date						
Observation Comment		Additives	ent Data			W/R	g. Yield	Lbs/Gal	
Stage Sacks Cement 1 450 Class C	2% C.C. + 0.258/SK. Cell					6.3			
1 450 Class C	EALTHOU THEOREM CON					9.54	1.52	1	
	+							+	
3 4							<del></del>	1	
<del></del>								1	
	-	Summ	any			1			
Preflush Type	r <sup>e</sup>	Junit	Preflush:	BBI	10.0	0 Type:	1	H20	
	IMUM		Load & Bkdn:				bi -Gal		
	Returns-N	0	Excess /Retur		35	Calc D	isp Bbl	46	
		Surface	Calc. TOC	0-1	Surfa			46.30	
Average Frac		_ Treatment:	Gal - BBI	402	Disp B	101			
15 Min.						-			
			i otal volume	BBI	102	J			
<u></u> _		, ,							
1	f = f + f								
CUSTOMER REPRESENTA	TIVE{\_/_\	1			e <sub>11</sub>				
		1		SIGNATUR					
						ou For Us			
						Pumpii			

JOB SUMMARY			TN # 126 6/7/2013								
COUNTY	COMPANY			CUSTOMER REP							
Stanton LEASE NAME	Well No	JOB TYPE			Orlando Lozano						
	TU-70	Production				Jessie McClain					
EMP NAME							- 4	283423450			
Jessie McClain Jason Jones											
Lamont Patterson	++-			$\dashv$							
Camont Fancison	+ +										
Form, Name Council - Crave	Type:						AZ	10 P. T. J. (10)		a caracteristic C	
				Cal	led Out	On Locatio		Started		ompleted	
Packer Type Bottom Hole Temp.	Set At		Date		6/6/13	06/07	113	06/07/13	"	6/07/13	
Retainer Depth	Total		Time 2100 430 715					9	15		
Tools and A			271000000			Well D			ar track to	124 211	
Type and Size	Oty	Make IR	Casina		New/Used New	Weight 15.5	Size Grade		To 3060	Max. Allow 2000	
Auto Fill Tube Insert Float Valve	1	IR IR	Casing Liner		Idea	10.5	3.5	, KB	2000	1 2000	
Centralizers	26	iR	Liner	_						1	
Top Plug	1	IR	Tubing								
HEAD	1	IR .	Drill Pig							Dhele ift	
Limit clamp Weld-A	7	IR IR	Open F Perfora		s.		<del>                                     </del>			Shots/Ft.	
uide Shoe	1	IR	Perfora							+	
Cement Basket	0	IR	Perfora								
Mud Type WBM	als Density	8.9 Lb/Gall	Hours		ocation Hours	Operating Date	Hours		otion of Job	,	
Disp. Fluid H20	Density	8.33 Lb/Gal	06/07	13	5.5	Date 06/07/13	2.0	Produc			
Spacer type H20 BBL	10								. 20 bbls c	mt to	
Spacer typeBBL Acid Type Gal.		%	<b>—</b>					Surface			
Acid Type Gal.		_%								1-	
Surfactant Gal		_in						5000			
NE Agent Gal. Fluid Loss Gal/		_In	$\vdash$	_				-			
Fluid Loss Gal/Lb In Gal/Lb In											
Fric. Red. Gal/Lb In											
	Lb	_In	Total		5.5	Total	2.0	_			
Perfpac Balls	— Qtv.					Pr	essures				
Other			MAX		1000	AVG.	50				
Other			MAX		4		Rates in BF	M			
Other			IVIAA		•		t Left in Pip	e			
Other			Feet 44 Reason Shoe Joint								
Store   Seeled   Come		7	Additive		ent Data			W/R	a. Yield	Lbs/Gal	
Stage Sacks Ceme		0.2% C-41P. + 5% GYP.			ako			23.4			
2 95 Class		2% GEL. + 0.2%						10.4	4 1.90	13.0	
3		DO NOT PUMP O	VER 4 B.	P.M.	WATCH FOR	CIRC. WHILE	PUMPING	JOB			
4				_				- 0.00		_	
	-		Su	mm	anv		-			-	
Preflush	Type			112(1)	Preflush	ВВІ	10.00	Type:	0.00	H20	
Breakdown		MUM	0		Load & Bkdn		- 2	Pad Bl		72	
		Returns-N	Surface		Excess /Retu Calc TOC	111 001	Surfac		isp Bbl Disp	71.70	
Average Frac Gradient Treatment: Gal - BBI Disp 8bl											
5 Min. 10 Min 15 Min Cement Sturry: BBt 165.0  Total Volume BBI 246.70											
	1				Total Volume	BBI	240.71				
		(A) 1.						<u>-                                    </u>			
CUSTOMER REPRE	SENTAT	IVE () XL									
	,,,,,					SIGNATUR					
								ou For Using			
						(	- TEX	Pumpir	ng		