



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1161438
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: _____



1161438

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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	PETTIJOHN 4 ATU-69
Doc ID	1161438

Tops

Name	Top	Datum
Krider	2348	KB
Winfield	2392	KB
Towanda	2460	KB
Fort Riley	2506	KB
Funston	2623	KB
Middleborg	2718	KB
Cottonwood	2775	KB
Grenola	2817	KB

JOB SUMMARY		PROJECT NUMBER TN # 127	TICKET DATE 6/8/2013
COUNTY Stanton	COMPANY LINN Energy	CUSTOMER REP Orlando Lazano	
LEASE NAME Pettijohn	Well No. 4 ATU 69	EMPLOYEE NAME Jessie McClain	
JOB TYPE Surface			

EMP NAME					
Jessie McClain					
Jason Jones					
Lamont Patterson					
Mario Abregio					

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

	Called Out	On Location	Job Started	Job Completed
Date	06/08/13	06/08/13	06/08/13	06/08/13
Time	1100	1600	1915	2045

Type and Size	Qty	Make
Auto Fill Tube	1	IR
Insert Float Valve	1	IR
Centralizers	5	IR
Top Plug	1	IR
HEAD	1	IR
Limit clamp	1	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	1	IR
Cement Basket	0	IR

New/Used		Weight	Size	Grade	From	To	Max. Allow
Casing	New	24	8.625		KB	770	1600
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials		WBM	Density	9.5	Lb/Gal
Mud Type					
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	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
06/08/13	5.5	06/08/13	1.5	Surface
				34 bbls cement returned to pit
Total	5.5	Total	1.5	

Perfpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

Pressures	
MAX 900	AVG 50
Average Rates in BPM	
MAX 4	AVG 3
Cement Left in Pipe	
Feet 46	Reason Shoe Joint

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

Summary			
Preflush Breakdown	Type MAXIMUM	Preflush: BBI 10.00	Type: H2O
	Lost Returns-N 0	Load & Bkdn: Gal - BBI	Pad Bbl - Gal 45
	Actual TOC surface	Excess /Return BBI 34	Calc Disp Bbl 46.20
Average 15IP 5 Min	Frac. Gradient 10 Min 15 Min	Calc. TOC Surface	Actual Disp. 46.20
		Treatment: Gal - BBI	Disp Bbl
		Cement Slurry: BBI 106.0	
		Total Volume BBI 162.20	

CUSTOMER REPRESENTATIVE Orlando Lazano SIGNATURE

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

JOB SUMMARY		PROJECT NUMBER TN # 128	TICKET DATE 6/10/2013
COUNTY Stanton	COMPANY Linn Energy	CUSTOMER REP Orlando Lozano	
LEASE NAME Pettijohn	Well No. 4 ATU 69	EMPLOYEE NAME Jessie McClain	
		JOB TYPE Production	

EMP NAME					
Jessie McClain					
Jason Jones					
Devin Londagin					

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

Date	Called Out 06/09/13	On Location 06/10/13	Job Started 06/10/13	Job Completed 06/10/13
Time	2000	100	715	900

Tools and Accessories

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
Guide Shoe	1	IR
Cement Basket	0	IR

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	16.5	6.5		KB	3062	2000
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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
06/10/13	8.0	06/10/13	1.5	Production
				5 bbls cmt back to pit
Total	8.0	Total	1.5	

Perfpac Balls _____ Qty. _____
Other _____
Other _____
Other _____
Other _____

Pressures

MAX	50	AVG	1300
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, .25 #5K CelloRake	23.39	3.65	10.8
2	95	Class C	2% Gel, 0.2% C-16A, 2% CC	10.40	1.90	13
3						
4						

Summary

Preflush Breakdown	Type: _____	Preflush: BBI	10.00	Type: H2O
	MAXIMUM _____	Load & Bkdn: Gal - BBI		Pad Bbl - Gal _____
	Lost Returns -h _____	Excess /Return BBI	5	Calc Disp Bbl _____
	Actual TOC _____	Calc. TOC: _____	Surface	Actual Disp. _____
Average	Frac. Gradient _____	Treatment: Gal - BBI		Disp Bbl _____
ISP	5 Min _____	Cement Slurry: BBI	165.0	
	10 Min _____	Total Volume BBI	246.80	
	15 Min _____			

CUSTOMER REPRESENTATIVE Orlando Lozano SIGNATURE

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

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

October 04, 2013

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

Re: ACO1
API 15-187-21233-00-00
PETTIJOHN 4 ATU-69
SW/4 Sec.26-28S-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