



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1163468  
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: \_\_\_\_\_



1163468

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

<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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	R. STEVENSON 4 ATU-44
Doc ID	1163468

Tops

Name	Top	Datum
Krider	2312	KB
Winfield	2362	KB
Towanda	2417	KB
Fort Riley	2466	KB
Funston	2581	KB
Middleborg	2681	KB
Cottonwood	2737	KB
Grenola	2804	KB

<b>JOB SUMMARY</b>			PROJECT NUMBER TN # 142	TICKET DATE 6/21/2013
COUNTY Stanton	COMPANY Linn Energy		CUSTOMER REP Weldon Higgins	
LEASE NAME R. Stevenson	Well No 4 ATU 44	JOB TYPE Surface	EMPLOYEE NAME Derek Lewis	

EMP NAME	Derek Lewis				
	Chris Lewis				
	Ed Pickard				
	Steve Crocker				

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

Date	Called Out 6/21/13	On Location 06/21/13	Job Started 06/21/13	Job Completed 06/21/13
Time	1200	1900	2111	2203

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-55	KB	730	1500
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	BBL	10	
Spacer type	BBL		
Acid Type	Gal.		%
Acid Type	Gal.		%
Surfactant	Gal.		ln
NE Agent	Gal.		ln
Fluid Loss	Gal/Lb		ln
Gelling Agent	Gal/Lb		ln
Fric. Red.	Gal/Lb		ln
MISC.	Gal/Lb		ln

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
06/21/13	4.0	06/21/13	2.0	Surface
				7 BBLs Cement to Surface
				Cement Fell After Shut Down
				Top Out Required
Total	4.0	Total	2.0	

Perfpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

Pressures			
MAX	915	AVG	180
Average Rates in BPM			
MAX	4	AVG	4
Cement Left in Pipe			
Feet	44	Reason	Shoe Joint

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

Summary					
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	10.00	Type: H2O	
	Lost Returns-N	Load & Bkdn: Gal - BBI	7	Pad Bbl - Gal	
	Actual TOC	Excess /Return BBI	Surface	Calc. Disp Bbl	43.70
Average	Frac. Gradient	Calc. TOC:		Actual Disp.	
ISIP 5 Min.	10 Min.	Treatment: Gal - BBI	106.0	Disp. Bbl	
	15 Min.	Cement Slurry: BBI	159.70		
		Total Volume BBI			

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

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

<b>JOB SUMMARY</b>		PROJECT NUMBER <b>TN # 144</b>	TICKET DATE <b>6/22/2013</b>
COUNTY <b>Stanton</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>Weldon Higgins</b>	
LEASE NAME <b>R. Stevenson</b>	Well No. <b>4 ATU 44</b>	EMPLOYEE NAME <b>Derek Lewis</b>	
JOB TYPE <b>Top-out</b>			

EMP NAME					
Derek Lewis					
Chris Lewis					
Rory Morris					

Form Name Council - Grove Type: \_\_\_\_\_

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

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

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

Date	Called Out <b>6/21/13</b>	On Location <b>06/22/13</b>	Job Started <b>06/22/13</b>	Job Completed <b>06/22/13</b>
Time	<b>23:00</b>	<b>400</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

	New/Used	Weight	Size	Grade	From	To	Max. Allow
	Used	24#	8.625"	J-48	KB	730	500
Casing							
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	8.9 Lb/Gal
Disp. Fluid	na	Density	na
Spacer type	H2O	BBL	2
Spacer type		BBL	
Acid Type		Gal.	%
Acid Type		Gal.	%
Surfactant		Gal.	ln
NE Agent		Gal.	ln
Fluid Loss		Gal/Lb	ln
Gelling Agent		Gal/Lb	ln
Fric. Red.		Gal/Lb	ln
MISC.		Gal/Lb	ln

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
06/22/13	2.0	06/22/13	1.0	Top-out
				Got Cement to Surface
Total	2.0	Total	1.0	

Perfpac Balls \_\_\_\_\_ Qty \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures	
MAX 70	AVG 40
Average Rates in BPM	
MAX 2	AVG 2
Cement Left in Pipe	
Feet na	Reason na

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	300	Class C	2% C.C. + 0.25#/SK. Celloflake	6.30	1.32	14.8
2						
3						
4						

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	2.00
	Lost Returns-N 0	Load & Bkdn: Gal - BBI	
	Actual TOC	Excess /Return BBI	
	Frac. Gradient	Calc. TOC:	
Average ISIP 5 Min.	10 Min.	Treatment: Gal - BBI	3
	15 Min.	Cement Slurry: BBI	Surface
		Total Volume BBI	12.0
			#VALUE!

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

**Thank You For Using  
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# JOB SUMMARY

PROJECT NUMBER **TN # 145**      TICKET DATE **6/23/2013**

COUNTY **Stanton**      COMPANY **Linn Energy**  
 LEASE NAME **R. Stevenson**      Well No. **4 ATU 44**      JOB TYPE **Production**

CUSTOMER REP **Weldon Higgins**  
 EMPLOYEE NAME **Michael Chalfant**

EMP NAME					
Michael Chalfant					
Derick Lewis					
Chris Lewis					
Rory Morris					

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

Date	Called Out	On Location	Job Started	Job Completed
	6/23/13	06/23/13	06/23/13	06/23/13
Time	0400	830	930	1200

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	15.5	5.5	J-40		3106	2600
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	
06/23/13	3.0	06/23/13	2.0	Production
				No Returns During Displacement. No Cement to Surface
Total	3.0	Total	2.0	

Perfpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

Pressures		Average Rates in BPM	
MAX	940	AVG	200
MAX	4	AVG	3
Feet	44	Reason	Shoe Joint

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

Summary			
Preflush Breakdown	10	Type: MAXIMUM	Preflush: BBI 10.00
Average	5 Min	10 Min	15 Min
Actual TOC	71	Excess /Return BBI	0
Frac. Gradient		Calc. TOC	300
		Treatment: Gal - BBI	165.0
		Cement Slurry: BBI	246.00
		Total Volume BBI	
		Pad Bbl - Gal	
		Actual Disp. Bbl	71.00
		Disp Bbl	

CUSTOMER REPRESENTATIVE Weldon Higgins      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 16, 2013

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

Re: ACO1  
API 15-067-21740-00-00  
R. STEVENSON 4 ATU-44  
NE/4 Sec.19-27S-38W  
Grant 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