



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1165017  
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: \_\_\_\_\_



1165017

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](mailto: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

<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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	H. TRUSSELL B-4 ATU-26
Doc ID	1165017

All Electric Logs Run

Compensated Neutron/Compact Photo Density/Microresistivity Log
Microresistivity Log
Array Induction/Shallow Focus/Electric Log
Spectral Gamma Ray Log
Open Hole Well Evaluation Log
Sector Bond Log
Gamma Ray Log

<b>JOB SUMMARY</b>		PROJECT NUMBER <b>TN # 158</b>	TICKET DATE <b>7/2/2013</b>
COUNTY <b>Hamilton</b>	COMPANY <b>Linn Energy</b>	CUSTOMER REP <b>Weldon Higgins</b>	
LEASE NAME <b>H. Trussell</b>	Well No <b>B4 ATU 26</b>	JOB TYPE <b>Surface</b>	
EMP NAME <b>Derek Lewis</b>		EMPLOYEE NAME <b>Derek Lewis</b>	

<b>Derek Lewis</b>					
<b>Chris Lewis</b>					
<b>Ed Pickard</b>					
<b>Steve Crocker</b>					

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

Date	Called Out <b>7/2/13</b>	On Location <b>07/03/13</b>	Job Started <b>07/03/13</b>	Job Completed <b>07/03/13</b>
Time	<b>1900</b>	<b>200</b>	<b>455</b>	<b>700</b>

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	2	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"	J-55	KB	730	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			12.25"		K.B.	?	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.		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	
07/03/13	5.0	07/03/13	2.0	Surface
				43 BBLs CEMENT TO SURFACE. HOLE HAD GOOD CIRCULATION DURING CEMENT JOB.
Total	5.0	Total	2.0	

Perfac Balls \_\_\_\_\_ Qty. \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

Pressures	
MAX <b>910</b>	AVG <b>180</b>
Average Rates in BPM	
MAX <b>4</b>	AVG <b>3</b>
Cement Left in Pipe	
Feet <b>44</b>	Reason <b>SHOE JOINT</b>

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

Summary					
Preflush Breakdown	Type: <b>MAXIMUM</b>	Preflush: BBI <b>10.00</b>	Type: <b>H2O</b>	Pad:Bbl -Gal	
	Lost Returns: <b>0</b>	Load & Bkdn: Gal - BBI	Calc. Disp Bbl		
	Actual TOC	Excess /Return BBI <b>43</b>	Actual Disp. <b>44.00</b>		
Average	Frac. Gradient <b>10 Min</b>	Calc. TOC	Surface	Disp:Bbl	
ISP <b>5 Min</b>		Treatment: Gal - BBI			
		Cement Slurry: BBI <b>105.0</b>			
		Total Volume BBI <b>160.00</b>			

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE \_\_\_\_\_

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

# JOB SUMMARY

PROJECT NUMBER: **TN # 160**      TICKET DATE: **7/3/2013**

COUNTY: **Hamilton**      COMPANY: **Linn Energy**  
 LEASE NAME: **H. Trussell**      Well No: **B4 - ATU - 28**      JOB TYPE: **Production**

CUSTOMER REP: **Weldon Higgins**  
 EMPLOYEE NAME: **Derek Lewis**

EMP NAME					
Derek Lewis					
Chris Lewis					
Devin Londagin					

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
	7/4/13	07/04/13	07/05/13	07/05/13
Time	1300	2000	147	400

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
Texas Pattern Guide Shoe	1	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing	New	15.5	5.5	44	KB	3114
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole			7.875"		K.B.	
Perforations						
Perforations						
Perforations						

Materials			
	WBM	Density	Lb/Gal
Mud Type	H2O	8.9	
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	
07/04/13	8.0	07/05/13	3.0	Production
				NO CEMENT TO SURFACE
				LOST RETURNS DURING
				DISPLACEMENT. NO
				RETURNS DURING
				DISPLACEMENT. FINAL
				LIFT PRESSURE WAS 330 PSI
				BUMP PRESSURE WAS 830
				PSI.
Total	8.0	Total	3.0	

Perpac Balls: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

Pressures	
MAX	830
AVG	130
Average Rates in BPM	
MAX	5
AVG	3
Cement Left in Pipe	
Feet	44
Reason	Shoe Joint

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	205	Class C	0.2% C-41P, + 5% GYP, + 0.25M/SK. Cellobake	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 CIRC. WHILE PUMPING JOB. 2 B.P.M. MIN. IF NO CIRC.			
4						

Summary			
Preflush Breakdown	Type: <b>MAXIMUM</b>	Preflush: <b>10.00</b>	Type: <b>H2O</b>
	Lost Returns: <b>73</b>	Load & Bkdn: <b>Gal - BBI</b>	Pad: Bbl - Gal
	Actual TOC	Excess /Return: <b>BBI</b>	Calc Dispo Bbl
Average	Frac. Gradient	Calc TOC	Surface
ISP: <b>5 Min</b>	<b>10 Min</b>	Treatment: <b>Gal - BBI</b>	Actual Dispo
	<b>15 Min</b>	Cement Slurr: <b>BBI</b>	Dispo Bbl
		Total Volume: <b>BBI</b>	
			<b>248.00</b>

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 24, 2013

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

Re: ACO1  
API 15-075-20867-00-00  
H. TRUSSELL B-4 ATU-26  
SW/4 Sec.27-26S-39W  
Hamilton 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