



KANSAS CORPORATION COMMISSION 1167133
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

Confidentiality Requested:

Yes No

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 Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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:



1167133

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

<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	TRUSSELL A-4 ATU-25
Doc ID	1167133

Tops

Name	Top	Datum
Krider	2421	KB
Winfield	2479	KB
Towanda	2542	KB
Fort Riley	2599	KB
Funston	2723	KB
Middleborg	2815	KB
Cottonwood	2865	KB
Grenola	2928	KB

# JOB SUMMARY

PROJECT NUMBER <b>TN # 168</b>	TICKET DATE <b>7/15/2013</b>
CUSTOMER REP <b>Weldon Higgins</b>	
EMPLOYEE NAME <b>Eddie Pickard</b>	

COUNTY <b>Kearney</b>	COMPANY <b>Linn Energy</b>	JOB TYPE <b>Surface</b>
LEASE NAME <b>Trussell</b>	Well No. <b>A4-ATU-25</b>	

Eddie Pickard	Terry Pickard		
Chris Lewis			
Mario Abrego			
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
	7/15/13	07/16/13	07/16/13	07/16/13
Time	14:00	2000	600	800

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

Well Data							
	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24#	8.625"	J-55	KB	726	1500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			12.25"		K.B.	?	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	8.9 Lb/Gal
Disp. Fluid	H2O	Density	8.33 Lb/Gal
Spacer type	H20	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	
07/16/13	12.0	07/16/13	3.0	Surface
Total	12.0	Total	3.0	

Perpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures			
MAX	900	AVG	200
Average Rates in BPM			
MAX	4	AVG	3
Feet		Reason	
44		SHOE JOINT	

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: _____	Preflush: BBI	10.00	Type: H20
		MAXIMUM	Load & Bkdn: Gal - BBI		Pad. Bbl - Gal
		Lost Returns-N	Excess /Return BBI	44	Calc Disp Bbl
		Actual TOC	Calc. TOC	Surface	Actual Disp
Average	_____	Frac. Gradient	Treatment: Gal - BBI		Disp Bbl
15#P	5 Min	10 Min	Cement Slurry: BBI	106.0	44.00
		15 Min	Total Volume	BBI	126.00

CUSTOMER REPRESENTATIVE Weldon Higgins SIGNATURE

Thank You For Using  
O - TEX Pumping

# JOB SUMMARY

<b>PROJECT NUMBER</b> TN # 169		<b>TICKET DATE</b> 7/17/2013	
<b>COUNTY</b> Kearny	<b>COMPANY</b> Linn Energy	<b>CUSTOMER REP</b> Weldon Higgins	
<b>LEASE NAME</b> Trussell	<b>Well No</b> A4 - ATU - 25	<b>JOB TYPE</b> Production	<b>EMPLOYEE NAME</b> Jessie McClain

EMP NAME				
Jessie McClain				
Lamont Patterson				
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
	07/17/13	07/17/13	07/17/13	07/17/13
Time	0700	1400	2100	2300

**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	Max. Allow
Casing	New	15.5	5.5	J-55	KB	3121	2500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			7.875"		K.B.		Shots/Ft.
Perforations							
Perforations							
Perforations							

**Materials**

	WBM	Density	Lb/Gal
Mud Type		8.9	Lb/Gal
Disp. Fluid	H2O	8.33	Lb/Gal
Spacer type	Sodium Si BBL	35	
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	
07/17/13	10.0	07/17/13	2.0	Production
<b>Total</b>	<b>10.0</b>	<b>Total</b>	<b>2.0</b>	Final Pump PSI 500 50 bbls cmt to pit 281 ft3 / 77 sks

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

**Pressures**

<b>MAX</b> 1160	<b>AVG.</b> 50
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Average Rates in BPM

<b>MAX</b> 4	<b>AVG</b> 3
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Cement Left in Pipe

<b>Feel</b> 44	<b>Reason</b>	<b>Shoe Joint</b>
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**Cement Data**

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	205	Class C	0.2% C-41P, + 5% GYP, + 0.25%/SK. Cellotake	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 _____ Average _____ ISIP 5 Min. _____	Type: _____ <b>MAXIMUM</b> _____ Lost Returns- $\downarrow$ _____ Actual TOC _____ Frac. Gradient _____ 10 Min _____	Preflush: BBI _____ 35.00 Load & Bkdn: Gal - BBI _____ Excess /Return BBI _____ 50 Calc. TOC: _____ Treatment: Gal - BBI _____ Cement Slurry: BBI _____ 165.0 Total Volume BBI _____ 273.20	Type: H2O/Sodium Silicate Pad Bbl -Gal _____ Calc Disp Bbl _____ Actual Disp _____ 73.20 Disp Bbl _____
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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

November 06, 2013

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

Re: ACO1  
API 15-075-20872-00-00  
TRUSSELL A-4 ATU-25  
NE/4 Sec.35-26S-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