



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1167234
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: _____



1167234

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	R.T. BEATY 4 ATU-99
Doc ID	1167234

Tops

Name	Top	Datum
Krider	2322	KB
Winfield	2364	KB
Towanda	2433	KB
Fort Riley	2473	KB
Funston	2613	KB
Middleborg	2678	KB
Cottonwood	2737	KB
Grenola	2788	KB

JOB SUMMARY

PROJECT NUMBER: **TN # 172** TICKET DATE: **7/19/2013**

COUNTY: **Kearney** COMPANY: **Linn Energy**
 LEASE NAME: **R. T. Beaty** Well No.: **A-4 ATU 99** JOB TYPE: **Surface**

CUSTOMER REP: **Weldon Higgins**
 EMPLOYEE NAME: **Eddie Pickard**

EMP NAME	Eddie Pickard				
	Chris Lewis				
	Mario Abrego				
	Rory Morris				

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

	Called Out	On Location	Job Started	Job Completed
Date	7/18/13	07/19/13	07/19/13	07/19/13
Time	17:00	530	900	1115

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
Casing	New	24#	8.625"	J 48	KB	726
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	Water	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	
07/19/13	6.0	07/19/13	4.0	Surface
Total	6.0	Total	4.0	

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

Pressures			
MAX	1100	AVG	225
Average Rates in BPM			
MAX	4	AVG	3.5
Cement Left in Pipe			
Feet	44	Reason	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: Water
	MAXIMUM	Load & Bkdn:	Gal - BBI		Pad Bbl -Gal
	Lost Returns-h	Excess /Return	BBI	44	Calc Disp Bbl
	Actual TOC	Calc TOC		Surface	Actual Disp
Average	Frac. Gradient	Treatment:	Gal - BBI		Disp Bbl
15IP	5 Min	Cement Slurry:	BBI	105.0	
	10 Min	Total Volume	BBI	160.00	
	15 Min				

CUSTOMER REPRESENTATIVE: Weldon Higgins SIGNATURE: _____

Thank You For Using
O - TEX Pumping

JOB SUMMARY

PROJECT NUMBER TN # 174	TICKET DATE 7/17/2013
CUSTOMER REP Weldon Higgins	
EMPLOYEE NAME Jessie McClain	

COUNTY Kearny	COMPANY Linn Energy	WELL No A-4 ATU 99
LEASE NAME R.T. Beaty		JOB TYPE Production

EMP NAME Jessie McClain			
Jason Jones			
Devin Londagin			

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

Date	Called Out 7/20/13	On Location 07/21/13	Job Started 07/21/13
Date	Job Completed 07/21/13		
Time	1800	0:01	100
			300

Tools and Accessories		
Type and Size	Qty	Make
Auto Fill Tube	1	IR
Insert Float Valve	1	IR
Centralizers	25	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	15.5	5.5	KB	3110	2500
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole			7.875"	K.B.		Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials			
	WBM	Density	Lb/Gal
Mud Type	H2O	8.9	Lb/Gal
Disp. Fluid	H2O	8.33	Lb/Gal
Spacer type	3m Silicate 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	
07/21/13	4.5	07/21/13	3.0	Production
				Final Pump Pressure 514
				42 bbls cmt to pit
				235 FT3 / 65 sks
Total	4.5	Total	3.0	

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

Pressures	
MAX 1150	AVG 50
Average Rates in BPM	
MAX 4	AVG 3
Cement Left in Pipe	
Feet 44	Reason Shoe Joint

Cement Data			Additives			W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement				23.49	3.65	10.8
1	205	Class C	0.2% C-11P, + 5% GYP, + 0.25#/SK. Cellulofake			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. 2 B.P.M. MIN. IF NO CIRC.					
4								

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: BBI	35.00
	Lost Returns: 0	Load & Bkdn: Gal - BBI	42
	Actual TOC: Surface	Excess /Return BBI	73
Average	Frac. Gradient: 10 Min	Calc. TOC: Surface	72.90
ISP: 5 Min	15 Min	Treatment: Gal - BBI	165.0
		Cement Slurry: BBI	272.90
		Total Volume: BBI	272.90

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 11, 2013

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

Re: ACO1
API 15-093-21890-00-00
R.T. BEATY 4 ATU-99
NE/4 Sec.07-25S-38W
Kearny 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