



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1168490
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: _____



1168490

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	GARDEN CITY 6-3 ATU-87
Doc ID	1168490

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	GARDEN CITY 6-3 ATU-87
Doc ID	1168490

Tops

Name	Top	Datum
Krider	2566	KB
Winfield	2623	KB
Towanda	2679	KB
Fort Riley	2740	KB
Funston	2863	KB
Middleborg	2926	KB
Cottonwood	2988	KB
Grenola	3029	KB

JOB SUMMARY

COUNTY	PROJECT NUMBER	TICKET DATE
Kearney	TN # 184	8/1/2013
COMPANY	CUSTOMER REP	
Linn Energy	Orlando Lozano	
LEASE NAME	EMPLOYEE NAME	
Garden City	Jason Jones	
Well No.	JOB TYPE	
6-3 ATU 87	Surface	
EMP NAME		

Jason Jones			
Lamont Patterson			
Mario Abrego			
Steve Crocker			

Form. Name _____ Council - Grove _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

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

Materials	WBW	Density	H2O	Density	Lb/Gal	Lb/Gal
Mud Type					8.9	
Disp. Fluid					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				

Perfpac Balls		Qty.
Other		
Other		
Other		
Other		
Other		

Stage	Sacks	Cement Class C	Additives	W/Rq.	Yield	Lbs/Gal
1	690		2% C.C. + 0.25#/SK. Celloflake	6.30	1.32	14.8
2						
3						
4						

Preflush Breakdown	Type: _____	MAXIMUM	BBI	Gal - BBI	10.00	Type: _____	H20
	Lost Returns	0	Excess/Return	BBI	40	Pad:Bbl - Gal	67
	Actual TOC	Surface	Calc. TOC	Surface	Surface	Actual Disp.	67.00
Average ISIP	Frac. Gradient	5 Min.	Treatment:	Gal - BBI	167.2	Disp: Bbl	
		10 Min.	Cement Slurry:	BBI	239.21		
			Total Volume	BBI			

Hours On Location

Date	Hours
08/01/13	9.0
Total	9.0

Operating Hours

Date	Hours
08/01/13	3.0
Total	3.0

Description of Job

Surface

Approx. 40 bbls of Cement to surface

Good returns thru job

Floats held 1/4 bbl of H2O to pump

Job was completed safely

CUSTOMER REPRESENTATIVE _____

SIGNATURE _____

Thank You For Using

O - TEX Pumping

JOB SUMMARY

PROJECT NUMBER TN # 186	TICKET DATE 8/2/2013
COMPANY Linn Energy	CUSTOMER REP Orlando Lozano
WEASE NAME Garden City	EMPLOYEE NAME Jessie McClain
Well No. 6-3 ATU 87	JOB TYPE Production

EMP NAME Jessie McClain	
Lamont Patterson	
Mario Abrego	

Form. Name _____ Council - Grove _____ Type: _____

Packer Type _____ Set At _____

Bottom Hole Temp. _____ Pressure _____

Retainer Depth _____ Total Depth _____

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

Materials	WBM	Density	8.9	Lb/Gal
Mud Type	H2O	Density	8.33	Lb/Gal
Disp. Fluid	m Silicate	BBL.	35	
Spacer type	BBL.	%		
Spacer type	Gal.	%		
Acid Type	Gal.	In		
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		

Perfpac Balls	Qty.
Other	
Other	
Other	
Other	
Other	

Stage	Sacks	Cement Class	Additives
1	205	Class C	0.2% C-41P, + 5% GYP, + 0.25#/SK. Cellulohake
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			

Cement Data

W/Rq. _____ Yield _____ Lbs/Gal _____

23.49 3.65 10.8

10.4 1.90 13.0

Feet **44** Reason **Shoe Joint**

Summary

Preflush Type: _____ Sodium Silicate / H2O

Breakdown Type: _____ Pad: Bbl - Gal _____

MAXIMUM _____ BBI _____

Lost Returns-n _____ Gal - BBI _____

Actual TOC _____ Surface _____

Actual TOC _____ Calc. TOC: _____

Frac. Gradient _____ Treatment: Gal - BBI _____

10 Min _____ 15 Min _____ Cement Slurry: BBI _____

5 Min _____ 10 Min _____ Total Volume BBI _____

15 Min _____ 273.00 _____

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

Orlando Lozano

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 15, 2013

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

Re: ACO1
API 15-055-22221-00-00
GARDEN CITY 6-3 ATU-87
SW/4 Sec.17-23S-33W
Finney 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