Confidentiality Requested:

Yes No

## Kansas Corporation Commission Oil & Gas Conservation Division

1245226

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec.	TwpS. R	East _ West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
ENHR	Permit #:				
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West
Recompletion Date		Recompletion Date	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 Approved by: Date:

1245226

					1270	5220	
Operator Name:			Lease Name: _			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ring and shut-in pressu	ormations penetrated. Cures, whether shut-in prediction of the contract of the	essure reached sta	tic level, hydrosta	atic pressures, b		
		otain Geophysical Data a or newer AND an image		ogs must be ema	ailed to kcc-well-	logs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional		☐ Yes ☐ No			on (Top), Depth		Sample
Samples Sent to Geo	logical Survey	Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD N	lew Used			
		Report all strings set-			tion, 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
	Double	ADDITIONAL	. CEMENTING / SQ	UEEZE RECORD	)		
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and	d Percent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydrau	ulic fracturing treatment or	n this well?		Yes	No (If No. :	skip questions 2 ar	
	_	aulic fracturing treatment ex	ceed 350,000 gallon	= :	_	skip question 3)	
Was the hydraulic fractur	ring treatment information	submitted to the chemical	disclosure registry?	Yes	No (If No,	fill out Page Three	of the ACO-1)
Shots Per Foot		N RECORD - Bridge Plug				ent Squeeze Record	
	Specily Fo	ootage of Each Interval Per	lorated	(A	mount and Kind of I	wateriai Used)	Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes N	lo	
Date of First, Resumed	Production, SWD or ENH	IR. Producing Meth	nod:				
	,	Flowing	Pumping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf Wa	ter E	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION	ON OF GAS:		METHOD OF COMPL	ETION:		PRODUCTIO	ON INTERVAL:
Vented Solo	_	Open Hole	Perf. Dual	ly Comp. Co	mmingled		
(If vented, Su	bmit ACO-18.)	Other (Specify)	(Submit	ACO-5) (Sub	omit ACO-4)		

Form	ACO1 - Well Completion
Operator	Linn Operating, Inc.
Well Name	H. TRUSSELL B-5 ATU-400
Doc ID	1245226

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	729	Premium Plus Class C	450	
Production	7.875	5.50	15.50	2900	O-Tex LowDense	405	

Hamilton		_JOE	SUM	MAF	Y		TN#	1465		PEREFER	1/21/2	015
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HAWN COTTON					TT				1			
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