Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1228679

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

	_	-	-	-	
WELL HISTORY -	D	ESCRIPTION	N OF W	/ELL &	

OPERATOR: License #			API No. 15	
Name:			Spot Description:	
Address 1:				est
Address 2:			Feet from Dorth / South Line of Sect	tion
City: State	e: Zip):+	Feet from Deast / Dest Line of Sect	tion
Contact Person:			Footages Calculated from Nearest Outside Section Corner:	
Phone: ()				
CONTRACTOR: License #			GPS Location: Lat:, Long:	
Name:			(e.g. xx.xxxx) (e.gxxx.xxxx)	
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84	
Purchaser:			County:	
Designate Type of Completion:			Lease Name: Well #:	
New Well Re-Er	ntrv	Workover	Field Name:	
		SIOW	Producing Formation:	
			Elevation: Ground: Kelly Bushing:	
		Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:	
CM (Coal Bed Methane)			Amount of Surface Pipe Set and Cemented at: F	eet
Cathodic Other (Core, E	Expl., etc.):		Multiple Stage Cementing Collar Used?	
If Workover/Re-entry: Old Well Info a			If yes, show depth set: F	eet
Operator:			If Alternate II completion, cement circulated from:	
Well Name:			feet depth to:w/sx c	cmt.
Original Comp. Date:	Original To	tal Depth:		
Deepening Re-perf.	Conv. to EN	IHR Conv. to SWD	Drilling Fluid Management Plan	
Plug Back	Conv. to GS	SW Conv. to Producer	(Data must be collected from the Reserve Pit)	
	Pormit #:		Chloride content: ppm Fluid volume: b	bls
			Dewatering method used:	
			Location of fluid disposal if hauled offsite:	
GSW F	Permit #:		Operator Name:	
			Lease Name: License #:	
Spud Date or Date Reach	ned TD	Completion Date or	QuarterSecTwpS. R East W	/est
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 III Approved by: Date:

	Page Two	1228679
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth an	d Datum Top	Sample		
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Datum			
Cores Taken Electric Log Run		Yes No							
List All E. Logs Run:									
	CASING RECORD Used								
		Report all strings set-o	conductor, surface, inte	ctor, surface, intermediate, production, etc.					
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.						
		ADDITIONAL	CEMENTING / SQL	JEEZE RECORD					

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

 No
 (If No, skip questions 2 and 3)

 No
 (If No, skip question 3)

No

(If No, fill out Page Three of the ACO-1)

Shots Per Foot				D - Bridge Plugs Set/Ty Each Interval Perforated	pe		cid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Dep			
TUBING RECORD:	Siz	e: S	Set At:	Pack	er At:	Liner F		No		
Date of First, Resumed	Producti	on, SWD or ENHR.		Producing Method:	nping	Gas Lift	Other <i>(Explain)</i>			
Estimated Production Per 24 Hours		Oil Bbls.		Gas Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITI	ON OF G	iAS:	!	METHOD	OF COMPL	ETION:		PRODUCTION INTERVAL:		
Vented Solo (If vented, Sul		Jsed on Lease -18.)		Dpen Hole Perf.	Duall (Submit	,	Commingled (Submit ACO-4)			

**CELLS WITH BLUE BACKGROUND	ARE THE ONLY CELLS TO BE EDITED
Company Name:	Lotus Operating
Fracture Start Date/Time:	9/16/14 9:24
Fracture End Date/Time:	9/16/2014 11:11am
State:	Kansas
County:	Barber
Legal Description:	Sec. 1-35S-12W
API Number:	15-007-23732
Well Name:	CR Wetz 8
Longitude:	-98.5830242
Latitude:	37.0353306
Total Clean Fluid Volume* (gal):	385,644

)	Mass (lbs)	Additive Quantity	Specific Gravity	Additive
)	3,218,199	385,644	1.00	Water
	282,600	282,600	2.65	Sand (Proppant)
	222	20	1.33	Plexcide B7
	222	20	1.33	Plexcide B7
	499	58	1.03	Plexgel Breaker XPA
	976	130	0.90	Plexset 730
	976	130	0.90	Plexset 730
	737	93	0.95	Plexsurf 580 ME
	737	93	0.95	Plexsurf 580 ME
	2,399	259	1.11	Plexslick 957
	1,683	185	1.09	Claymax
	3,298	380	1.04	Plexgel 907L-EB
	3,298	380	1.04	Plexgel 907L-EB
	3,298	380	1.04	Plexgel 907L-EB
	3,298	380	1.04	Plexgel 907L-EB
	3,298	380	1.04	Plexgel 907L-EB
	46	5	1.10	Plexgel Breaker 10L

Total Slurry Mass (Lbs) 3,525,786 Ingredients Section: 3,525,786 Maximum Ingredient Concentration in HF Fluid (% by mass)** 91.72607% 8.01523% 0.000031% 0.00009% 0.00099% 0.01385% 0.01385% Iaximum Ingredient Chemical Abstract Service Number (CAS #) Concentration in Additive Mass per Component (LBS) Ingredients Trade Name Supplier Purpose Comments (% by mass)^s 3,218,199 282,600 11 7732-18-5 14808-60-7 1310-73-2 100.00% 100.00% 5.00% 0.00% 7.00% 50.00% Carrier/Base Fluid Proppant Biocide Water Water Operator Water Sand (Proppant) Plexcide B7 Plexcide B7 Plexgel Breaker XPA Plexset 730 Crystalline Silica in the form of Quartz Sodium Hydroxide Alkaline Bromide Salts niman Chemplex Chemplex Chemplex Chemplex Biocide Slickwater Breaker Activator NA 7722-84-1 67-56-1 0 Hydrogen Peroxide Methanol 35 488 Methanol Alcohol Ethoxylates Methyl Alcohol 2-Butoxyethanol Petroleum Hydrotreated Light Distillate No hazardous ingredient Distillates, Hydrotreated Light Organophylic Clay Crystalline Silica Alcohol Ethoxylates Guar Gum
 50.00%

 60.00%

 10.00%

 50.00%

 25.00%

 0.00%

 20.00%

 0.00%

 0.00%

 0.00%

 0.00%

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 0.00%

 0.00%

 0.00%

 0.00%
 Activator Activator Product Stabalizer Product Stabalizer Friction Reducer Clay Stabilizer Gelling Agent Gelling Agent Gelling Agent Gelling Agent Breaker/Gel Chemplex Plexset 730 Plexset 730 Plexsurf 580 ME Plexsurf 580 ME Plexslick 957 Mixture 67-56-1 111-76-2 64742-47-8 NA 64742-47-8 0.01303% 0.01662% 0.00209% 0.01046% 586 74 369 0.01701% 0.00000% 0.04677% 600 0 1,649 Plexgel 907L-EB 64/42-4/-8 NDA 14808-60-7 34398-01-1 9000-30-0 NA 0.04677% 0.00187% 0.00006% 0.00094% 0.04677% 0.00000% 66 1,649 0 Guar Gum No Hazardous Ingredients Non-MSDS Component Non-MSDS Component Non-MSDS Component Non-MSDS Component Non-MSDS Component Non-MSDS Component