Confidentiality Requested: Yes No

# KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1233587

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:	Feet from Dorth / South Line of Section
City: State: Zip:	+ Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
	Kover
	Producing Formation:
	SIOW Elevation: Ground: Kelly Bushing:
Gas D&A ENHR OG GSW	SIGW Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Temp. Abd Temp. Abd The Back Total Depth Field Vertical D
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	
Well Name:	
Original Comp. Date: Original Total Depth	
Deepening Re-perf. Conv. to ENHR	
Plug Back   Conv. to GSW	
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
ENHR Permit #:      GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Comple	etion Date or Quarter Sec. Twp. S. R. East West
	pletion 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	1233587
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		Log Formation (Top), Depth and Datum Sample			
Samples Sent to Geolog	,	Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-		lew Used termediate, producti	on, 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 / SC	UEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatment o	n this well?		Yes	No (If No, ski	p questions 2 an	d 3)

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

(If No, skip questions 2 and 3) (If No, skip question 3)

(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				ļ	Depth				
TUBING RECORD:	Siz	re:	Set At:		Packer	r At:	Liner R	un:	No	
			Producing N	/lethod:	ping	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION OF GAS: ME			METHOD OF COMPLETION:			PRODUCTION IN	TERVAL:			
Vented Solo	1 🗌 L	Jsed on Lease	(	Open Hole	Perf.	Dually		Commingled		
(If vented, Submit ACO-18.) (Submit A				,	(Submit ACO-4)					

Yes

Yes

No

No

### \*\*CELLS WITH BLUE BACKGROUND ARE THE ONLY CELLS TO BE EDITED\*\*

Fracture Start Date/Time:	11/21/14 11:29	
Fracture End Date/Time:	11/29/14 12:51	
State:	Kansas	
County:	Barber	
	15-007-23690-0000	(e.g. XX-XXX-XXXX-0000)
Operator Name:	LOTUS OPERATING COMPANY LLC	
Well Name:	Molz L #1	
Federal Well:		
Longitude:	-98.5749117	
Latitude:	37.0317646	
Long/Lat Projection:	NAD27	
True Vertical Depth (TVD):	0'	
Total Clean Fluid Volume* (gal):	391,020	

Additive	Specific Gravity	Additive Quantity	Mass (lbs)
Water	1.00	391,020	3,263,062
Sand (Proppant)	2.65	282,600	282,600
Plexcide B7	1.33	20	222
Plexcide B7	1.33	20	222
Plexgel Breaker XPA	1.03	58	499
Plexset 730	0.90	104	781
Plexset 730	0.90	104	781
Plexsurf 580 ME	0.95	93	737
Plexsurf 580 ME	0.95	93	737
Plexslick 957	1.11	259	2,399
Claymax	1.09	185	1,683
Plexgel 907L-EB	1.04	380	3,298
Plexgel 907L-EB	1.04	380	3,298
Plexgel 907L-EB	1.04	380	3,298
Plexgel 907L-EB	1.04	380	3,298
Plexgel 907L-EB	1.04	380	3,298
Plexgel Breaker 10L	1.10	5	46
			Total Slurry Mass (Lbs)
			3,570,259

#### Ingredients Section:

ingi culcius section.							5,570,257	
Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Mass per Component (LBS)	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments
Water	Operator	Carrier/Base Fluid	Water	7732-18-5	100.00%	3,263,062	91.39567%	
Sand (Proppant)	Uniman	Proppant	Crystalline Silica in the form of Quartz	14808-60-7 / 238-878-4	99.90%	282,317	7.90748%	
Plexcide B7	Chemplex	Biocide	Sodium Hydroxide	1310-73-2	4.99%	11	0.00031%	
Plexcide B7	Chemplex	Biocide	Alkaline Bromide Salts (non-hazardous)	NA	0.00%	0	0.00000%	
Plexgel Breaker XPA	Chemplex	Slickwater Breaker	Hydrogen Peroxide	7722-84-1	7.00%	35	0.00098%	
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50.00%	391	0.01094%	
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60.00%	469	0.01313%	
Plexsurf 580 ME	Chemplex	Product Stabilizer	Methyl Alcohol	67-56-1	10.00%	74	0.00207%	
Plexsurf 580 ME	Chemplex	Product Stabilizer	2-Butoxyethanol	111-76-2	50.00%	369	0.01033%	
Plexslick 957	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	25.00%	600	0.01680%	
Claymax	Chemplex	Clay Stabilizer	No Hazardous Ingredient	NA	0.00%	0	0.00000%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Distillates, Hydrotreated Light	64742-47-8	50.00%	1,649	0.04619%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Organophylic Clay	NDA	2.00%	66	0.00185%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Crystalline Silica	14808-60-7	0.06%	2	0.00006%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Alcohol Ethoxylates	34398-01-1	1.00%	33	0.00092%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Guar Gum	9000-30-0	50.00%	1,649	0.04619%	
Plexgel Breaker 10L	Chemplex	Breaker/Gel	No Hazardous Ingredient	NA	0.00%	0	0.00000%	
								Non-MSDS Component
								Non-MSDS Component
								Non-MSDS Component
								Non-MSDS Component

\*Total Water Volume sources may include fresh water, produced water, and/or recycled water \*\* Information is based on the maximum potential for concentration and thus the total may be over 100%

All component information listed was obtained from the supplier's Material Safety Data Sheets (MSDS). As such, the Operator is not responsible for inaccurate and/or incomplete information. Any questions regarding the content of the MSDS should be directed to the supplier who provided it. The Occupational Safety and Health Administration's (OSHA) regulations govern the criteria for the disclosure of this information. Please note that Federal Law protects "proprietary", "trade secret", and "confidential business information" and the criteria for how this information is reported on an MSDS is subject to 29 CFR 1910.1200(i) and Appendix D.