CORRECTION #3

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

Form ACO-1 November 2016 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.:			
Name:	Spot Description:			
Address 1:	SecTwpS. R 🔲 East 🗌 West			
Address 2:	Feet from North / South Line of Section			
City:	Feet from _ East / _ West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□NE □NW □SE □SW			
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)			
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84			
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:			
☐ Oil ☐ WSW ☐ SWD	Producing Formation:			
Gas DH EOR	Elevation: Ground: Kelly Bushing:			
	Total Vertical Depth: Plug Back Total Depth:			
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet			
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:	If Alternate II completion, cement circulated from:			
Well Name:	feet depth to:w/sx cmt.			
Original Comp. Date: Original Total Depth:				
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan			
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)			
□ <b>0</b>	Chloride content: ppm Fluid volume: bbls			
Commingled Permit #:	Dewatering method used:			
□ Dual Completion Permit #:	Location of fluid diamonal if hauland offsite.			
EOR Permit #:	Location of fluid disposal if hauled offsite:			
GSW Permit #:	Operator Name:			
	Lease Name: License #:			
Spud Date or Date Reached 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 ☐ Drill Stem Tests Received					
Geologist Report / Mud Logs Received					
UIC Distribution					
ALT I II Approved by: Date:					

Operator Name:				Lease Nan	ne:			Well #:	
Sec Twp	S. R	East	West	County:					
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to string Radioactivity Log,	g and shut-in press surface test, along	ures, whet with final c	ther shut-in pre hart(s). Attach	essure reached extra sheet if	d static more	level, hydrostat space is needed	tic pressures, bo d.	ottom hole tempe	erature, fluid recovery,
files must be submitted	in LAS version 2.0	or newer A	ND an image	file (TIFF or PI	DF).				
Drill Stem Tests Taken (Attach Additional Sh	eets)	☐ Ye	es No		Lo		n (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	Ye	es 🗌 No		Name			Тор	Datum
Cores Taken Electric Log Run Geolgist Report / Mud L List All E. Logs Run:	.ogs	☐ Y€	es No						
			CACING	DECORD [	□ Nav	. Used			
		Repo		RECORD [ conductor, surfac	Nev ce, inter	v Used mediate, producti	on, etc.		
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING	/ SQUI	EEZE RECORD	ı		
Purpose:  Perforate Protect Casing Plug Back TD  Depth Top Bottom  Type of Cement		# Sacks Use	# Sacks Used Type and Percent Additives						
Plug Off Zone									
Did you perform a hydra     Does the volume of the     Was the hydraulic fracture	total base fluid of the	nydraulic fra	cturing treatmen		•	Yes Yes Yes	No (If No, s	kip questions 2 an kip question 3) Ill out Page Three o	,
Date of first Production/Inj Injection:	ection or Resumed Pr	oduction/	Producing Meta	hod:  Pumping		Gas Lift 0	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate		ols.	Gas-Oil Ratio	Gravity
DISPOSITION			_	METHOD OF CC				PRODUCTIC Top	N INTERVAL: Bottom
Vented Sold	Used on Lease		pen Hole		Dually Submit	. —	nmingled mit ACO-4)		
	· · · · · · · · · · · · · · · · · · ·		D:1 DI	D:I DI		A			
	foration Perfora Top Botto		Bridge Plug Type	Bridge Plug Set At		ACIG,		ementing Squeeze and of Material Used)	Record
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	KADAU SWD V1-13
Doc ID	1366829

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	226	60/40	150	2%gel/ 3% cc
Production	7.625	5.5	17	3606	common	150	AA2

# **Summary of Changes**

Lease Name and Number: KADAU SWD V1-13

API/Permit #: 15-035-24493-00-01

Doc ID: 1366829

Correction Number: 3

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	08/17/2017	09/13/2017
Casing Record New Or Used?		New
ConvToENHR	No	Yes
ConvToSWD	Yes	No
ENHR - Permit Number		NA
Geologist Report / Mud Logs?		No
PerforationsRevised		[[dataGrid]]
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 63022	//kcc/detail/operatorE ditDetail.cfm?docID=13 66829