



KANSAS CORPORATION COMMISSION 1050916
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1050916

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Koppitz 2
Doc ID	1050916

All Electric Logs Run

Dual Induction
Neutron Density w/PE
Micro
Sonic

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Koppitz 2
Doc ID	1050916

Tops

Name	Top	Datum
Heebner	3838	-2421
KC	4374	-2957
BKC	4601	-3184
Cher SH	4744	-3327
Miss	4806	-3389
KH	5054	-3637
Viola	5212	-3795
RTD	5270	-3853
LTD	5275	-3758



PO BOX 31 Russell, KS 67665

RECEIVED

NOV 30 2010

INVOICE

Invoice Number: 125367

Invoice Date: Nov 18, 2010

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:

Lotus Operating Co., LLC
 Lotus Exploration Co.
 100 S. Main, STE 420
 Wichita, KS 67202

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Kippitz #2	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Nov 18, 2010	12/18/10

Quantity	Item	Description	Unit Price	Amount
135.00	MAT	Class A Common	15.45	2,085.75
90.00	MAT	Pozmix	8.00	720.00
4.00	MAT	Gel	20.80	83.20
8.00	MAT	Chloride	58.20	465.60
237.00	SER	Handling	2.40	568.80
20.00	SER	Mileage 237 sx @.10 per sk per mi	23.70	474.00
1.00	SER	Surface	1,018.00	1,018.00
20.00	SER	Pump Truck Mileage	7.00	140.00

BL# 9208
 DESC. cement 10 3/4" surf
 CSg w/ 225 sx
 60/40 #2
 Koppitz

ENTERED
 NOV 30 2010

Subtotal	5,555.35
Sales Tax	244.88
Total Invoice Amount	5,800.23
Payment/Credit Applied	
TOTAL	5,800.23

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 1111.07

ONLY IF PAID ON OR BEFORE

Dec 13, 2010

1111.07
 4689.16

ALLIED CEMENTING CO., LLC. 041416

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge

DATE <u>11-18-2010</u>	SEC. <u>2</u>	TWP. <u>3S</u>	RANGE <u>12</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Kippitz</u>	WELL # <u>2</u>	LOCATION <u>Medicine Lodge, KS.</u>			COUNTY <u>Barber</u>	STATE <u>Kansas</u>	
OLD OR NEW (Circle one) <u>NEW</u>		<u>South on 281 to Driftwood</u>			<u>1 West 1/2 S, W/4</u>		

CONTRACTOR Maverick

TYPE OF JOB Surface

HOLE SIZE 14 3/4" T.D. 283'

CASING SIZE 10 3/4" DEPTH 283'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 400 MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 26 1/2 Bbls Freshwater

OWNER Lotus Operating

CEMENT AMOUNT ORDERED 225 5x 60:40:3+2

COMMON	<u>A 135</u> sx	@	<u>15.45</u>	<u>2085.75</u>
POZMIX	<u>90</u> sx	@	<u>8.00</u>	<u>720.00</u>
GEL	<u>4</u> sx	@	<u>20.80</u>	<u>83.20</u>
CHLORIDE	<u>8</u> sx	@	<u>58.20</u>	<u>465.60</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>237</u>	@	<u>2.40</u>	<u>568.80</u>
MILEAGE	<u>237/10/20</u>			<u>474.00</u>
TOTAL				<u>4397.35</u>

EQUIPMENT

PUMP TRUCK # 352 CEMENTER Carl Balding
HELPER Ron Gilley

BULK TRUCK # 364 DRIVER _____

BULK TRUCK # _____ DRIVER _____

REMARKS:

Run 270' 10 3/4" casing with a 13' 8 3/8" landing joint. Break circulation with Rig. Mix + pump 225 5x 60:40:2 + 3% gel Displace with 26 1/2 Bbls water. Leave 15' cement in pipe + shut in. Cement did circulate.

SERVICE

DEPTH OF JOB	<u>283'</u>		
PUMP TRUCK CHARGE	<u>1018.00</u>		
EXTRA FOOTAGE		@	
MILEAGE	<u>20</u>	@	<u>7.00</u> <u>140.00</u>
MANIFOLD		@	
		@	
		@	

TOTAL 1158.00

CHARGE TO: Lotus Operating

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

		@	
X		@	
		@	
		@	
		@	

TOTAL _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____

TOTAL CHARGES [scribble]

DISCOUNT [scribble] IF PAID IN 30 DAYS [scribble]

PRINTED NAME TJC

SIGNATURE Terry J. Cummings



PO BOX 31 Russell, KS 67665

RECEIVED

DEC 08 2010

INVOICE

Invoice Number: 125442

Invoice Date: Nov 25, 2010

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:
Lotus Operating Co., LLC Lotus Exploration Co. 100 S. Main, STE 420 Wichita, KS 67202

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Koppitz #2	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Nov 25, 2010	12/25/10

Quantity	Item	Description	Unit Price	Amount
30.00	MAT	Class A Common	15.45	463.50
20.00	MAT	Pozmix	8.00	160.00
2.00	MAT	Gel	20.80	41.60
225.00	MAT	ASC Class A	18.60	4,185.00
1,125.00	MAT	Kol Seal	0.89	1,001.25
105.75	MAT	FL-160	13.30	1,406.48
58.25	MAT	Flo Seal	2.50	145.63
335.00	SER	Handling	2.40	804.00
20.00	SER	Mileage 335 sx @ .10 per sk per mi	33.50	670.00
1.00	SER	Production Casing	2,185.00	2,185.00
20.00	SER	Pump Truck Mileage	7.00	140.00
1.00	EQP	5.5 Top Rubber Plug	74.00	74.00
1.00	EQP	5.5 Basket	161.00	161.00
1.00	EQP	5.5 AFU Insert	112.00	112.00
1.00	EQP	5.5 Guide Shoe	100.80	100.80
5.00	EQP	5.5 Centralizer	32.20	161.00

ENTERED
DEC 04 2010

GL# 9308
DESC. Cement
prod (sg w) 275 SX
#2
Kopitz

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 2362.24

ONLY IF PAID ON OR BEFORE
Dec 20, 2010

Subtotal	11,811.26
Sales Tax	584.89
Total Invoice Amount	12,396.15
Payment/Credit Applied	
TOTAL	12,396.15

-2362.24
10,033.91

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/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

March 08, 2011

Tim Hellman
Lotus Operating Company, L.L.C.
100 S MAIN STE 420
WICHITA, KS 67202-3737

Re: ACO1
API 15-007-23619-00-00
Koppitz 2
NE/4 Sec.02-35S-12W
Barber 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,
Tim Hellman