



KANSAS CORPORATION COMMISSION 1055410  
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
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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: \_\_\_\_\_



1055410

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Cromer 1
Doc ID	1055410

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	Cromer 1
Doc ID	1055410

Tops

Name	Top	Datum
Heebner	3991	-1921
Lansing	4163	-2093
BKC	4546	-2476
Miss	4692	-2622
Viola	4788	-2718
Simp	4908	-2838
Arb	5037	-2967
LTD	5080	-3010



**RECEIVED**

MAR 18 2011

**INVOICE**

24 S. Lincoln Street  
P.O. Box 31  
Russell, KS 67665-2906

Voice: (785) 483-3887  
Fax: (785) 483-5566

Invoice Number: 126512  
Invoice Date: Mar 11, 2011  
Page: 1

**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	Cromer #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Mar 11, 2011	4/10/11

Quantity	Item	Description	Unit Price	Amount
240.00	MAT	Class A Common	15.45	3,708.00
160.00	MAT	Pozmix	8.00	1,280.00
7.00	MAT	Gel	20.80	145.60
13.00	MAT	Chloride	58.20	756.60
420.00	SER	Handling	2.40	1,008.00
30.00	SER	Mileage 420 sx @ .10 per sk per mi	42.00	1,260.00
1.00	SER	Surface	1,018.00	1,018.00
60.00	SER	Pump Truck Mileage	7.00	420.00

ENTERED  
MAR 22 2011

GL# 9208  
DESC. cement surf  
CSG  
WELL # Cromga

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

\$ 1919.24

ONLY IF PAID ON OR BEFORE  
Apr 5, 2011

Subtotal	9,596.20
Sales Tax	429.98
Total Invoice Amount	10,026.18
Payment/Credit Applied	
<b>TOTAL</b>	<b>10,026.18</b>

-1919.24  
8,106.94

# ALLIED CEMENTING CO., LLC. 040694

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
*Medicine Lodge, KS.*

DATE <i>3-11-11</i>	SEC <i>16</i>	TWP <i>29S</i>	RANGE <i>16W</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>8:00 AM</i>
LEASE <i>Cromer</i>	WELL # <i>1</i>	LOCATION <i>Belvedere North on Blacktop to tower 1/2, 2W, 1/2S, 1/8E N/S</i>			COUNTY <i>Kiowa</i>	STATE <i>Kansas</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Duke #7*

TYPE OF JOB *surface*

HOLE SIZE *14 3/4"* T.D. *(270.50)*

CASING SIZE *8 5/8"* DEPTH *(10 3/4)*

TUBING SIZE *17 LT* DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *15'*

PERFS.

DISPLACEMENT *Bbls Freshwater*

EQUIPMENT

OWNER *Lotus Operating*

CEMENT AMOUNT ORDERED *400 sx 60:40:37.00 + 2% 6eL*

COMMON	<i>A 240 sx @ 5.45</i>	<i>3708.00</i>
POZMIX	<i>160 sx @ 8.00</i>	<i>1280.00</i>
GEL	<i>7 sx @ 20.80</i>	<i>145.60</i>
CHLORIDE	<i>13 sx @ 58.20</i>	<i>756.60</i>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	<i>420 @ 2.40</i>	<i>1008.00</i>
MILEAGE	<i>30, 10, 420</i>	<i>1260.00</i>
TOTAL		<i>8158.20</i>

PUMP TRUCK CEMENTER *Carl Balding*

# *414-302* HELPER *Ramond Romans*

BULK TRUCK

# *363* DRIVER *Carl Balding*

BULK TRUCK

# DRIVER

**REMARKS:**

*Ran 270' 10 3/4" casing w/ A 17' 8 5/8" landing joint. Break circulation w/ Rig Mix 400 sx 60:40:37.2 Displace with 26 3/4 Bbls Freshwater leave 15' Cement in Pipe + Shut in.*

**SERVICE**

DEPTH OF JOB	<i>270'</i>	
PUMP TRUCK CHARGE	<i>1018.00</i>	
EXTRA FOOTAGE	@	
MILEAGE	<i>60 @ 7.00</i>	<i>420.00</i>
MANIFOLD	@	
	@	
	@	
TOTAL		<i>1438.00</i>

CHARGE TO: *Lotus Operating*

STREET

CITY STATE ZIP

**PLUG & FLOAT EQUIPMENT**

	@	
	@	
	@	
	@	
	@	
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.

PRINTED NAME *Carole D Rank*

SIGNATURE *Carole D Rank*

SALES TAX (If Any)

TOTAL CHARGES ~~8158.20~~

DISCOUNT  IF PAID IN 30 DAYS

CEIN  
 SCL  
 MAR 24 2011  
 MAR 24

# INVOICE

Invoice Number: 126564  
 Invoice Date: Mar 19, 2011  
 Page: 1

Voice: (785) 483-3887  
 Fax: (785) 483-5566

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

Federal Tax I.D.#: 20-5975804

**RECEIVED**

MAR 24 2011

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Cromer #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Mar 19, 2011	4/18/11

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
150.00	MAT	ASC Class A	18.60	2,790.00
750.00	MAT	Kol Seal	0.89	667.50
70.50	MAT	FL-160	13.30	937.65
37.50	MAT	Flo Seal	2.50	93.75
249.00	SER	Handlign	2.40	597.60
30.00	SER	Mileage 249 sx @.10 per sk per mi	24.90	747.00
1.00	SER	Production Casing	2,185.00	2,185.00
30.00	SER	Pump Truck Mileage	7.00	210.00
1.00	SER	Head Rental	113.00	113.00
1.00	EQP	Equipment Sales	178.00	178.00
1.00	EQP	5.5 AFU Insert	155.00	155.00
5.00	EQP	5.5 Centralizer	49.00	245.00
1.00	EQP	5.5 Basket	228.00	228.00
1.00	EQP	5.5 Rubber Plug	66.00	66.00

Subtotal	9,878.60
Sales Tax	439.90
Total Invoice Amount	10,318.50
Payment/Credit Applied	
<b>TOTAL</b>	<b>10,318.50</b>

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

\$ 1,975.72

ONLY IF PAID ON OR BEFORE  
 Apr 13, 2011

GL# 9308  
 DESC. cement prod  
CSG  
 WELL # Cromer

ENTERED  
 MAR 25 2011

-1,975.72  
 # 8,342.78

# ALLIED CEMENTING CO., LLC. 040611

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
*Med Lodge KS*

DATE <u>3-19-11</u>	SEC <u>16</u>	TWP. <u>29s</u>	RANGE <u>16w</u>	CALLED OUT	ON LOCATION	JOB START <u>5:00 am</u>	JOB FINISH <u>6:30 am</u>
LEASE <u>Cramer</u>	WELL # <u>1</u>	LOCATION <u>Behnders 18, Non Blk top 1/2 S of tower</u>		COUNTY <u>K. Dwa</u>	STATE <u>KS</u>		
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<u>2w, 1/2 S, 1/8 E, 1/4 into</u>					

CONTRACTOR duke R. #7  
 TYPE OF JOB production  
 HOLE SIZE 7 7/8 T.D. 5080'  
 CASING SIZE 5 1/2 DEPTH 4983'  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX 1300psi MINIMUM  
 MEAS. LINE # SHOE JOINT 40'  
 CEMENT LEFT IN CSG. 40'  
 PERFS.  
 DISPLACEMENT 122 bbls H<sub>2</sub>O

OWNER Lotus Operating  
 CEMENT  
 AMOUNT ORDERED 50 SK 6040:4% gel  
150 SK class A ABC + 5# Kalseal + .5% A-160  
+ 1/4# Flo Seal

COMMON <u>A</u>	<u>30 SK</u>	@ <u>15.45</u>	<u>463.50</u>
POZMIX	<u>20 SK</u>	@ <u>8.00</u>	<u>160.00</u>
GEL	<u>2 SK</u>	@ <u>20.80</u>	<u>41.60</u>
CHLORIDE		@	
ASC	<u>150 SK</u>	@ <u>18.60</u>	<u>2790.00</u>
<u>Kalseal</u>	<u>750 #</u>	@ <u>-89</u>	<u>667.50</u>
<u>FI-160</u>	<u>70.5 #</u>	@ <u>13.30</u>	<u>937.65</u>
<u>Flo Seal</u>	<u>37.50 #</u>	@ <u>2.50</u>	<u>93.75</u>
		@	
		@	
		@	
		@	
HANDLING	<u>249</u>	@ <u>2.40</u>	<u>597.60</u>
MILEAGE	<u>249/10/30</u>		<u>747.00</u>
			TOTAL <u>6498.60</u>

EQUIPMENT  
 PUMP TRUCK CEMENTER matth mesch  
 # 360/265 HELPER Jason Thimesch  
 BULK TRUCK  
 # 381/252 DRIVER Raymond R.  
 BULK TRUCK  
 # DRIVER

REMARKS:

Blk circulation with Rig pump ball through  
with 30 SK cement for Rothole, with 20 SK cement for mudate  
with 150 SK cement shuttan wash cement lines  
Release plug drop 122 bbls H<sub>2</sub>O. bump plug  
800 psi to 1300 psi  
plus hold

SERVICE

DEPTH OF JOB	<u>4983</u>		
PUMP TRUCK CHARGE	<u>2185</u>	<u>00</u>	
EXTRA FOOTAGE		@	
MILEAGE	<u>30</u>	@ <u>7.00</u>	<u>210.00</u>
MANIFOLD		@	
<u>Head Rental</u>		@	<u>113.00</u>
		@	

CHARGE TO: Lotus operating  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_


TOTAL 2508.00

PLUG & FLOAT EQUIPMENT

<u>5 1/2</u>			
1-guide shoe	@		<u>178.00</u>
1-AFU insert	@		<u>155.00</u>
5-centralizers	@ <u>49.00</u>		<u>245.00</u>
1-Basket	@		<u>228.00</u>
1-Rubber plug	@		<u>66.00</u>
			TOTAL <u>872.00</u>

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 ~~\_\_\_\_\_~~  
 DISCOUNT ~~\_\_\_\_\_~~ IF PAID IN 30 DAYS

PRINTED NAME Robin Brown  
 SIGNATURE 



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/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 08, 2011

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

Re: ACO1  
API 15-097-21687-00-00  
Cromer 1  
SW/4 Sec.16-29S-16W  
Kiowa 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



## DRILL STEM TEST REPORT

Prepared For: **Lotus Operating CO LLC**

100 S Main STE 420  
Wichita KS  
67202-3737

ATTN: Tim Hellman

**16-29s-16w**

**Cromer #1**

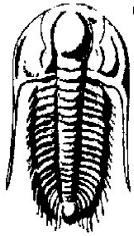
Start Date: 2011.03.16 @ 14:27:45

End Date: 2011.03.16 @ 23:56:45

Job Ticket #: 41633                      DST #: 1

Trilobite Testing, Inc  
PO Box 362 Hays, KS 67601  
ph: 785-625-4778 fax: 785-625-5620





**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Lotus Operating CO LLC

**Cromer #1**

100 S Main STE 420  
Wichita KS  
67202-3737  
ATTN: Tim Hellman

**16-29s-16w**

Job Ticket: 41633

**DST#: 1**

Test Start: 2011.03.16 @ 14:27:45

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.38 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 4800.00 ppm

Filter Cake: 0.02 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
187.00	w m 10% w ater 90% mud	0.920

Total Length: 187.00 ft      Total Volume: 0.920 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

