



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1064500
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

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

1064500

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

Sec. _____ Twp. _____ S. 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 <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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(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	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Molz 'L' 5
Doc ID	1064500

All Electric Logs Run

DUAL INDUCTION
NEUTRON DENSITY W/PE
SONIC
MICRO

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Molz 'L' 5
Doc ID	1064500

Tops

Name	Top	Datum
Heebner	3802	-2390
KC	4362	-2944
BKC	4594	-3176
Cher SH	4736	-3318
Miss	4790	-3372
Viola	5204	-3786
Simp Sh	5300	-3882
Arb	5508	-4090
LTD	5578	-4160



RECEIVED

SEP 06 2011

INVOICE

24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906
Voice: (817) 546-7282
Fax: (817) 246-3361

Invoice Number: 128423
Invoice Date: Aug 28, 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	Molz #5	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Aug 28, 2011	9/27/11

Quantity	Item	Description	Unit Price	Amount
135.00	MAT	Class A Common	16.25	2,193.75
90.00	MAT	Pozmix	8.50	765.00
4.00	MAT	Gel	21.25	85.00
7.00	MAT	Chloride	58.20	407.40
236.00	SER	Handling	2.25	531.00
15.00	SER	Mileage	25.96	389.40
1.00	SER	Surface	1,125.00	1,125.00
15.00	SER	Heavy Vehicle Mileage	7.00	105.00
15.00	SER	Light Vehicle Mileage	4.00	60.00
1.00	CEMENTER	Darin Franklin		
1.00	EQUIP OPER	Matt Thimesch		
1.00	EQUIP OPER	Jason Thimesch		
1.00	EQUIP OPER	Adam Miller		

ENTERED
SEP 07 2011

GL# 9208
DESC. cement surf
css #5
WELL # Molz

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

\$ 1132.31

ONLY IF PAID ON OR BEFORE
Sep 22, 2011

Subtotal	5,661.55
Sales Tax	251.93
Total Invoice Amount	5,913.48
Payment/Credit Applied	
TOTAL	5,913.48

1132.31

\$ 4,781.17

ALLIED CEMENTING CO., LLC. 040774

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
McKelvey

DATE <i>8-28-11</i>	SEC. <i>1</i>	TWP. <i>35S</i>	RANGE <i>12W</i>	CALLED OUT	ON LOCATION	JOB START <i>3:00am</i>	JOB FINISH <i>3:30am</i>
LEASE <i>M012</i>		WELL# <i>5</i>		LOCATION <i>McKelvey, 18 south, 1/2, S into</i>		COUNTY <i>Barber</i>	STATE <i>Ks</i>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Duke RB #9*

OWNER *Lotus Operating*

TYPE OF JOB *Surface*

HOLE SIZE <i>14 1/4</i>	T.D. <i>300'</i>
CASING SIZE <i>10 3/4</i>	DEPTH <i>297'</i>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <i>300 psi</i>	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <i>20'</i>	
PERFS.	
DISPLACEMENT <i>27 bbls H₂O</i>	

CEMENT
AMOUNT ORDERED *225 SK 60:40:3%wt 2%gel*

COMMON	<i>635</i> SK	@ <i>16.25</i>	<i>2193.75</i>
POZMIX	<i>90</i> SK	@ <i>8.50</i>	<i>765.00</i>
GEL	<i>4</i> SK	@ <i>21.25</i>	<i>85.00</i>
CHLORIDE	<i>7</i> SK	@ <i>58.20</i>	<i>407.40</i>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<i>236</i>	@ <i>2.25</i>	<i>531.00</i>
MILEAGE	<i>236/15/.11</i>		<i>389.40</i>
TOTAL			<i>4371.55</i>

EQUIPMENT

PUMP TRUCK	CEMENTER <i>Matthew</i>
# <i>360/265</i>	HELPER <i>Jason Threbeck</i>
BULK TRUCK	
# <i>364</i>	DRIVER <i>Carren / Adam</i>
BULK TRUCK	
#	DRIVER

REMARKS:
*Back work with RB
pump 3 bbls H₂O ahead
mix 225 SK cement
dis. 27 bbls H₂O
Shut in
cement did circulate*

CHARGE TO: *Lotus Operating*

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<i>297'</i>		
PUMP TRUCK CHARGE		<i>1125.00</i>	
EXTRA FOOTAGE		@	
MILEAGE	<i>15</i>	@ <i>7.00</i>	<i>105.00</i>
MANIFOLD		@	
<i>light vehicle</i>	<i>65</i>	@ <i>4.00</i>	<i>60.00</i>
		@	
TOTAL			<i>1290.00</i>

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 *Emigdio Rojas*

SIGNATURE *Emigdio Rojas*

SALES TAX (if Any) _____

TOTAL CHARGES *5661.55*

DISCOUNT _____ IF PAID IN 30 DAYS

NET 4529.24



RECEIVED
SEP 18 2011

INVOICE

24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906
Voice: (817) 546-7282
Fax: (817) 246-3361

Invoice Number: 128511
Invoice Date: Sep 3, 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	Molz #5	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Liberal	Sep 3, 2011	10/3/11

Quantity	Item	Description	Unit Price	Amount
175.00	MAT	ASC Class A	19.00	3,325.00
50.00	MAT	Light Weight Class A	14.50	725.00
875.00	MAT	Kol Seal	0.89	778.75
43.00	MAT	Flo Seal	2.70	116.10
82.00	MAT	FL-160	17.20	1,410.40
247.00	SER	Handling	2.25	555.75
20.00	SER	Mileage 247 sx @.11 per sk per mi	27.17	543.40
1.00	SER	Production Casing	2,695.00	2,695.00
40.00	SER	Pump Truck Mileage	7.00	280.00
1.00	SER	Manifold Rental	200.00	200.00
40.00	SER	Light Vehicle Mileage	4.00	160.00
1.00	EQP	5.5 Rubber Plug	73.00	73.00
1.00	EQP	5.5 Guide Shoe	240.00	240.00
1.00	EQP	5.5 AFU Insert	286.00	286.00
5.00	EQP	5.5 Centralizer	49.00	245.00
1.00	EQP	5.5 Basket	337.00	337.00
1.00	CEMENTER	Kenny Baeza		
1.00	OPER ASSIST	Jose Gonzalez		
1.00	OPER ASSIST	Lenny Baeza		

ENTERED
SEP 20 2011

GL# 9308
DESC. cement prod CSG, #5
WELL # MolzL

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

\$ 2,394.08

ONLY IF PAID ON OR BEFORE
Sep 28, 2011

Subtotal	11,970.40
Sales Tax	550.15
Total Invoice Amount	12,520.55
Payment/Credit Applied	
TOTAL	12,520.55

-2,394.08
10,126.47

ALLIED CEMENTING CO., LLC. 036618

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS.

DATE <u>9-03-11</u>	SEC. <u>1</u>	TWP. <u>35s</u>	RANGE <u>12w</u>	CALLED OUT	ON LOCATION	JOB START <u>12:30pm</u>	JOB FINISH <u>1:30pm</u>
LEASE <u>Molz</u>		WELL # <u>5</u>		LOCATION <u>Vec Medicine Lodge</u>		COUNTY <u>Barber</u>	STATE <u>KS.</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>KS.</u>			

CONTRACTOR Duke #9
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 14# DEPTH 5234.38
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 41.38
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER
 CEMENT
 AMOUNT ORDERED 50 SK 60/40 4% gel
175 SK Class A ASC 5# Kolscal
.5% FI 160 1/4# Florescal
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC 175 @ 19.00 3325.00
Light weight 50 @ 14.50 725.00
 @
Kolscal 875 @ .89 778.75
Florescal 43 @ 2.70 116.10
FI-160 82 @ 17.20 1410.40
 @
 @
 @
 HANDLING 247 @ 2.25 555.75
 MILEAGE 543.40
 TOTAL 7454.40

EQUIPMENT

PUMP TRUCK CEMENTER Kenny
 # 372 HELPER Jose
 BULK TRUCK
 # 363-290 DRIVER Lenny
 BULK TRUCK
 # DRIVER

REMARKS:

THANK YOU!!!

CHARGE TO: Lotus Operations.
 STREET
 CITY STATE ZIP

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE 2695.00
 EXTRA FOOTAGE @
 MILEAGE 40 @ 7.00 280.00
 MANIFOLD 1 @ 200.00 200.00
Light V Mileage 40 @ 4.00 160.00
 @
 TOTAL 3335.00

PLUG & FLOAT EQUIPMENT

5 1/2
Rubber Plug 1 @ 73.00 73.00
Guide Shoe 1 @ 240.00 240.00
AFU Insert 1 @ 286.00 286.00
Centralizers 5 @ 49.00 245.00
Basket 1 @ 337.00 337.00
 TOTAL 1181.00

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 Robin Brown
 SIGNATURE

SALES TAX (If Any)
 TOTAL CHARGES \$ 11970.40
 DISCOUNT 2394.088 IF PAID IN 30 DAYS
\$ 9776.32

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

December 12, 2011

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

Re: ACO1
API 15-007-23745-00-00
Molz 'L' 5
NE/4 Sec.01-35S-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