



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1068012
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: _____

1068012

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: 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

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> _____ <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	Koppitz 4
Doc ID	1068012

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 4
Doc ID	1068012

Tops

Name	Top	Datum
Heebner	3825	-2404
Kansas City	4363	-2942
BKC	4599	-3178
Cher. Sh	4738	-3317
Miss	4794	-3373
Viola	5200	-3779
Simp Sh	5293	-3872
Arb	5513	-4092
LTD	5552	-4131



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: 128508

Invoice Date: Sep 7, 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	Koppitz #4	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Sep 7, 2011	10/7/11

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
20.00	SER	Mileage	25.96	519.20
1.00	SER	Surface	1,125.00	1,125.00
40.00	SER	Heavy Vehicle Mileage	7.00	280.00
40.00	SER	Light Vehicle Mileage	4.00	160.00
1.00	CEMENTER	Darin Franklin		
1.00	CEMENTER	Carl Balding		
1.00	EQUIP OPER	Harry Piper		

ENTERED
SEP 20 2011

GL# 9208
DESC. cement sub
CSG, # 4

WELL # Kopitz

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

\$ 1213.27

ONLY IF PAID ON OR BEFORE

Oct 2, 2011

Subtotal	6,066.35
Sales Tax	251.93
Total Invoice Amount	6,318.28
Payment/Credit Applied	
TOTAL	6,318.28

-1213.27
5,105.01

ALLIED CEMENTING CO., LLC. 040256

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge, KS

DATE <u>9-7-2011</u>	SEC. <u>2</u>	TWP. <u>35S</u>	RANGE <u>12W</u>	CALLED OUT <u>9:00 pm</u>	ON LOCATION <u>11:00 pm</u>	JOB START <u>12:30 AM</u>	JOB FINISH <u>1:00 AM</u>
LEASE <u>Kopp #2</u>		WELL# <u>4</u>	LOCATION <u>Medicine Lodge, KS 1 & 2nd</u>		COUNTY <u>Bevier</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)			<u>to be a well on Rt. 1 west, west into</u>				

CONTRACTOR <u>Duke #9</u>	OWNER <u>Lotus Operating</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>14 3/4</u>	T.D. <u>3001</u>
CASING SIZE <u>10 3/4</u>	DEPTH <u>2851</u>
TUBING SIZE <u>8 5/8 LT</u>	DEPTH <u>15'</u>
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>201</u>	
PERFS.	
DISPLACEMENT <u>28 bbls of fresh water</u>	

CEMENT
AMOUNT ORDERED 225 cu 60' 40 + 2% G + 3% CC

COMMON	<u>135 SK</u>	@ <u>16.25</u>	<u>2193.75</u>
POZMIX	<u>90 SK</u>	@ <u>8.50</u>	<u>765.00</u>
GEL	<u>4 SK</u>	@ <u>21.25</u>	<u>85.00</u>
CHLORIDE	<u>7 SK</u>	@ <u>58.20</u>	<u>407.40</u>
ASC		@	

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Darin E</u>
# <u>414-302</u>	HELPER <u>Carl B</u>
BULK TRUCK	
# <u>421-252</u>	DRIVER <u>Eddie P</u>
BULK TRUCK	
#	DRIVER

HANDLING	<u>236</u>	@ <u>2.25</u>	<u>531.00</u>
MILEAGE	<u>236 / 11 / 20</u>		<u>519.20</u>
			TOTAL <u>4561.35</u>

REMARKS:

Pipe on bottom & break circulation
Pump 3 bbls fresh water shear mix
225 cu of cement, displace 28 bbls
of fresh water, shut in, cemented &
circulate

SERVICE

DEPTH OF JOB	<u>3001</u>
PUMP TRUCK CHARGE	<u>1125.00</u>
EXTRA FOOTAGE	@
MILEAGE	<u>20</u> @ <u>7.00</u> <u>280.00</u>
MANIFOLD	<u>104 Swastakudde</u> @
<u>Light Vehicle</u>	<u>40</u> @ <u>4.00</u> <u>160.00</u>
	@

CHARGE TO: Lotus operating
STREET _____
CITY _____ STATE _____ ZIP _____

TOTAL 1565.00

PLUG & FLOAT EQUIPMENT

	@	
	@	
<u>none</u>	@	
	@	
	@	

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	<u>6066.35</u>
DISCOUNT	<u>20%</u> IF PAID IN 30 DAYS
	<u>Net 4853.08</u>

PRINTED NAME X Emigdio Rojas
SIGNATURE X Emigdio Rojas
Thank you!!!



RECEIVED

INVOICE

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

SEP 26 2011

Invoice Number: 128599
Invoice Date: Sep 13, 2011
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

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 #4	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Sep 13, 2011	10/13/11

Quantity	Item	Description	Unit Price	Amount
30.00	MAT	Class A Common	16.25	487.50
20.00	MAT	Pozmix	8.50	170.00
2.00	MAT	Gel	21.25	42.50
175.00	MAT	ASC	19.00	3,325.00
875.00	MAT	Kolseal	0.89	778.75
82.00	MAT	FL-160	17.20	1,410.40
44.00	MAT	Flo Seal	2.70	118.80
280.00	SER	Handling	2.25	630.00
20.00	SER	Mileage	30.80	616.00
1.00	SER	Production	2,695.00	2,695.00
40.00	SER	Heavy Vehicle Mileage	7.00	280.00
1.00	SER	Manifold Head Rental	200.00	200.00
40.00	SER	Light Vehicle Mileage	4.00	160.00
1.00	EQP	5 1/2 Guide Shoe	240.00	240.00
1.00	EQP	5 1/2 AFU Insert	286.00	286.00
5.00	EQP	5 1/2 Centralizers	49.00	245.00
1.00	EQP	5 1/2 Basket	337.00	337.00
1.00	EQP	5 1/2 Top Rubber Plug	73.00	73.00
1.00	EQUIP OPER	Matt Thimesch		
1.00	EQUIP OPER	Ron Gilley		
1.00	OPER ASSIST	Kevin Weighous		

GL# 9307
DESC. cement prod
CSG, # 4
WELL # Kopitz

ENTERED
SEP 27 2011

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

\$ 2418.99

ONLY IF PAID ON OR BEFORE
Oct 8, 2011

Subtotal	12,094.95
Sales Tax	548.52
Total Invoice Amount	12,643.47
Payment/Credit Applied	
TOTAL	12,643.47

-2,418.99
\$ 10,224.48

ALLIED CEMENTING CO., LLC. 037731

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Med Lodge

DATE <u>9-13-11</u>	SEC. <u>2</u>	TWP. <u>35S</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START <u>12:30am</u>	JOB FINISH <u>1:30am</u>
LEASE <u>Koppitz</u>	WELL # <u>4</u>	LOCATION <u>Med Lodge south to Driftwood Rd</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)		<u>1 west N/W into</u>					

CONTRACTOR Duke Ritz #9

OWNER Lotus Operating

TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>5550'</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>5239'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>1500 psi</u>	MINIMUM
MEAS. LINE	SHOE JOINT <u>42'</u>
CEMENT LEFT IN CSG. <u>42'</u>	
PERFS.	
DISPLACEMENT <u>127 bbls H2O</u>	

CEMENT

AMOUNT ORDERED 50 sk 60:40:4% gel
175 sk class A "Asc" + 5# Kalscal
+ .5% FI-160 + 4# Floscal

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Matt J. Mesch</u>
# <u>414/300</u>	HELPER <u>Ron Gilley</u>
BULK TRUCK	
# <u>421/252</u>	DRIVER <u>Kevin W. (G.B.)</u>
BULK TRUCK	
#	DRIVER

COMMON	<u>30 sk</u>	@ <u>16.25</u>	<u>487.50</u>
POZMIX	<u>20 sk</u>	@ <u>8.50</u>	<u>170.00</u>
GEL	<u>2 sk</u>	@ <u>21.25</u>	<u>42.50</u>
CHLORIDE		@	
ASC	<u>175 sk</u>	@ <u>19.00</u>	<u>3325.00</u>
	<u>Kalscal 875</u>	@ <u>89</u>	<u>778.75</u>
	<u>FI-160 82 #</u>	@ <u>17.20</u>	<u>1410.00</u>
	<u>Floscal 44 #</u>	@ <u>2.70</u>	<u>118.80</u>
		@	
		@	
		@	
		@	
HANDLING	<u>280</u>	@ <u>2.25</u>	<u>630.00</u>
MILEAGE	<u>280/11/20</u>		<u>616.00</u>
			TOTAL <u>7578.55</u>

REMARKS:
3 sk circ with Ritz pump ball through
mix 30 sk for float hole mix 20 sk for mouse hole
mix 175 sk cement shut down
wash pump + lines Release day
disp. 127 bbls H2O bumples
1000 psi to 1500 psi
plug did not hold pressure to 1500 psi shut in

SERVICE

DEPTH OF JOB	<u>5239</u>		
PUMP TRUCK CHARGE	<u>2695.00</u>		
EXTRA FOOTAGE	@		
MILEAGE	<u>40</u>	@ <u>7.00</u>	<u>280.00</u>
MANIFOLD <u>Head Rental</u>	@		<u>200.00</u>
<u>Light Vehicle 40</u>	@ <u>4.00</u>		<u>160.00</u>
	@		
			TOTAL <u>3335.00</u>

CHARGE TO: Lotus Operating

STREET _____

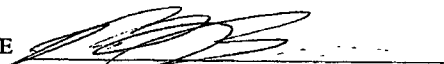
CITY _____ STATE _____ ZIP _____

5 1/2 PLUG & FLOAT EQUIPMENT

1- Reg grade shoe	@	<u>240.00</u>
1- ACU insert	@	<u>286.00</u>
5- centralizers	@ <u>49.00</u>	<u>245.00</u>
1- Basket	@	<u>337.00</u>
1- TRP	@	<u>73.00</u>
TOTAL <u>1181.00</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.

PRINTED NAME Robin Brown

SIGNATURE 

SALES TAX (If Any) _____

TOTAL CHARGES 12,094.55

DISCOUNT 20% IF PAID IN 30 DAYS

NET 9675.64

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

January 03, 2012

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

Re: ACO1
API 15-007-23744-00-00
Koppitz 4
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