



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1068018
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: _____

1068018

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Suzie 6
Doc ID	1068018

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	Suzie 6
Doc ID	1068018

Tops

Name	Top	Datum
Heebner	3778	-2367
Kansas City	4316	-2905
BKC	4548	-3137
Cher. Sh	4685	-3274
Miss	4729	-3318
Viola	5105	-3694
Simp Sh	5202	-3791
Arb	5446	-4035
LTD	5454	-4043



RECEIVED

INVOICE

SEP 26 2011

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

Invoice Number: 128556
Invoice Date: Sep 16, 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	Suzie #6	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	Sep 16, 2011	10/16/11

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 236 sx @.11 per sk per mi	25.96	389.40
1.00	SER	Surface	1,125.00	1,125.00
30.00	SER	Pump Truck Mileage	7.00	210.00
30.00	SER	Light Vehicle Mileage	4.00	120.00
1.00	CEMENTER	Wayne Davis		
1.00	EQUIP OPER	Greg Redetzke		
1.00	OPER ASSIST	Shane Konzen		

GL# 9208
DESC. cement surf
CSG, #6

WELL # Susie

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

\$ 1165.31

ONLY IF PAID ON OR BEFORE
Oct 11, 2011

Subtotal	5,826.55
Sales Tax	251.93
Total Invoice Amount	6,078.48
Payment/Credit Applied	
TOTAL	6,078.48

- 1,165.31
4,913.17

ALLIED CEMENTING CO., LLC. 037282

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend KS

DATE <u>9-16-11</u>	SEC <u>30</u>	TWP <u>340</u>	RANGE <u>11W</u>	CALLED OUT	ON LOCATION	JOB START <u>10:00 PM</u>	JOB FINISH <u>10:30 PM</u>
LEASE <u>Suzie</u>	WELL# <u>6</u>	LOCATION <u>medicine lodge south</u>			COUNTY <u>Baureo</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>15 miles 1/2 East north into</u>					

CONTRACTOR Duke Riggs

TYPE OF JOB Surface

HOLE SIZE 14 3/4 T.D. 255

CASING SIZE 10 3/4 DEPTH 252

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20

PERFS.

DISPLACEMENT 23.50 BBLs

OWNER hatus operations

CEMENT
AMOUNT ORDERED 225.5x 60/40 + 3%^{cc} + 2% Gel

EQUIPMENT

PUMP TRUCK CEMENTER wayne

398 HELPER Gees

BULK TRUCK

264 DRIVER Shane

BULK TRUCK

DRIVER

COMMON	<u>135</u>	@	<u>16.25</u>	<u>2,193.75</u>
POZMIX	<u>90</u>	@	<u>8.50</u>	<u>765.00</u>
GEL	<u>4</u>	@	<u>21.25</u>	<u>85.00</u>
CHLORIDE	<u>7</u>	@	<u>58.20</u>	<u>407.40</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>236</u>	@	<u>2.25</u>	<u>531.00</u>
MILEAGE	<u>236 x 15 x 11</u>			<u>389.70</u>
TOTAL				<u>4,371.55</u>

REMARKS:

Pipe on Bottom Break circulation
with Rig mud
Run 8 BBLs Ahead Shut Down
Mix 225.5x 60/40 + 3%^{cc} + 2% Gel
Displace 23.5 BBLs 4-00h water -
Shut in
Cement did circulate
Rig Down

SERVICE

DEPTH OF JOB	<u>252</u>			
PUMP TRUCK CHARGE				<u>1125.00</u>
EXTRA FOOTAGE		@		
MILEAGE <u>HVM</u>	<u>30</u>	@	<u>7.00</u>	<u>210.00</u>
MANIFOLD		@		
<u>LVM</u>	<u>30</u>	@	<u>4.00</u>	<u>120.00</u>
		@		

CHARGE TO: hatus operations

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 1455.00

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 5,826.55

DISCOUNT 20% 1,165.31

IF PAID IN 30 DAYS 4,661.24



INVOICE

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

Invoice Number: 128636
 Invoice Date: Sep 21, 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

RECEIVED
 SEP 30 2011

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Suzie #6	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Sep 21, 2011	10/21/11

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
82.00	MAT	FL-160	17.20	1,410.40
875.00	MAT	Kol Seal	0.89	778.75
44.00	MAT	Flo Seal	2.70	118.80
280.00	SER	Handling	2.25	630.00
20.00	SER	Mileage 280 sx @.11 per sk per mi	30.80	616.00
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 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	EQP	5.5 Rubber Plug	73.00	73.00
1.00	EQUIP OPER	Matt Thimesch		
1.00	EQUIP OPER	Ron Gilley		
1.00	EQUIP OPER	Adam Miller		

ENTERED
 SEP 30 2011

GL# 9308
 DESC. Cement prod.
Casing #10
 WELL # SUZIE

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

\$ 2418.91

ONLY IF PAID ON OR BEFORE
Oct 16, 2011

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

2418.91
 \$ 10,224.56

ALLIED CEMENTING CO., LLC. 037735

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Med. Lab 44

DATE <u>9-21-11</u>	SEC. <u>30</u>	TWP. <u>34s</u>	RANGE <u>11w</u>	CALLED OUT	ON LOCATION	JOB START <u>11:20am</u>	JOB FINISH <u>12:35pm</u>
LEASE <u>Suzie</u>		WELL# <u>6</u>		LOCATION <u>Rehassakie Rd 1/2 E, N into</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR Duke R #9

TYPE OF JOB production

HOLE SIZE 7 7/8 T.D. 5454'

CASING SIZE 5 1/2 DEPTH 5284'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 1500 psi MINIMUM

MEAS. LINE SHOE JOINT 36'

CEMENT LEFT IN CSG. 36'

PERFS.

DISPLACEMENT

OWNER Lotus Operating

CEMENT

AMOUNT ORDERED 50 sk 60:40:41 gel

175 sk class A "ASC" + 5 # 180 seal + 5 # 1/2 FC-160

EQUIPMENT

PUMP TRUCK CEMENTER Matty Winesch

414/302 HELPER Ron Galley

BULK TRUCK

421/252 DRIVER Adam Miller

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>FL-160 82 #</u>	@	<u>17.20</u>	<u>1410.00</u>
	<u>Kolseal 875 #</u>	@	<u>-89</u>	<u>778.75</u>
	<u>Flaseal 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:

Bik are with R13 pump ball through

R13 30 sk for patch

mix 20 sk for more hole

mix 175 sk cement

shut down wash camp lines

Release plus size 12 1/2 bbls H2O

to mix plus 1000psi to 1500psi

to plug hole

SERVICE

DEPTH OF JOB	<u>5284'</u>			
PUMP TRUCK CHARGE	<u>2695.00</u>			
EXTRA FOOTAGE		@		
MILEAGE	<u>40</u>	@	<u>7.00</u>	
MANIFOLD		@	<u>200.00</u>	
<u>Light Vehicle</u>	<u>40</u>	@	<u>4.00</u>	
		@		
TOTAL				<u>3335.00</u>

CHARGE TO: Lotus Operating

STREET _____

CITY _____ STATE _____ ZIP _____

5 1/2 PLUG & FLOAT EQUIPMENT

1- Res gate shoe	@	<u>240.00</u>	
1- AFU insert	@	<u>286.00</u>	
5- centralizers	@	<u>49.00</u>	
1- pocket	@	<u>337.00</u>	
1- Rubber plug	@	<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 [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 15-007-23766-00-00
Suzie 6
SW/4 Sec.30-34S-11W
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