



1068044

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Molz 'L' 3
Doc ID	1068044

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	Molz 'L' 3
Doc ID	1068044

Tops

Name	Top	Datum
Heebner	3818	-2408
KC	4364	-2954
BKC	4593	-3183
Cher SH	4734	-3324
Miss	4790	-3380
Viola	5203	-3793
Simp SH	5298	-3888
Arb	5508	-4098
LTD	5566	-4156



# INVOICE

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

Invoice Number: 128649  
 Invoice Date: Sep 23, 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

**RECEIVED**

SEP 30 2011

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Molz L # <del>5</del> 3	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Sep 23, 2011	10/23/11

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 236 sx @ .11 per sk per mi	25.96	519.20
1.00	SER	Surface	1,125.00	1,125.00
40.00	SER	Pump Truck Mileage	7.00	280.00
40.00	SER	Light Vehicle Mileage	4.00	160.00
1.00	CEMENTER	Darin Franklin		
1.00	EQUIP OPER	Jason Thimesch		
1.00	OPER ASSIST	Dustin Elam		

ENTERED

SEP 30 2011

DESC. 9208  
Cement surf.  
Casing #~~5~~ 3  
 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

\$1213.27

ONLY IF PAID ON OR BEFORE  
 Oct 18, 2011

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

1213.27  
 \$ 5,105.01



# ALLIED

OIL & GAS SERVICES, LLC

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

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

## RECEIVED

OCT 08 2011

# INVOICE

Invoice Number: 128746  
Invoice Date: Sep 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	Moz L #4 #3	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Medicine Lodge	Sep 28, 2011	10/28/11

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 Class A	19.00	3,325.00
875.00	MAT	Kol Seal	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 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 Head 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 Top Rubber Plug	73.00	73.00
1.00	EQUIP OPER	Matt Thimesch		
1.00	EQUIP OPER	Jason Thimesch		
1.00	OPER ASSIST	Dustin Elam		

ENTERED  
OCT 10 2011

GLS 9308  
DESC. Cement prod casing #3  
WELL # Moz L

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

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 23, 2011

2418.91  
10,224.56

# ALLIED CEMENTING CO., LLC. 037741

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Med. Labok

DATE <u>9-28-11</u>	SEC. <u>1</u>	TWP. <u>35S</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00pm</u>	JOB FINISH <u>12:00pm</u>
LEASE <u>Molt</u>		WELL # <u>3</u>		LOCATION <u>Med. Labok, 18 1/2 S, West 12W</u>		COUNTY <u>Labette</u>	STATE <u>KS</u>
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)							

CONTRACTOR DKR #9  
 TYPE OF JOB production  
 HOLE SIZE 7 7/8 T.D. 5560'  
 CASING SIZE 5 1/2 DEPTH 5320'  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX (1300 psi) MINIMUM  
 MEAS. LINE SHOE JOINT 40'  
 CEMENT LEFT IN CSG. 40'  
 PERFS.  
 DISPLACEMENT 129 bbls @ 20

OWNER Labok Operating  
 CEMENT  
 AMOUNT ORDERED 50SK @ 40 = 47.901  
175SK class A "ASC" + 5% Kolseal + .5% FL-160  
+ 1/4" Flo Seal

EQUIPMENT  
 PUMP TRUCK CEMENTER Molt Threack  
 # 369265 HELPER Jason Threack  
 BULK TRUCK  
 # 369265 DRIVER Dustin Elam  
 BULK TRUCK  
 # DRIVER

COMMON class A	30SK @ 16.25	487.50
POZMIX	20SK @ 8.50	170.00
GEL	2SK @ 21.25	42.50
CHLORIDE	@	
ASC class A	175SK @ 19.00	3325.00
Kolseal	875# @ .89	778.75
FL-160	82# @ 17.20	1410.40
Flo Seal	44# @ 2.70	118.80
	@	
	@	
	@	
	@	
	@	
HANDLING	280 @ 2.35	630.00
MILEAGE	20 @ 11.20	224.00
		616.00
		TOTAL 7578.55

**REMARKS:**

Bulk mix pump ball through  
mix 30SK for pothole  
mix 20 SK for pothole  
mix 175SK cement  
Shutdown with pump / Mrs. Release plus  
diag 75 bbls sealant  
diag 129 bbls bump plus 1000 psi to 1300 psi  
plus held

**SERVICE**

DEPTH OF JOB	<u>5320'</u>	
PUMP TRUCK CHARGE		2695.00
EXTRA FOOTAGE	@	
MILEAGE	40 @	280.00
MANIFOLD	Headcentral @	200.00
Light Vehicle	40 @	160.00
	@	
		TOTAL 3335.00

CHARGE TO: Labok Operating  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

5/2		
1- Reg. gel shoe	@	240.00
1- AFU insert	@	286.00
5- control / 200	@ 49.00	245.00
1- Basket	@	337.00
1- TRP	@	73.00
		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.

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 12094.55  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
9675.64

PRINTED NAME Robin Bran  
 SIGNATURE [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

December 12, 2011

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

Re: ACO1  
API 15-007-23692-00-00  
Molz 'L' 3  
SE/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