



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1071584
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: _____

1071584

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> <i>(Submit ACO-4)</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 5
Doc ID	1071584

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 5
Doc ID	1071584

Tops

Name	Top	Datum
Heebner	3803	-2400
KC	4341	-2938
BKC	4576	-3173
Cher sh	4714	-3311
Miss	4774	-3371
KH Sh	5020	-3618
Viola	5184	-3781
Simp Sh	5269	-3866
Arb	5492	-4089
LTD	5498	-4095

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 29 2011

INVOICE

Invoice Number: 128927

Invoice Date: Oct 17, 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 #5	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Oct 17, 2011	11/16/11

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	25.96	389.40
1.00	SER	Surface	1,125.00	1,125.00
30.00	SER	Heavy Vehicle Mileage	7.00	210.00
30.00	SER	Light Vehicle Mileage	4.00	120.00
1.00	CEMENTER	Carl Balding		
1.00	EQUIP OPER	Ronald Gilley		
1.00	EQUIP OPER	Adam Miller		

ENTERED

OCT 31 2011

GL# 9208
DESC. cement surf CSG
#5

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

\$1165.31

ONLY IF PAID ON OR BEFORE

Nov 11, 2011

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

1165.31
4,913.17

ALLIED CEMENTING CO., LLC. 037682

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine ledge, Ks.

DATE <u>10-17-2011</u>	SEC <u>2</u>	TWP <u>39S</u>	RANGE <u>12 W</u>	CALLED OUT	ON LOCATION	JOB START <u>3:45 P.M.</u>	JOB FINISH <u>4:15 P.M.</u>
LEASE <u>Koprite</u>	WELL # <u>5</u>	LOCATION <u>Medicine ledge, Ks south Barber</u>			COUNTY <u>Barber</u>	STATE <u>Kansas</u>	
OLD OR NEW (Circle one)		<u>on 281 to 7 West 18 N, 12 W, S/S</u>					

CONTRACTOR <u>Duke #20</u>	OWNER <u>Lotus Operating</u>
TYPE OF JOB <u>surface</u>	CEMENT
HOLE SIZE <u>14 3/4</u> T.D.	AMOUNT ORDERED
CASING SIZE <u>10 3/4</u> DEPTH <u>263'</u>	<u>225.5x 60:40:2x 6cc + 3% cc</u>
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	
MEAS. LINE SHOE JOINT	
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>24 3/4 Bbls water</u>	

EQUIPMENT

PUMP TRUCK CEMENTER <u>Carl Balding</u>
<u>471-302</u> HELPER <u>Don Gilley</u>
BULK TRUCK
<u>381-</u> DRIVER <u>Adam Miller</u>
BULK TRUCK
DRIVER

COMMON <u>A</u> <u>135</u> <u>SK</u> @ <u>16.25</u> <u>2193.75</u>
POZMIX <u>90</u> <u>SK</u> @ <u>8.50</u> <u>765.00</u>
GEL <u>4</u> <u>SK</u> @ <u>21.25</u> <u>85.00</u>
CHLORIDE <u>7</u> <u>SK</u> @ <u>58.20</u> <u>407.40</u>
ASC @
HANDLING <u>236</u> @ <u>2.25</u> <u>531.00</u>
MILEAGE <u>236.11/15</u> <u>389.40</u>
TOTAL <u>4371.55</u>

REMARKS:
Run 250' 10 3/4 casing with a
15' 8 3/8 landing joint.
Break circulation with Rig
Pump 225.5x 60:40:2x 6cc
Displace with 24 3/4 Bbls water
leave 15' cement in casing + shut in.
Cement did circulate.

CHARGE TO: Lotus Operating

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>263'</u>	
PUMP TRUCK CHARGE <u>1125.00</u>	
EXTRA FOOTAGE @	
MILEAGE <u>30</u> @ <u>7.00</u> <u>210.00</u>	
MANIFOLD @	
<u>light vehicle 30</u> @ <u>4.00</u> <u>120.00</u>	
TOTAL <u>1455.00</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.

PLUG & FLOAT EQUIPMENT

@	
@	
@	
@	
TOTAL	

PRINTED NAME Joe Livingston

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 5826.55

DISCOUNT 20% IF PAID IN 30 DAYS

NET 4661.24



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

RECEIVED

NOV 07 2011

INVOICE

Invoice Number: 129022
 Invoice Date: Oct 25, 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 #5	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Great Bend	Oct 25, 2011	11/24/11

Quantity	Item	Description	Unit Price	Amount
30.00	MAT	Class A Common	16.25	487.50
20.00	MAT	Pozmix	8.50	170.00
175.00	MAT	ASC	19.00	3,325.00
875.00	MAT	Kolseal	0.89	778.75
86.00	MAT	FL-160	17.20	1,479.20
43.00	MAT	Flo Seal	2.70	116.10
245.00	SER	Handling	2.25	551.25
15.00	SER	Mileage	26.95	404.25
1.00	SER	Production	2,695.00	2,695.00
30.00	SER	Heavy Vehicle Mileage	7.00	210.00
30.00	SER	Light Vehicle Mileage	4.00	120.00
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 Rubber Plug	73.00	73.00
1.00	CEMENTER	Wayne Davis		
1.00	EQUIP OPER	Greg Redetzke		
1.00	OPER ASSIST	Kevin Weighous		

GL# 9308
 DESC. cement prod csq
#5
 WEL # Kopitz

ENTERED
 NOV 08 2011

Subtotal	11,518.05
Sales Tax	550.24
Total Invoice Amount	12,068.29
Payment/Credit Applied	
TOTAL	12,068.29

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

\$ 2303.61

ONLY IF PAID ON OR BEFORE

Nov 19, 2011

- 2,303.61
 \$ 9,764.68

ALLIED CEMENTING CO., LLC. 037297

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend KS

DATE 10-25-11	SEC. 27	TWP. 35S	RANGE 12W	CALLED OUT	ON LOCATION	JOB START 4:00 PM	JOB FINISH 5:00 PM
LEASE Koppitz	WELL# 5	LOCATION Medicine hedge South To MM			COUNTY Barber	STATE KS	
OLD OR <u>NEW</u> (Circle one)		7 1 west 1/4 North 1/2 west south 1/2					

CONTRACTOR Dave Rig 20
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 5555
 CASING SIZE 5 1/2 15" DEPTH 5245.33
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1450 MINIMUM
 MEAS. LINE SHOE JOINT 42-23
 CEMENT LEFT IN CSG. 42-23
 PERFS.
 DISPLACEMENT 124.50 BBLs
 EQUIPMENT

OWNER Lotus operating

CEMENT
 AMOUNT ORDERED 1755X ASC + 5# Kalscal
4.5% FI-160 + 1/4# Kalscal
500X 60/40 + 4% gel + 1/4# Kalscal

PUMP TRUCK CEMENTER Wayne
 # 364 HELPER Geel
 BULK TRUCK
 # 341 DRIVER Kevin
 BULK TRUCK
 # DRIVER

COMMON	30	@ 16.25	487.50
POZMIX	20	@ 8.50	170.00
GEL		@	
CHLORIDE		@	
ASC	175 5X	@ 19.00	3325.00
Kalscal	825 lbs	@ .89	778.25
FI 160	86	@ 17.20	1479.20
Kalscal	43	@ 2.70	116.10
		@	
		@	
		@	
HANDLING	245	@ 2.25	551.25
MILEAGE	245 x 15 x .11		404.25
TOTAL			7312.05

REMARKS:

Rew Pipe and float Equipment
Drop Ball circulate Ball Thru

Plus Rat with 300X 60/40 + 4% + 1/4# Kalscal Plus mouse with 200X 60/40 + 4% gel + 1/4# Kalscal mix 1755X ASC + 5# Kalscal + 1.5% FI-160 + 1/4# Kalscal Shut Down wash Pump and hire Release Plus Displace 124.50 BBLs fresh water hand plug at psi 140 Release and hold

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

SERVICE

DEPTH OF JOB	5245.33		
PUMP TRUCK CHARGE			2695.00
EXTRA FOOTAGE		@	
MILEAGE NYM	30	@ 7.00	210.00
MANIFOLD Head / Manifold		@	N/A
LUM	30	@ 4.00	120.00
		@	
TOTAL			3025.00

PLUG & FLOAT EQUIPMENT

5 1/2			
1 Guide shoe		@ 240.00	240.00
1 API Insert		@ 246.00	246.00
5 Centralizers		@ 49.00	245.00
1 Basket		@ 337.00	337.00
1 Rubber Plug		@ 73.00	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.

PRINTED NAME Robin Brown
 SIGNATURE Robin Brown

SALES TAX (If Any) _____
 TOTAL CHARGES 11518.05
 DISCOUNT 20% 2307.61
9,210.44 IF PAID IN 30 DAYS

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

February 10, 2012

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

Re: ACO1
API 15-007-23782-00-00
Koppitz 5
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