



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1071593
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: _____

1071593

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	Koppitz SWD 6
Doc ID	1071593

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 SWD 6
Doc ID	1071593

Tops

Name	Top	Datum
Heebner	3790	-2367
KC	4325	-2932
BKC	4565	-3172
Miss	4757	-3364
Viola	5160	-3767
Simp Sh	5250	-3857
Arb	5473	-4080
RTD	-6400	-5007

ALLIED OIL & GAS SERVICES, LLC RECEIVED

INVOICE

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

DEC 03 2011

Invoice Number: 129428
Invoice Date: Nov 26, 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 SWD #6	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Nov 26, 2011	12/26/11

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
1.00	SER	Manifold Swedge Rental	200.00	200.00
40.00	SER	Light Vehicle Mileage	4.00	160.00
1.00	CEMENTER	David Felio		
1.00	EQUIP OPER	Ron Gilley		
1.00	EQUIP OPER	Harry Piper		

ENTERED
DEC 12 2011

GL# 9208
DESC. cement surf
CSG #6
WELL # Koppitz

Subtotal	6,266.35
Sales Tax	
Total Invoice Amount	6,266.35
Payment/Credit Applied	
TOTAL	6,266.35

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

\$1253.27

ONLY IF PAID ON OR BEFORE
Dec 21, 2011

- 1253.27
\$ 5,013.08

ALLIED CEMENTING CO., LLC. 037897

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge, KS

DATE <u>11-26-2011</u>	SEC. <u>2</u>	TWP. <u>36S</u>	RANGE <u>12W</u>	11-25 CALLED OUT <u>11:00PM</u>	11-26 ON LOCATION <u>12:30 AM</u>	JOB START <u>5:30AM</u>	JOB FINISH <u>6:00AM</u>
LEASE <u>Koppitz SWD</u>		WELL # <u>6</u>		LOCATION <u>281 & Driftwood Rd, West</u>		COUNTY <u>Baker</u>	STATE <u>Ks</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>1/4 north, 3/4 west, S into</u>				

CONTRACTOR Duke #10 OWNER Lotus Operating

TYPE OF JOB Surfset
 HOLE SIZE 14 3/4 T.D. 265'
 CASING SIZE 10 3/4 DEPTH 255'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 20'
 PERFS. _____
 DISPLACEMENT 23 bbls Fresh Water

CEMENT
 AMOUNT ORDERED 225sq 60' 40' 2% 60' 3% CC

COMMON	<u>135 sacks "A"</u>	@ <u>16.25</u>	<u>\$2193.75</u>
POZMIX	<u>90 sacks</u>	@ <u>8.50</u>	<u>765.00</u>
GEL	<u>4 sacks</u>	@ <u>21.25</u>	<u>85.00</u>
CHLORIDE	<u>7 sacks</u>	@ <u>58.20</u>	<u>407.40</u>
ASC		@	

EQUIPMENT

PUMP TRUCK CEMENTER Derin F.
 # 471-302 HELPER Ran G.
 BULK TRUCK
 # 364 DRIVER Fredd P.
 BULK TRUCK
 # _____ DRIVER _____

HANDLING	<u>236</u>	@	<u>2.25</u>	<u>531.00</u>
MILEAGE	<u>20 x 236 x .11</u>			<u>519.20</u>
			TOTAL	<u>4501.35</u>

REMARKS:
Pipe on bottom & break circulation
Pump 3 bbls fresh water hose, mix
225sq of cement, Displace 23 bbls of
fresh water, Shut in, cement did
circulate

SERVICE

DEPTH OF JOB	<u>255'</u>		
PUMP TRUCK CHARGE			<u>\$1125.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>40</u>	@ <u>7.00</u>	<u>280.00</u>
MANIFOLD	<u>8 3/8 Sacks 100' @</u>	@	<u>200.00</u>
	<u>40</u>	@ <u>4.00</u>	<u>160.00</u>

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

TOTAL \$1765.00

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 \$6216.35
 DISCOUNT 20% IF PAID IN 30 DAYS
Net - \$5013.08

PRINTED NAME x
 SIGNATURE x [Signature]
Thank you!!!



INVOICE

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

Invoice Number: 129521
 Invoice Date: Dec 6, 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

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Lotus	Koppitz SWD#6	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Dec 6, 2011	1/5/12

Quantity	Item	Description	Unit Price	Amount
300.00	MAT	Class A Common	19.00	5,700.00
1,500.00	MAT	KolSeal	0.89	1,335.00
140.00	MAT	FL-160	17.20	2,408.00
75.00	MAT	FloSeal	2.70	202.50
390.00	SER	Handling	2.25	877.50
20.00	SER	Mileage	42.90	858.00
1.00	SER	Production	2,695.00	2,695.00
40.00	SER	Heavy Vehicle Mileage	7.00	280.00
40.00	SER	Light Vehicle Mileage	4.00	160.00
1.00	EQP	5 1/2 Triplex Shoe	1,340.00	1,340.00
1.00	EQP	5 1/2 Basket	337.00	337.00
6.00	EQP	5 1/2 Centralizer	49.00	294.00
1.00	EQP	5 1/2 Rubber Plug	73.00	73.00
1.00	EQUIP OPER	Matt Thimesch		
1.00	EQUIP OPER	Jason Thimesch		
1.00	OPER ASSIST	Kevin Weighous		
1.00	OPER ASSIST	Jimmy Henkle		

ENTERED
 DEC 19 2011

GLS 9308
 DESC. Cement Prod 5/2
 casing #4
 WELL # Koppitz

Subtotal	16,560.00
Sales Tax	
Total Invoice Amount	16,560.00
Payment/Credit Applied	
TOTAL	16,560.00

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

\$3312.00

ONLY IF PAID ON OR BEFORE
 Dec 31, 2011

- 3312.00
 \$ 13,248.00

ALLIED CEMENTING CO., LLC. 037977

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Med. Lodge

DATE <i>12-6-11</i>	SEC. <i>2</i>	TWP. <i>36S</i>	RANGE <i>12W</i>	CALLED OUT	ON LOCATION	JOB START <i>7:00 pm</i>	JOB FINISH <i>8:00 pm</i>
LEASE <i>Koppitz</i>	WELL # <i>54006</i>	LOCATION <i>Driftwood Rd + 281 ave.</i>			COUNTY <i>Barber</i>	STATE <i>KS</i>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<i>1 west 1/4 N1, 1/4 west, S into</i>					

CONTRACTOR *Duke P. #10*

TYPE OF JOB *Production*

HOLE SIZE *7 7/8* T.D. *6400'*

CASING SIZE *5 1/2* DEPTH *5525'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *1500 psi* MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT *134 bbls*

OWNER *Lotes operating*

CEMENT AMOUNT ORDERED
300 sk class A ASC + 5" Flaseal + .5" Fl-160 + 1/4" Flaseal

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC Class "A"	300 sk @	19.00	5700.00
Flaseal	1500# @	.89	1335.00
Fl-160	140# @	17.20	2408.00
Flaseal	75# @	2.70	202.50
HANDLING	390 @	2.25	877.50
MILEAGE	20 x .11 x 390		858.00
TOTAL			\$11,381.00

EQUIPMENT

PUMP TRUCK CEMENTER *Mathias mesch*

360/265 HELPER *Jason Thomsch*

BULK TRUCK

421/252 DRIVER *Kenn W / Jimmy (G.B)*

BULK TRUCK

DRIVER

REMARKS:

Back circ. drop ball. activate triplex shoe

mix 30 sk for Rathole

mix 20 sk for mouse hole

mix 250 sk cement + shut down

wash cement lines release plug

displace 134 bbls using plug 1000 psi to 1500 psi

5 sk in.

CHARGE TO: *Lotes Operating*

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB *5525'*

PUMP TRUCK CHARGE *2195.00*

EXTRA FOOTAGE @

MILEAGE *40 @ 7.00* *280-*

MANIFOLD @

light vehicle 40 @ 4.00 *160-*

TOTAL **\$3135.00**

5/2 PLUG & FLOAT EQUIPMENT

<i>1. Triplex shoe</i>	@	<i>1340.00</i>	<i>1340.00</i>
<i>1. Pooler</i>	@	<i>337.00</i>	<i>337.00</i>
<i>6 centralizers</i>	@	<i>49.00</i>	<i>294.00</i>
<i>1. Rubber plug</i>	@	<i>73.00</i>	<i>73.00</i>
TOTAL			\$2044.00

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 *[Signature]*

SALES TAX (If Any) _____

TOTAL CHARGES *\$16,500*

DISCOUNT *20%* IF PAID IN 30 DAYS

Net \$13,248-

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 13, 2012

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

Re: ACO1
API 15-007-23801-00-00
Koppitz SWD 6
NW/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