



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1074351
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: _____

1074351

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Kersten 1
Doc ID	1074351

All Electric Logs Run

Dual Induction
Neutron Density w/PE
Sonic
Micro

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Kersten 1
Doc ID	1074351

Tops

Name	Top	Datum
Heebner	3696	-2330
KC	4276	-2910
BKC	4512	-3146
Miss	4766	-3400
Kind Sh.	5044	-3678
Viola	5147	-3781
Simp Sh	5236	-3870
Arb	5440	-4074
LTD	5500	-4134



RECEIVED

INVOICE

PO Box 470308
Fort Worth, TX 76147

JAN - 7 2012

Invoice Number: 129741
Invoice Date: Dec 28, 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	Kersten #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Dec 28, 2011	1/27/12

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
3.00	MAT	Gel	21.25	63.75
7.00	MAT	Chloride	58.20	407.40
235.00	SER	Handling	2.25	528.75
20.00	SER	Mileage	25.85	517.00
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	David Felio		
1.00	EQUIP OPER	Jason Thimesch		
1.00	EQUIP OPER	Adam Miller		

ENTERED
JAN 10 2012

9208
DESC. current sur...
+1
TOTAL 5809

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

\$1208.13

ONLY IF PAID ON OR BEFORE
Jan 22, 2012

Subtotal	6,040.65
Sales Tax	250.38
Total Invoice Amount	6,291.03
Payment/Credit Applied	
TOTAL	6,291.03

- 1208.13
\$ 5082.90

ALLIED CEMENTING CO., LLC. 037864

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>12-28-11</u>	SEC. <u>02</u>	TWP. <u>35s</u>	RANGE <u>11w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Keesten</u>		WELL # <u>1</u>		LOCATION <u>281 & 4 Jct, E to creek, 3/4s,</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)				1/2 N, 4/10 into			

CONTRACTOR Duke #7 OWNER Lotus

TYPE OF JOB Surface

HOLE SIZE 14 3/4 T.D. 270 CEMENT AMOUNT ORDERED 225sx 60:40:3%cc+2%

CASING SIZE 10 3/4 DEPTH 250+17' 8" gel

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM -

MEAS. LINE SHOE JOINT N/A

CEMENT LEFT IN CSG. 20'

PERFS.

DISPLACEMENT 2 1/4 Bbls Fresh H₂O

EQUIPMENT

PUMP TRUCK CEMENTER D. Feltis

360-265 HELPER J. Thimesh

BULK TRUCK

364 DRIVER A. Miller

BULK TRUCK

DRIVER

HANDLING 235 @ 2.25 528.75

MILEAGE 20.11/235 @ 2.75 55.79

TOTAL \$4475.65

REMARKS:

Pipe on Bttm, Break Cas. w/ Pump Spacers, Mix 225sx 60:40 cement, Start Disp. w/ 5' m. H₂O, wash up truck, See increase in PSI, Slow Rate, Stop Pump at 2 1/4 Bbls, Shut in, Cement Did Circ.

SERVICE

DEPTH OF JOB 267'

PUMP TRUCK CHARGE 1125-

EXTRA FOOTAGE @

MILEAGE 40 @ 7.00 280-

MANIFOLD N/A @

W 40 @ 4.00 160-

TOTAL \$1565.00

CHARGE TO: Lotus Oper.

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

None @

@

@

@

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 Galen D. Roub

SIGNATURE Galen D. Roub

SALES TAX (If Any)

TOTAL CHARGES \$6040.65

DISCOUNT 20% IF PAID IN 30 DAYS

Net \$4832.52



RECEIVED

INVOICE

PO Box 31
Russell, KS 67665

JAN 17 2012

Invoice Number: 129815
Invoice Date: Jan 2, 2012
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	Kersten # 1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Jan 2, 2012	2/1/12

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	Class A Special	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	FloSeal	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
40.00	SER	Light Vehicle Mileage	4.00	160.00
1.00	SER	Manifold Head Rental	200.00	200.00
1.00	EQP	5 1/2 Rubber Plug	73.00	73.00
1.00	EQP	5 1/2 AFU Insert	286.00	286.00
1.00	EQP	5 1/2 Basket	337.00	337.00
5.00	EQP	5 1/2 Centralizers	49.00	245.00
1.00	CEMENTER	Darin Franklin		
1.00	EQUIP OPER	Jason Thimesch		
1.00	EQUIP OPER	Eddie Piper		

GL# 9308
DESC. cement prod log
WELL # Kerstin

ENTERED
JAN 18 2012

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

\$ 2370.99

ONLY IF PAID ON OR BEFORE
Jan 27, 2012

Subtotal	11,854.95
Sales Tax	531.00
Total Invoice Amount	12,385.95
Payment/Credit Applied	
TOTAL	12,385.95

- 2,370.99
\$ 10,014.96

ALLIED CEMENTING CO., LLC. 037914

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge

DATE <i>1-2-2012</i>	SEC <i>2</i>	TWP <i>35s</i>	RANGE <i>11W</i>	CALLED OUT <i>6:00 AM</i>	ON LOCATION <i>8:30 AM</i>	JOB START <i>12:15 pm</i>	JOB FINISH <i>1:15 pm</i>
LEASE <i>Kersten</i>		WELL# <i>1</i>	LOCATION <i>Kiowa Jet 281, east to curve</i>		COUNTY <i>Berber</i>	STATE <i>KS</i>	
OLD OR (NEW) (Circle one)			<i>3/4 east, 1/2 north, east into</i>				

CONTRACTOR *Duke #7* OWNER *Lotus Operating*

TYPE OF JOB *Production*
 HOLE SIZE *7 7/8* T.D. *5500'*
 CASING SIZE *5 1/2 14#* DEPTH *5187'*
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT *32'*
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT *129 bbls of freshwater*

CEMENT
 AMOUNT ORDERED *50 sk 60' 40' 4% 60'*
175 sk Class A ASC + 5# Kolsol
.5% FL160 + 1/4# F10 sol

EQUIPMENT
 PUMP TRUCK CEMENTER *Denn F*
#360-265 HELPER *Jason T.*
 BULK TRUCK
#381-250 DRIVER *Eddie P*
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<i>30 sacks "A"</i>	@ <i>16.25</i>	<i>487.50</i>
POZMIX	<i>20 SACKS</i>	@ <i>8.50</i>	<i>170.00</i>
GEL	<i>2 SACKS</i>	@ <i>21.25</i>	<i>42.50</i>
CHLORIDE		@	
ASC CLASS "A"	<i>175 SACKS</i>	@ <i>19.00</i>	<i>3325.00</i>
Kolsol	<i>875#</i>	@ <i>.89</i>	<i>778.75</i>
F1-160	<i>82#</i>	@ <i>17.20</i>	<i>1410.40</i>
F10sol	<i>44#</i>	@ <i>2.70</i>	<i>118.80</i>

HANDLING *280* @ *2.25* *630.00*
 MILEAGE *280 x .11 x 20* *616.00*
 TOTAL *\$7578.95*

REMARKS:

*Pipe on bottom & break circulation
 mix 30sk for rest hole, mix 20sk for mouse
 hole, mix 175sk of cement, shut down
 wssh pump & liner Release plug, start
 displacement, lift pressure to 700psi, slow
 rate to 3 bpm at 115 bbls, bump plus at
 129 bbls 1,000-1500 psi, float
 die hold*

SERVICE

DEPTH OF JOB	<i>5187'</i>		
PUMP TRUCK CHARGE			<i>2165.00</i>
EXTRA FOOTAGE		@	
MILEAGE	<i>40</i>	@ <i>7.00</i>	<i>280.00</i>
MANIFOLD <i>Hesa rents</i>		@	<i>200.00</i>
LV	<i>40</i>	@ <i>4.00</i>	<i>160.00</i>

TOTAL *\$3,335.00*

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

PLUG & FLOAT EQUIPMENT

<i>5 1/2</i>			
1-Rubber Plug	@		<i>73.00</i>
1- AFD Insert	@		<i>286.00</i>
1-Basket	@		<i>337.00</i>
5-Centers 2zers	@ <i>49-</i>		<i>245.00</i>

TOTAL *\$941.00*

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 *\$11,854.95*
 DISCOUNT *20%* IF PAID IN 30 DAYS

PRINTED NAME *Caleb D Paul*

SIGNATURE *Caleb D Paul*

Net *\$9483.96*

Thank you!!!

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

April 10, 2012

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

Re: ACO1
API 15-007-23820-00-00
Kersten 1
SW/4 Sec.02-35S-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