



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1074607
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: _____

1074607

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: 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> _____ <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	Molz 'L' 4
Doc ID	1074607

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	Molz 'L' 4
Doc ID	1074607

Tops

Name	Top	Datum
Heebner	3810	-2380
KC	4360	-2930
BKC	4590	-3160
Cher SH	4728	-3298
Miss	4779	-3349
Kind SH	5027	-3597
Viola	5190	-3760
Simp Sh	5281	-3851
Arb	5490	-4060
LTD	5536	-4106



PO Box 31
Russell, KS 67665

RECEIVED

JAN 17 2012

INVOICE

Invoice Number: 129846

Invoice Date: Jan 5, 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	Molz#4	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jan 5, 2012	2/4/12

Quantity	Item	Description	Unit Price	Amount
150.00	MAT	Class A Common	16.25	2,437.50
100.00	MAT	Pozmix	8.50	850.00
4.00	MAT	Gel	21.25	85.00
8.00	MAT	Chlordie	58.20	465.60
262.00	SER	Handling	2.25	589.50
20.00	SER	Mileage	28.82	576.40
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	Darin Franklin		
1.00	EQUIP OPER	Eddie Piper		
1.00	CEMENTER	Carl Balding		
1.00	EQUIP OPER	Adam Miller		

ENTERED

JAN 18 2012

GL# 9208
DESC. cement surface
#4

WELL # MolzL

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

\$1353.80

ONLY IF PAID ON OR BEFORE

Jan 30, 2012

Subtotal	6,769.00
Sales Tax	280.18
Total Invoice Amount	7,049.18
Payment/Credit Applied	
TOTAL	7,049.18

- 1,353.80
5695.38

ALLIED CEMENTING CO., LLC. 037918

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Medicine Lodge, KS

DATE <u>1-5-2011</u>	SEC. <u>1</u>	TWP. <u>35S</u>	RANGE <u>12W</u>	1-4	1-5	1-5	1-5
				CALLED OUT <u>11:30 PM</u>	ON LOCATION <u>1:30 AM</u>	JOB START <u>3:30 PM</u>	JOB FINISH <u>4:00 PM</u>
LEASE <u>M022L</u>	WELL # <u>4</u>	LOCATION <u>281 & Driftwood Rd</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				<u>1/2 west, Seelinto</u>			

CONTRACTOR Duke #7
 TYPE OF JOB Surface
 HOLE SIZE 14 3/4 T.D. 275
 CASING SIZE 10 3/4 DEPTH 255
 TUBING SIZE 8 5/8 LT DEPTH 17'
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 20'
 PERFS. _____
 DISPLACEMENT 24 bbls of Freshwater

OWNER Lotus Operating

CEMENT
 AMOUNT ORDERED 250 sacks 60/40/30/6
CC + 2% 601

COMMON	<u>150 SACKS "A"</u>	@ <u>16.25</u>	<u>2437.50</u>
POZMIX	<u>100 SACKS</u>	@ <u>8.50</u>	<u>850.00</u>
GEL	<u>4 SACKS</u>	@ <u>21.25</u>	<u>85.00</u>
CHLORIDE	<u>8 SACKS</u>	@ <u>58.20</u>	<u>465.60</u>
ASC		@	

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Darin F</u>
# <u>471-302</u>	HELPER <u>Eddie P, Cerr B.</u>
BULK TRUCK	
# <u>364</u>	DRIVER <u>Adam M.</u>
BULK TRUCK	
# _____	DRIVER _____

HANDLING <u>262</u>	@ <u>2.25</u>	<u>589.50</u>
MILEAGE <u>262 x .11 x 20</u>		<u>576.40</u>
TOTAL		<u>\$5004-</u>

REMARKS:
Pipe on bottom & break circulation
Pump 3 bbls water 9 hrs, mix 250s of
Cement, displace 24 bbls of water
Shut in, Cement did Circulate

SERVICE

DEPTH OF JOB <u>272'</u>		
PUMP TRUCK CHARGE		<u>1125-</u>
EXTRA FOOTAGE	@	
MILEAGE <u>40</u>	@ <u>7.00</u>	<u>280-</u>
MANIFOLD <u>8 5/8 Swedge</u>	@	<u>200-</u>
LV <u>40</u>	@ <u>4.00</u>	<u>160-</u>
	@	

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

TOTAL \$1765-

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 \$1765
 DISCOUNT 20% IF PAID IN 30 DAYS
Net - \$5415.20

PRINTED NAME X Gabriel J Ranch
 SIGNATURE X Gabriel J Ranch

Thank you!!!



RECEIVED

JAN 21 2012

INVOICE

PO Box 31
Russell, KS 67665

Invoice Number: 129902
Invoice Date: Jan 10, 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	Molz #4	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Jan 10, 2012	2/9/12

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	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
281.00	SER	Handling	2.25	632.25
20.00	SER	Mileage 281 sx @ .11	30.91	618.20
1.00	SER	Production String	2,695.00	2,695.00
40.00	SER	Pump Truck Mileage	7.00	280.00
40.00	SER	Light Vehicle Mileage	4.00	160.00
1.00	EQP	5.5 AFU Guide Shoe	240.00	240.00
1.00	EQP	5.5 Latch Down Plug Assembly	277.00	277.00
5.00	EQP	5.5 Centralizer	49.00	245.00
1.00	EQP	5.5 Basket	337.00	337.00
1.00	EQUIP OPER	Matt Thimesch		
1.00	EQUIP OPER	Jason Thimesch		
1.00	OPER ASSIST	George Wright		

ENTERED
JAN 23 2012

GL# 9308
DESC. cement in grad casing - #4
WELL # Molz L

Subtotal	11,817.40
Sales Tax	542.53
Total Invoice Amount	12,359.93
Payment/Credit Applied	
TOTAL	12,359.93

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

\$2363.48

ONLY IF PAID ON OR BEFORE
Feb 4, 2012

2,363.48
\$ 9,996.45

ALLIED CEMENTING CO., LLC. 037996

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Med. Lodge

DATE <u>1-10-12</u>	SEC. <u>1</u>	TWP. <u>35S</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00am</u>	JOB FINISH <u>8:00am</u>
LEASE <u>M0/2</u>		WELL # <u>4</u>		LOCATION <u>Driftwood Rd. 1/2 West, South into</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Ake #7
 TYPE OF JOB production
 HOLE SIZE 7 7/8 T.D. 5540'
 CASING SIZE 5 1/2 DEPTH 5251'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1600 psi MINIMUM
 MEAS. LINE SHOE JOINT 30'
 CEMENT LEFT IN CSG. 30'
 PERFS.
 DISPLACEMENT 129 bbls H₂O

OWNER Lotes operator
 CEMENT
 AMOUNT ORDERED 50's x 60; 40; 4 1/2 gal
175's x A'ASC + 5' Kolseal (+ 5' FL-60
+ 1/4" Fl. seal

EQUIPMENT

PUMP TRUCK CEMENTER Matt Thimesh
 # 369265 HELPER Jason Thimesh
 BULK TRUCK
 # 381/249 DRIVER George Wright
 BULK TRUCK
 # DRIVER

COMMON	<u>30 sacks "A"</u>	@	<u>16.25</u>	<u>487.50</u>
POZMIX	<u>20 sacks</u>	@	<u>8.50</u>	<u>170.00</u>
GEL	<u>2 sacks</u>	@	<u>21.25</u>	<u>42.50</u>
CHLORIDE		@		
ASC Class "A"	<u>175 sacks</u>	@	<u>19.00</u>	<u>3325.00</u>
Kolseal	<u>875 #s</u>	@	<u>.89</u>	<u>778.75</u>
FL-60	<u>89 #s</u>	@	<u>17.20</u>	<u>1410.40</u>
Fl. seal	<u>44 #s</u>	@	<u>2.70</u>	<u>118.80</u>
		@		
		@		
		@		
		@		
HANDLING	<u>281</u>	@	<u>2.25</u>	<u>632.25</u>
MILEAGE	<u>20 x 281 x .11</u>			<u>618.20</u>
TOTAL				<u>\$7583.40</u>

REMARKS:
OK area with Rig pump ball through
mix 30's x to plug hole mix 20's to plug mouse hole
mix 175's x cement, shut down wash pump + mas
Release plug disp with H₂O.
List pressure at 85 bbls aft.
hump plug at 129 bbls disp.
900 psi to 1600 psi
plug held.

SERVICE

DEPTH OF JOB	<u>5251'</u>			
PUMP TRUCK CHARGE				<u>2695 -</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>40</u>	@	<u>7.00</u>	<u>280 -</u>
MANIFOLD		@		
LV	<u>40</u>	@	<u>4.00</u>	<u>160 -</u>
		@		
TOTAL				<u>\$3135.00</u>

CHARGE TO: Lotes operator
 STREET _____
 CITY _____ STATE _____ ZIP _____

5 1/2 PLUG & FLOAT EQUIPMENT

1- AFV, side shoe	@		<u>240 -</u>	
1- Loto down plug ASSY	@		<u>271 -</u>	
5- Centralizers	@	<u>49</u>	<u>245 -</u>	
1- Bailout	@		<u>337 -</u>	
	@			
TOTAL				<u>\$1099 -</u>

To Allied Cementing Co., L.L.C.
 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 \$11,817.40
 DISCOUNT 20% IF PAID IN 30 DAYS
Net \$9453.92

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 19, 2012

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

Re: ACO1
API 15-007-23693-00-00
Molz 'L' 4
NE/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