



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1079929
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: _____

1079929

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Molz 'L' 6
Doc ID	1079929

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' 6
Doc ID	1079929

Tops

Name	Top	Datum
Kansas City	4356	-2962
BKC	4587	-3193
Cher. Shale	4726	-3332
Miss	4790	-3396
Kind Shale	5035	-3641
Viola	5203	-3809
Simp Sh	5295	-3901
Arb	5506	-4112
LTD	5554	-4160



RECEIVED

MAR 26 2012

INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 130533
Invoice Date: Mar 16, 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

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Moltz L# 6	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Mar 16, 2012	4/15/12

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
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
15.00	SER	Heavy Vehicle Mileage	7.00	105.00
15.00	SER	Light Vehicle Mileage	4.00	60.00
1.00	CEMENTER	David Felio		
1.00	CEMENTER	Frederick Woods		
1.00	OPER ASSIST	Derek Gibbons		
1.00	OPER ASSIST	Troy Lenz		

ENTERED
MAR 27 2012

GL# 4208
DESC. Current 2012
CSG-6
WELL # 1122L

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

\$ 1132.31

ONLY IF PAID ON OR BEFORE
Apr 10, 2012

Subtotal	5,661.55
Sales Tax	251.93
Total Invoice Amount	5,913.48
Payment/Credit Applied	
TOTAL	5,913.48

-1132.31
#4781.17

ALLIED CEMENTING CO., LLC. 038045

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <i>3/16/12</i>	SEC. <i>01</i>	TWP. <i>35 S</i>	RANGE <i>12 W</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>5:30 PM</i>
LEASE <i>Mattz L</i>	WELL # <i>6e</i>	LOCATION <i>Kiowa, Jct + 281 1/4 North</i>			COUNTY <i>Barber</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one) <i>NEW</i>		<i>West Intr</i>					

CONTRACTOR <i>Duke #7</i>	OWNER <i>Lotus</i>
TYPE OF JOB <i>Surface</i>	
HOLE SIZE <i>14 3/4</i>	T.D. <i>275'</i>
CASING SIZE <i>10 3/4</i>	DEPTH <i>254' + 17'</i>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <i>150'</i>	MINIMUM <i>—</i>
MEAS. LINE	SHOE JOINT <i>—</i>
CEMENT LEFT IN CSG. <i>20'</i>	
PERFS.	
DISPLACEMENT <i>24% B6ls Fresh H₂O</i>	
EQUIPMENT	

CEMENT	AMOUNT ORDERED	<i>225 x 60:40:2% gel/t</i>
		<i>3% cc</i>
COMMON <i>135 sx</i>	@ <i>16.25</i>	<i>2193.75</i>
POZMIX <i>90 sc</i>	@ <i>8.50</i>	<i>765.00</i>
GEL <i>4 sx</i>	@ <i>21.25</i>	<i>85.00</i>
CHLORIDE <i>7 sv</i>	@ <i>58.20</i>	<i>407.40</i>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <i>236</i>	@ <i>2.25</i>	<i>531.00</i>
MILEAGE <i>236 - 11/15</i>		<i>389.40</i>
		TOTAL <i>4371.55</i>

PUMP TRUCK CEMENTER *D. Felio* *B Woods*
#352 HELPER *D. Gibbons*
BULK TRUCK
#364 DRIVER *T. Lenz*
BULK TRUCK
DRIVER

REMARKS:

Pipe on BH, Break Circ., Pump Spacing, Mix 225x60:40 cement, Start Disp. W/ Fresh H₂O, Wash up truck, See increase in P.S.P. Slow Rate, Stop Pump at 24% B6ls total Disp. Starting, Cement Did Circulate

SERVICE

DEPTH OF JOB <i>272</i>	
PUMP TRUCK CHARGE	<i>1125.00</i>
EXTRA FOOTAGE	@
MILEAGE <i>15</i>	@ <i>7.00</i> <i>105.00</i>
MANIFOLD <i>N/A</i>	@ <i>NC</i>
<i>light valve 15</i>	@ <i>4.00</i> <i>60.00</i>
	@
TOTAL <i>1290.00</i>	

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

PLUG & FLOAT EQUIPMENT

<i>Name</i>	@	
	@	
	@	
	@	
	@	
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 *Calvin D. Roach*
SIGNATURE *Calvin D. Roach*

SALES TAX (If Any) _____
TOTAL CHARGES *5661.55*
DISCOUNT _____ IF PAID IN 30 DAYS



RECEIVED

MAR 31 2012

INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 130608

Invoice Date: Mar 22, 2012

Voice: (817) 546-7282

Page: 1

Fax: (817) 246-3361



Bill To:
 Lotus Operating Co., LLC
 Lotus Exploration Co.
 100 S. Main, STE 420
 Wichita, KS 67202

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Molz #6	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Mar 22, 2012	4/21/12

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	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
281.00	SER	Handling	2.25	632.25
15.00	SER	Mileage	30.91	463.65
1.00	SER	Production	2,695.00	2,695.00
15.00	SER	Heavy Vehicle Mileage	7.00	105.00
15.00	SER	Light Vehicle Mileage	4.00	60.00
1.00	EQP	5 1/2 Reg Guide Shoe	240.00	240.00
1.00	EQP	5 1/2 AFU Insert	277.00	277.00
5.00	EQP	5 1/2 Centralizers	49.00	245.00
1.00	EQP	5 1/2 Rubber Plug	73.00	73.00
1.00	EQP	5 1/2 Basket	337.00	337.00
1.00	EQUIP OPER	Jason Thimesch		
1.00	OPER ASSIST	George Wright		
1.00	CEMENTER	David Felio		
1.00	OPER ASSIST	Brett Goins		

ENTERED
APR 02 2012

GL# 9308
 DESC. General prod
Casins
 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

\$2292.17

ONLY IF PAID ON OR BEFORE

Apr 16, 2012

Subtotal	11,460.85
Sales Tax	547.86
Total Invoice Amount	12,008.71
Payment/Credit Applied	
TOTAL	12,008.71

2292.17
 \$ 9,716.54

ALLIED OIL & GAS SERVICES, LLC 054080

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>03-22-2012</u>	SEC. <u>1</u>	TWP. <u>36s</u>	RANGE <u>12w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>7:15 PM</u>
LEASE <u>Molz</u>	WELL # <u>6</u>	LOCATION <u>Kiowa jct, North on 281, west</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>1160</u>					

CONTRACTOR Duke #7 OWNER Lotus Operating

TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 5550
 CASING SIZE 5.5 14# DEPTH 5232.71
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1700 MINIMUM
 MEAS. LINE SHOE JOINT 29.27
 CEMENT LEFT IN CSG. 29.27
 PERFS.
 DISPLACEMENT 128 1/4

CEMENT
 AMOUNT ORDERED 50x 60.40:4% Gel
175x Class A ASC + 5# Kalseal + .5% FI-
160 + 1/2# flo seal

EQUIPMENT
 PUMP TRUCK CEMENTER Jason Thimach
#471/362 HELPER George David Felo
 BULK TRUCK
#264 DRIVER Brett
 BULK TRUCK
 # DRIVER

COMMON <u>30 SX</u>	@ <u>16.25</u>	<u>487.50</u>
POZMIX <u>20 SX</u>	@ <u>8.50</u>	<u>170.00</u>
GEL <u>2 SX</u>	@ <u>21.25</u>	<u>42.50</u>
CHLORIDE	@	
ASC <u>A 195</u>	@ <u>19.00</u>	<u>3325.00</u>
<u>Kalseal 875*</u>	@ <u>-.89</u>	<u>978.75</u>
<u>FI-160 82#</u>	@ <u>17.20</u>	<u>1410.40</u>
<u>flo seal 44#</u>	@ <u>2.70</u>	<u>118.80</u>
	@	
	@	
	@	
	@	
	@	
HANDLING <u>281</u>	@ <u>2.25</u>	<u>632.25</u>
MILEAGE <u>281/15/.11</u>		<u>463.65</u>
TOTAL		<u>7428.85</u>

REMARKS:

Brk Circ, Pump ball thro, Mix + pump 50x
60.40:4% Gel for RH+MH, pump 3bb spacer H₂O,
Mix + Pump 175x Class A ASC + 5# Kalseal + .5% FI-160 +
1/4 flo seal, stop, wash pump + lines, Disp. 128 1/4,
lift at 85, Pump plug at 128 1/4, release, plug
did not hold, press up to 1500 and shut
in

SERVICE

DEPTH OF JOB	<u>5520.00</u>	
PUMP TRUCK CHARGE	<u>2695.00</u>	
EXTRA FOOTAGE	@	
MILEAGE <u>15</u>	@ <u>7.00</u>	<u>105.00</u>
MANIFOLD	@	
<u>light + weight vehicle 15</u>	@ <u>4.00</u>	<u>60.00</u>
	@	

TOTAL 2860.00

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

PLUG & FLOAT EQUIPMENT

<u>1- Dry Guide shoe</u>	@	<u>240.00</u>
<u>1- AFO Insert</u>	@	<u>272.00</u>
<u>5- Centralizers</u>	@ <u>49.00</u>	<u>245.00</u>
<u>1- Rubber plug</u>	@	<u>73.00</u>
<u>1- Basket</u>	@	<u>332.00</u>

TOTAL 1172.00

To: Allied Oil & Gas Services, 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 11,460.85
 DISCOUNT 20% IF PAID IN 30 DAYS
NET 9168.68

PRINTED NAME Robin

SIGNATURE [Signature]

A hurr 12
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

June 15, 2012

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

Re: ACO1
API 15-007-23850-00-00
Molz 'L' 6
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