



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1086364
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: _____

1086364

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Burgess B 1
Doc ID	1086364

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	Burgess B 1
Doc ID	1086364

Tops

Name	Top	Datum
Heebner	3844	-2386
KC	4332	-2874
BKC	4589	-3131
Cherokee SH	4222	-3264
Miss	4758	-3300
Kind Sh	5032	-3574
Viola	5174	-3176
Simp Sh	5270	-3812
Arb	5466	-4008
LTD	5520	-4062



RECEIVED

MAY 19 2012

INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 131118

Invoice Date: May 8, 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	Burgess B #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	May 8, 2012	6/7/12

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	Ron Gilley		
1.00	EQUIP OPER	Brett Goins		
1.00	OPER ASSIST	Joe Hawk		
1.00	OPER ASSIST	Brandon Boor		

ENTERED
MAY 21 2012

GL# 9208
DESC. Cement Surf csg.

WELL # Burgess

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
Jun 2, 2012

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

1132.31
\$ 4,781.17

ALLIED OIL & GAS SERVICES, LLC 054075

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge

DATE <u>5-8-12</u>	SEC <u>27</u>	TWP <u>34s</u>	RANGE <u>12 W</u>	CALLED OUT <u>1:00 PM</u>	ON LOCATION <u>1:30 PM</u>	JOB START <u>4:25</u>	JOB FINISH <u>4:45</u>
LEASE <u>Burgess B</u> WELL # <u>1</u>			LOCATIONS <u>Medicine Lodge to Rattlesnake</u>			COUNTY <u>Baker</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)			RD <u>2 W N/2</u>				

CONTRACTOR Duke 20
 TYPE OF JOB Surface
 HOLE SIZE 14 3/4 T.D. 280'
 CASING SIZE 10 3/4 DEPTH 261.62
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 20
 CEMENT LEFT IN CSG. 20
 PERFS. _____
 DISPLACEMENT 25 1/2

OWNER Lotus Operating
 CEMENT
 AMOUNT ORDERED 225s x 60:40:32cc + 29 gal

COMMON	<u>135 SY</u>	@ <u>16.25</u>	<u>2,193.75</u>
POZMIX	<u>90 SY</u>	@ <u>8.50</u>	<u>765.00</u>
GEL	<u>48x</u>	@ <u>21.25</u>	<u>95.00</u>
CHLORIDE	<u>75x</u>	@ <u>58.20</u>	<u>407.40</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>236</u>	@ <u>2.25</u>	<u>531.00</u>
MILEAGE	<u>280x .11 x 15</u>		<u>388.40</u>
TOTAL			<u>4,371.55</u>

EQUIPMENT

PUMP TRUCK CEMENTER Ron G
 # 360-265 HELPER Brett G
 BULK TRUCK
 # 381-250 DRIVER Joe H / Brandon B
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
See Cement Log

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

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.

PRINTED NAME Shane Downs
 SIGNATURE [Signature]

SERVICE

DEPTH OF JOB		<u>280'</u>	
PUMP TRUCK CHARGE		<u>1,125.00</u>	
EXTRA FOOTAGE	@		
MILEAGE	<u>15</u> @ <u>7.00</u>	<u>105.00</u>	
MANIFOLD	@		
Light Veh.	<u>15</u> @ <u>4.00</u>	<u>60.00</u>	
	@		
TOTAL			<u>1,290.00</u>

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		
TOTAL			

SALES TAX (If Any) _____
 TOTAL CHARGES \$5,661.55
 DISCOUNT _____ IF PAID IN 30 DAYS



RECEIVED

MAY 29 2012

INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 131208

Invoice Date: May 14, 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	Burgess B #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	May 14, 2012	6/13/12

Quantity	Item	Description	Unit Price	Amount
30.00	MAT	Class A Common	16.25	487.50
20.00	MAT	Pozmix	8.50	170.00
4.00	MAT	Gel	21.25	85.00
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
251.00	SER	Handling	2.25	564.75
15.00	SER	Ton Miles	27.61	414.15
1.00	SER	Production	2,695.00	2,695.00
15.00	SER	Heavy Vehicle Mileage	7.00	105.00
1.00	SER	Manifold Head Rental	200.00	200.00
15.00	SER	Light Vehicle Mileage	4.00	60.00
5.00	EQP	5 1/2 Centralizer	49.00	245.00
1.00	EQP	5 1/2 Basket	337.00	337.00
1.00	EQP	5 1/2 Reg Guide Shoe	240.00	240.00
1.00	EQP	5 1/2 AFU	286.00	286.00
1.00	EQP	5 1/2 Rubber Plug	73.00	73.00
1.00	CEMENTER	Jason Thimesch		
1.00	EQUIP OPER	Eddie Piper		
1.00	CEMENTER	Matt Thimesch		

ENTERED

MAY 29 2012

GL# 9308
DESC. cement prod
CSG
WELL # Burgess

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

\$ See next

ONLY IF PAID ON OR BEFORE

Jun 8, 2012

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
TOTAL	Continued



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 131208

Invoice Date: May 14, 2012

Page: 2



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	Burgess B #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	May 14, 2012	6/13/12

Quantity	Item	Description	Unit Price	Amount
1.00	OPER ASSIST	Garret McLemore		

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

\$ 2319.07

ONLY IF PAID ON OR BEFORE

Jun 8, 2012

Subtotal	11,595.35
Sales Tax	551.62
Total Invoice Amount	12,146.97
Payment/Credit Applied	
TOTAL	12,146.97

-2319.07
9,827.90

ALLIED OIL & GAS SERVICES, LLC 053801

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>05/14/2012</u>	SEC. <u>27</u>	TWP. <u>34s</u>	RANGE <u>12w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Burgess B</u> WELL# <u>1</u>						COUNTY	STATE
LOCATION <u>281 + Rattlesnake Rd, 2.8w,</u>						<u>Barber</u>	<u>KS</u>
OLD OR <u>NEW</u> (Circle one)			<u>North Into</u>				

CONTRACTOR Duke #20
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 5523
 CASING SIZE 5 1/2 DEPTH 52995276
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1600 MINIMUM
 MEAS. LINE SHOE JOINT 32
 CEMENT LEFT IN CSG. 32
 PERFS.
 DISPLACEMENT 131

OWNER Lotus Oper
 CEMENT
 AMOUNT ORDERED 50sx 60:40:4% Gel, 175sx
Class A ASC + 5# Kalreal + .5% fl-160 + 2#
flaseal

EQUIPMENT
 PUMP TRUCK CEMENTER Jason Thinesch
 # 545 HELPER Eddie Piper / Matt Thinesch
 BULK TRUCK
 # 381/250 DRIVER Gerrett
 BULK TRUCK
 # DRIVER

COMMON <u>Class A</u>	<u>30sx</u>	@	<u>16.25</u>	<u>487.50</u>
POZMIX	<u>20sx</u>	@	<u>8.50</u>	<u>170</u>
GEL	<u>4sx</u>	@	<u>21.25</u>	<u>85</u>
CHLORIDE		@		
ASC <u>Class A</u>	<u>175sx</u>	@	<u>19.</u>	<u>3325</u>
<u>Kalreal</u>	<u>1875</u>	@	<u>.89</u>	<u>178.75</u>
<u>fl-160</u>	<u>82</u>	@	<u>17.20</u>	<u>1410.40</u>
<u>flaseal</u>	<u>44</u>	@	<u>2.70</u>	<u>118.80</u>
		@		
		@		
		@		
		@		
HANDLING <u>251sx</u>		@	<u>2.25</u>	<u>564.75</u>
MILEAGE <u>251sx x 15 x .11</u>				<u>414.15</u>
TOTAL				<u>16354.85</u>

REMARKS:

Plus held
Thank you

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


SERVICE

DEPTH OF JOB <u>5289</u>			
PUMP TRUCK CHARGE			<u>2,695</u>
EXTRA FOOTAGE	@		
MILEAGE <u>15</u>	@	<u>7</u>	<u>105</u>
MANIFOLD <u>head</u>	@		<u>200</u>
<u>LV</u>	@	<u>4</u>	<u>60</u>
	@		
TOTAL <u>3060</u>			

PLUG & FLOAT EQUIPMENT

<u>5k</u>			
<u>Centralizer</u>	<u>5</u>	@	<u>49</u> <u>245</u>
<u>basket</u>	<u>1</u>	@	<u>337</u> <u>337</u>
<u>Reg guide Shoe</u>	<u>1</u>	@	<u>240</u> <u>240</u>
<u>AFH insert</u>	<u>1</u>	@	<u>286</u> <u>286</u>
<u>Rubber plug</u>	<u>1</u>	@	<u>73</u> <u>73</u>
TOTAL <u>1181</u>			

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.

PRINTED NAME Robin Brown
 SIGNATURE 

SALES TAX (If Any) _____
 TOTAL CHARGES 10,595.35
 DISCOUNT _____ 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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 27, 2012

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

Re: ACO1
API 15-007-23866-00-00
Burgess B 1
SW/4 Sec.27-34S-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