



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1087198  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1087198

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
--	---

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	CR Wetz 9
Doc ID	1087198

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	CR Wetz 9
Doc ID	1087198

Tops

Name	Top	Datum
Heebner	3841	-2403
KC	4374	-2936
BKC	4609	-3171
Cher Sh	4748	-3310
Miss	4796	-3358
Kind sh	5051	-3613
Viola	5209	-3771
Simp Sh	5310	-3872
Arb	5529	-4091
LTD	5548	-4110



RECEIVED

MAY 25 2012

**INVOICE**

PO Box 93999  
Southlake, TX 76092

Invoice Number: 131218  
Invoice Date: May 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	<del>Burgess #B-T</del> CR witz #10	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	May 16, 2012	6/15/12

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	Ton miles	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	Matt Thimesch		
1.00	EQUIP OPER	Brett Goins		
1.00	OPER ASSIST	Troy Lenz		
1.00	OPER ASSIST	Joseph Hawk		

ENTERED  
MAY 29 2012

GL# 9208  
DESC. cement surf csg #9  
WELL # Witz CR

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

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 10, 2012**

- 1132.31  
\$ 4781.17

# ALLIED OIL & GAS SERVICES, LLC 054024

Federal Tax I.D.# 20-5975804

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

CR Well #9

SERVICE POINT: Med. Lodge

DATE <u>5-16-12</u>	SEC <u>27</u>	TWP <u>34s</u>	RANGE <u>12w</u>	CALLED OUT	ON LOCATION	JOB START <u>6:00 pm</u>	JOB FINISH <u>7:00 pm</u>
LEASE <u>Business</u>		WELL # <u>B-L</u>		LOCATION <u>Oristward Rd Northwest, Ninto</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR AKC #20

TYPE OF JOB Surface

HOLE SIZE 14 3/4" T.D. 279'

CASING SIZE 10 3/4" DEPTH 261'

TUBING SIZE L.S. 8 3/8" DEPTH 16'

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20'

PERFS.

DISPLACEMENT 25 bbls @ 20

OWNER Lots Operating

CEMENT AMOUNT ORDERED 225 sk @ 40; 3 1/2 cu + 2 1/2 gal

**EQUIPMENT**

PUMP TRUCK CEMENTER with thimble

# 369265 HELPER Broth 60ms

BULK TRUCK

# 3811 DRIVER Ray Lenz / Joe Hawk

BULK TRUCK

# DRIVER

COMMON	<u>135 sk @ 14"</u>	@	<u>16.25</u>	<u>2193.75</u>
POZMIX	<u>90 sk</u>	@	<u>8.50</u>	<u>765.00</u>
GEL	<u>4 sk</u>	@	<u>21.25</u>	<u>85.00</u>
CHLORIDE	<u>7 sk</u>	@	<u>58.20</u>	<u>407.40</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>230</u>	@	<u>2.25</u>	<u>531.00</u>
MILEAGE	<u>836 x .11 x 15</u>			<u>389.40</u>
TOTAL				<u>\$4371.55</u>

**REMARKS:**

Thank You!

**SERVICE**

DEPTH OF JOB	<u>261'</u>			
PUMP TRUCK CHARGE			<u>1125-</u>	
EXTRA FOOTAGE		@		
MILEAGE	<u>15</u>	@	<u>7.00</u> <u>105-</u>	
MANIFOLD		@		
<u>light vehicle</u>	<u>15</u>	@	<u>4.00</u> <u>60-</u>	
		@		
TOTAL				<u>\$1290-</u>

CHARGE TO: Lots Operating

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

	@			
	@			
	@			
	@			
	@			
TOTAL				_____

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 \$5061.55

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME Shane Downs

SIGNATURE [Signature]



PO Box 93999  
Southlake, TX 76092

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

# INVOICE

Invoice Number: 131290  
Invoice Date: May 23, 2012  
Page: 1



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

RECEIVED  
JUN 02 2012

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Burgess B-1 <i>CRWitz #9</i>	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	May 23, 2012	6/22/12

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 Lightweight	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
266.79	SER	Cubic Feet	2.10	560.25
174.83	SER	Ton Miles	2.35	410.85
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
1.00	EQP	5 1/2 Guide Shoe	240.00	240.00
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	EQP	5 1/2 Rubber Plug	73.00	73.00
1.00	CEMENTER	Jason Thimesch		
1.00	EQUIP OPER	Brett Goins		
1.00	OPER ASSIST	Troy Lenz		

ENTERED  
JUN 04 2012

GL# 9308  
DESC. cement prod (5%) #9  
WELL # well CR

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

**\$2309.01**

ONLY IF PAID ON OR BEFORE  
**Jun 17, 2012**

Subtotal	11,545.05
Sales Tax	548.52
Total Invoice Amount	12,093.57
Payment/Credit Applied	
<b>TOTAL</b>	<b>12,093.57</b>

- 2309.01  
**9,784.56**

# ALLIED OIL & GAS SERVICES, LLC 053807

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge KS

DATE <u>05/23/2012</u>	SEC. <u>27</u>	TWP. <u>34s</u>	RANGE <u>12w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>400PM</u>
LEASE <u>CP Wetz</u>		WELL # <u>8-9</u>	LOCATION <u>281 + Driftwood Rd, 3/4 west</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)			Location <u>Northinto</u>				

CONTRACTOR Duke #20

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 5550

CASING SIZE 5 1/2 DEPTH 5314

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 1500 MINIMUM

MEAS. LINE SHOE JOINT 31.5

CEMENT LEFT IN CSG. 31.5 4

PERFS.

DISPLACEMENT 131 bbl fresh h<sub>2</sub>O

OWNER Lotus Oper

CEMENT

AMOUNT ORDERED 50sx 60:40:4% Gel,  
175sx Class A ASC + 5# Kalseal +.5%  
FI-160 + 19# Floseal

COMMON <u>Class A</u>	30sx @	16.25	487.50
POZMIX	20sx @	8.50	170.00
GEL	2sx @	21.25	42.50
CHLORIDE	@		
ASC <u>Class A</u>	175sx @	19.00	3325.00
<u>Kalseal</u>	<del>875#</del> @	.89	<del>778.75</del>
<u>FI-160</u>	<del>82#</del> @	17.20	<del>1410.40</del>
<u>Floseal</u>	44lb @	2.70	119.80

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thinesch

# 360/265 HELPER Brett Goins

BULK TRUCK

# 356/296 DRIVER Troy Lenz

BULK TRUCK

# DRIVER

HANDLING	<u>249#</u> @	2.25	560.25
MILEAGE	<u>249 x 15</u> @	8.11	410.85
TOTAL			7304.05

REMARKS:

Plug did not hold

Thank you

**SERVICE**

DEPTH OF JOB	<u>5314</u>
PUMP TRUCK CHARGE	<u>2695</u>
EXTRA FOOTAGE	@
MILEAGE	<u>15</u> @ <u>7</u> = <u>105</u>
MANIFOLD + Head	@ <u>200</u>
<u>LP</u>	<u>15</u> @ <u>4</u> = <u>60</u>

TOTAL 3060

CHARGE TO: Lotus Oper

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

<u>5 1/2</u>			
<u>Reg Guide Shoe</u>	1 @	240	240
<u>AFH Insert</u>	1 @	286	286
<u>Basket</u>	1 @	337	337
<u>centralizers</u>	5 @	49	245
<u>Rubber plug</u>	1 @	73	73

TOTAL 1181

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 11545.05

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 15-007-23868-00-00  
CR Wetz 9  
SW/4 Sec.36-34S-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