



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1087991  
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: \_\_\_\_\_

1087991

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

<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> _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Suzie 7
Doc ID	1087991

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	Suzie 7
Doc ID	1087991

Tops

Name	Top	Datum
Heebner	3786	-2361
KC	4324	-2899
BKC	4555	-3130
Cher shale	4695	-3270
Miss	4739	-3314
Viola	5113	-3688
Simp Shale	5208	-3783
Arb	5394	-3969
LTD	5446	-4021



RECEIVED

INVOICE

PO Box 93999  
Southlake, TX 76092

JUN 02 2012

Invoice Number: 131285

Invoice Date: May 26, 2012

Voice: (817) 546-7282

Page: 1

Fax: (817) 246-3361



<b>Bill To:</b>
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	Suzie #7	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	May 26, 2012	6/25/12

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
252.86	SER	Cubic Feet	2.10	531.00
220.94	SER	Ton Miles	2.35	519.20
1.00	SER	Surface	1,125.00	1,125.00
20.00	SER	Heavy Vehicle Mileage	7.00	140.00
20.00	SER	Light Vehicle Mileage	4.00	80.00
1.00	CEMENTER	David Felio		
1.00	CEMENTER	Darin Franklin		
1.00	OPER ASSIST	Visente Torres		
1.00	OPER ASSIST	Joe Hawk		
1.00	OPER ASSIST	Joe Halcomb		

ENTERED

JUN 04 2012

GL# 9208  
 DESC. cement surface  
#7  
 WELL # Suzie

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

\$ 1169.27

ONLY IF PAID ON OR BEFORE  
Jun 20, 2012

Subtotal	5,846.35
Sales Tax	251.93
Total Invoice Amount	6,098.28
Payment/Credit Applied	
<b>TOTAL</b>	<b>6,098.28</b>

-1169.27  
\$ 4929.01

# ALLIED CEMENTING CO., LLC. 038061

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
*Medicine Lodge, KS*

DATE <i>05-26-12</i>	SEC. <i>30</i>	TWP. <i>34s</i>	RANGE <i>11 W</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>4:15 PM</i>
LEASE <i>Suzie</i>		WELL# <i>7</i>		LOCATION		COUNTY <i>Barber</i>	STATE <i>KS</i>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Duke #20* OWNER *Lotus*

TYPE OF JOB *Surface*

HOLE SIZE *14 3/4* T.D. *275* CEMENT AMOUNT ORDERED *225 sk 60:40:2% gel + 3% cc*

CASING SIZE *10 3/4* DEPTH *255 + 17' r 17'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM *-*

MEAS. LINE SHOE JOINT *N/A*

CEMENT LEFT IN CSG. *20'*

PERFS.

DISPLACEMENT *24 3/4 Bbls Fresh H<sub>2</sub>O*

EQUIPMENT

PUMP TRUCK CEMENTER *D. Felia*

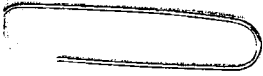
# *471-302* HELPER *Vincente, D. & F.*

BULK TRUCK

# *356-290* DRIVER *J. Hawk / J. Holcomb*

BULK TRUCK

# DRIVER



REMARKS:

COMMON <i>A</i>	<i>135 sk @ 16.25</i>	<i>2193.75</i>
POZMIX	<i>90 sk @ 8.50</i>	<i>765.00</i>
GEL	<i>4 sk @ 21.25</i>	<i>85.00</i>
CHLORIDE	<i>7 sk @ 57.20</i>	<i>407.40</i>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	<i>236 @ 2.25</i>	<i>531.00</i>
MILEAGE	<i>236.11 / 20</i>	<i>519.20</i>
TOTAL		<i>4501.35</i>

**SERVICE**

DEPTH OF JOB	<i>273</i>	
PUMP TRUCK CHARGE	<i>1125.00</i>	
EXTRA FOOTAGE	@	
MILEAGE	<i>20 @ 7.00</i>	<i>140.00</i>
MANIFOLD	<i>N/A @ N/A</i>	
<i>Light Vehicle 20</i>	<i>@ 4.00</i>	<i>80.00</i>
	@	

TOTAL *1345.00*

CHARGE TO: *Lotus*

STREET \_\_\_\_\_

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

**PLUG & FLOAT EQUIPMENT**

<i>None</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.

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES *5846.35*

DISCOUNT *20%* IF PAID IN 30 DAYS

*NET 4677.08*

PRINTED NAME *Shane Downs*

SIGNATURE *[Signature]*

# ALLIED

OIL & GAS SERVICES, LLC

RECEIVED

INVOICE

PO Box 93999  
Southlake, TX 76092

JUN 16 2012

Invoice Number: 131404

Invoice Date: Jun 1, 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	Suzie #7	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Jun 1, 2012	7/1/12

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	ASC	19.00	3,325.00
875.00	MAT	KolSea <b>GL# 9308</b>	0.89	778.75
82.00	MAT	FL-160 <b>DESC. cement prod</b>	17.20	1,410.40
43.00	MAT	FloSeal <b>(55) # 7</b>	2.70	116.10
281.00	SER	Handling	2.25	632.25
20.00	SER	Ton Miles	30.91	618.20
1.00	SER	Production <b>WELL # SUSIE</b>	2,695.00	2,695.00
20.00	SER	Heavy Vehicle Mileage	7.00	140.00
20.00	SER	Light Vehicle Mileage	4.00	80.00
5.00	EQP	5 1/2 Centralizers	49.00	245.00
1.00	EQP	5 1/2 Baskets	337.00	337.00
1.00	EQP	5 1/2 Reg Guide Shoe	240.00	240.00
1.00	EQP	5 1/2 AFU Insert	286.00	286.00
1.00	EQP	5 1/2 Rubber Plug	73.00	73.00
1.00	CEMENTER	Jason Thimesch		
1.00	OPER ASSIST	Ernest Keller		
1.00	EQUIP OPER	Eddie Piper		
1.00	EQUIP OPER	Chris Rickard		

ENTERED  
JUN 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

\$ 2,335.34

ONLY IF PAID ON OR BEFORE

Jun 26, 2012

Subtotal	11,676.70
Sales Tax	852.40
Total Invoice Amount	12,529.10
Payment/Credit Applied	
<b>TOTAL</b>	<b>12,529.10</b>

- 2,335.34  
10,193.76

# ALLIED OIL & GAS SERVICES, LLC 053813

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
*Medicine Lodge KS*

DATE <i>06/01/2008</i>	SEC. <i>38</i>	TWP. <i>34s</i>	RANGE <i>11w</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>3:30 PM</i>
LEASE <i>S-9318</i>	WELL # <i>7</i>	LOCATION <i>281, Rattlesnake Trail, 1 East,</i>			COUNTY <i>Barber</i>	STATE <i>KS</i>	
OLD OR <u>(NEW)</u> (Circle one)		<i>North into</i>					

CONTRACTOR *Duke 20* OWNER *Lotus oper*

TYPE OF JOB <i>Production</i>	CEMENT
HOLE SIZE <i>7 7/8</i>	AMOUNT ORDERED <i>50 sk 60:40 4% Gel,</i>
CASING SIZE <i>5 1/2</i>	<i>175 sk Class A Asc + 5# Kalceal + .5% A-160 + 4# F10 seal</i>
TUBING SIZE	
DRILL PIPE	
TOOL	

PRES. MAX <i>1300</i>	DEPTH	COMMON <i>Class A</i>	<i>30 sk @ 16.25</i>	<i>487.50</i>
MEAS. LINE	SHOE JOINT <i>33.45</i>	POZMIX	<i>80 sk @ 8.50</i>	<i>170.00</i>
CEMENT LEFT IN CSG. <i>33.45</i>		GEL	<i>2 sk @ 21.25</i>	<i>42.50</i>
PERFS.		CHLORIDE	<i>@</i>	
DISPLACEMENT <i>134 1/2 bbl fresh H<sub>2</sub>O</i>		ASC <i>Class A</i>	<i>175 sk @ 19.00</i>	<i>3325.00</i>

**EQUIPMENT**

PUMP TRUCK CEMENTER *Swan Thigard*  
#*548/545* HELPER *Ernie Keller / Eddie Piper*  
BULK TRUCK  
#*353/250* DRIVER *Chris Rickard*  
BULK TRUCK  
# DRIVER

Kalcedi -	<i>875# @ .89</i>	<i>778.75</i>
EL-100	<i>82# @ 17.20</i>	<i>1410.40</i>
F10 seal	<i>43# @ 2.70</i>	<i>116.10</i>
	<i>@</i>	
	<i>@</i>	
	<i>@</i>	
HANDLING <i>281</i>	<i>@ 2.25</i>	<i>632.25</i>
MILEAGE <i>281 x .11 x 20</i>		<i>618.20</i>
		<b>TOTAL <i>7580.70</i></b>

**REMARKS:**

*Thank you*

**SERVICE**

DEPTH OF JOB <i>5446</i>	
PUMP TRUCK CHARGE	<i>2195.00</i>
EXTRA FOOTAGE	<i>@</i>
MILEAGE <i>20</i>	<i>@ .7</i> <i>140.00</i>
MANIFOLD	<i>@</i>
LV <i>80</i>	<i>@ 4</i> <i>80.00</i>
	<i>@</i>
	<b>TOTAL <i>2915.00</i></b>

**PLUG & FLOAT EQUIPMENT**

*5 1/2*

centralizers	<i>5 @ 49</i>	<i>245.00</i>
basket	<i>1 @ 337</i>	<i>337.00</i>
Reg Guide choc	<i>1 @</i>	<i>240.00</i>
APU insert	<i>1 @</i>	<i>286.08</i>
Rubber plug	<i>1 @</i>	<i>73.08</i>
		<b>TOTAL <i>1181.00</i></b>

To: Allied Oil & Gas Services, LLC.  
You are hereby requested to rent cementing equipment and furnish cement 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 *\$11,676.70*  
DISCOUNT ~~253~~ *2335.34 / 208* IF PAID IN 30 DAYS  
**Net \$9,341.36**

PRINTED NAME *Robin Brown*

SIGNATURE *[Signature]*



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  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 12, 2012

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

Re: ACO1  
API 15-007-23882-00-00  
Suzie 7  
SE/4 Sec.30-34S-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