



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1093257
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: _____



1093257

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 7
Doc ID	1093257

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	Molz L 7
Doc ID	1093257

Tops

Name	Top	Datum
KC	4370	-2961
BKC	4600	-3191
Ch Sh.	4740	-3331
Miss	4802	-3393
Kind Sh	5046	-3637
Viola	5208	-3799
Simp Sh	5307	-3898
Arb	5512	-4103
LTD	5546	-4137



INVOICE

PO Box 93999
Southlake, TX 76092

RECEIVED
JUL 03 2012

Invoice Number: 131622
Invoice Date: Jun 19, 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	Molz L#7	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jun 19, 2012	7/19/12

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
20.00	SER	Ton Miles	25.96	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	Darin Franklin		
1.00	EQUIP OPER	Eddie Piper		
1.00	OPER ASSIST	Brandon Boor		

ENTERED

JUL 06 2012

GL# 9208
DESC. CEMENT SURF SER
#7
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

\$ 1169.27

ONLY IF PAID ON OR BEFORE
Jul 14, 2012

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

1169.27
#492901

ALLIED OIL & GAS SERVICES, LLC 053967

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge, KS

DATE <u>6-19-2012</u>	SEC. <u>1</u>	TWP. <u>35S</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:15 pm</u>	JOB FINISH <u>7:45 pm</u>
LEASE <u>MOJZ L</u>		WELL # <u>7</u>	LOCATION <u>281 & Kiowa Jct., 1/8 north</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			W/Intro				

CONTRACTOR Duke #20
 TYPE OF JOB Surface
 HOLE SIZE 14 3/4 T.D. 272'
 CASING SIZE 10 3/4 DEPTH 251'
 TUBING SIZE 8 5/8 LS DEPTH 15'
 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 225sx60'40'2406oz
8%OC

COMMON C. <u>1955A 135sx</u> @ <u>16.25</u>	<u>2,193.75</u>
POZMIX <u>905x</u> @ <u>8.50</u>	<u>765.00</u>
GEL <u>45x</u> @ <u>21.25</u>	<u>85.00</u>
CHLORIDE <u>75x</u> @ <u>58.20</u>	<u>407.40</u>
ASC _____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
HANDLING <u>236 sx</u> @ <u>2.25</u>	<u>531.00</u>
MILEAGE <u>2361.11/20</u>	<u>319.20</u>
TOTAL	<u>4,501.35</u>

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Derin F.</u>
# <u>548-545</u>	HELPER <u>Eddie P.</u>
BULK TRUCK	
# <u>421-252</u>	DRIVER <u>Brendon B</u>
BULK TRUCK	
# _____	DRIVER _____

REMARKS:
Pipe on bottom break circulation, pump 3 bbls water shoe, mix 225sx of cement & dispense 24 bbls of fresh water, shut in cement & circulate

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

SERVICE

DEPTH OF JOB <u>266'</u>	
PUMP TRUCK CHARGE _____	<u>1125.00</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>20</u> @ <u>7.00</u>	<u>140.00</u>
MANIFOLD _____ @ _____	
Light Vehicle <u>20</u> @ <u>4.00</u>	<u>80.00</u>
_____ @ _____	
TOTAL	<u>1345.00</u>

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.

PRINTED NAME X. Shane Downs
 SIGNATURE X. Shane Downs

SALES TAX (If Any) _____
 TOTAL CHARGES \$5840.35
 DISCOUNT 20% IF PAID IN 30 DAYS
 Field Estimate
 Net \$4,677.08



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 131844

Invoice Date: Jul 1, 2012

Page: 1

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

RECEIVED
JUL 16 2012



Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Lotus	Molz L #7	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Jul 1, 2012	7/31/12

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	Kol Seal	0.89	778.75
82.00	MAT	FL-160	17.20	1,410.40
43.00	MAT	Flo SEal	2.70	116.10
278.00	SER	Handling	2.10	583.80
241.07	SER	Drayage	2.35	566.53
1.00	SER	Production Casing	2,695.00	2,695.00
20.00	SER	Pump Truck Mileage	7.00	140.00
1.00	SER	Manifold Head Rental	200.00	200.00
20.00	SER	Light Vehicle Mileage	4.00	80.00
1.00	EQP	5.5 Guide Shoe	240.00	240.00
1.00	EQP	5.5 AFU Insert	286.00	286.00
5.00	EQP	5.5 Centralizer	49.00	245.00
1.00	EQP	5.5 Basket	337.00	337.00
1.00	EQP	5.5 Rubber Plug	73.00	73.00
1.00	CEMENTER	Matt Thimesch		
1.00	EQUIP OPER	Brett Goins		
1.00	OPER ASSIST	Troy Lenz		

GL# 9308
DESC. cement prod
CSG #7
WELL # MolzL

ENTERED
JUL 16 2012

Subtotal	11,776.58
Sales Tax	548.32
Total Invoice Amount	12,324.90
Payment/Credit Applied	
TOTAL	12,324.90

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

\$ 2355.32

ONLY IF PAID ON OR BEFORE

Jul 26, 2012

CO
- 2,355.32
\$ 9,969.58

ALLIED OIL & GAS SERVICES, LLC 054036

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Med. Lake

DATE <u>7-1-12</u>	SEC. <u>1</u>	TWP. <u>35S</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30am</u>	JOB FINISH <u>11:00am</u>
LEASE <u>M/L 2 L</u>	WELL # <u>7</u>	LOCATION <u>281 + Kraus Inc. 1/8 North</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>West m 60</u>					

CONTRACTOR Foke #20

OWNER Lotus Operations

TYPE OF JOB production

HOLE SIZE <u>7 7/8"</u>	T.D.
CASING SIZE <u>5 1/2"</u>	DEPTH <u>5262'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>1100 psi</u>	MINIMUM
MEAS. LINE	SHOE JOINT <u>21'</u>
CEMENT LEFT IN CSG. <u>21'</u>	
PERFS.	
DISPLACEMENT	

CEMENT

AMOUNT ORDERED 60 sk 60:40 1/4" col
175 sk A "Asc" 7.5 #10 seal
1.5' 1" FI-160 + 1/4" #10 flo seal

EQUIPMENT

PUMP TRUCK # <u>369265</u>	CEMENTER <u>Matt Timmesch</u>
BULK TRUCK # <u>421252</u>	HELPER <u>Brett Goms</u>
BULK TRUCK # _____	DRIVER <u>Troy Kenz</u>
BULK TRUCK # _____	DRIVER

COMMON <u>A</u>	<u>30</u>	@ <u>16.25</u>	<u>487.50</u>
POZMIX	<u>20</u>	@ <u>8.50</u>	<u>170.00</u>
GEL	<u>2</u>	@ <u>21.25</u>	<u>42.50</u>
CHLORIDE		@	
ASC	<u>175 sk</u>	@ <u>19.60</u>	<u>3325.00</u>
	<u>Kalseal 875</u>	@ <u>89</u>	<u>778.75</u>
	<u>FI-160 82</u>	@ <u>17.20</u>	<u>1410.40</u>
	<u>Flo seal 43</u>	@ <u>2.70</u>	<u>116.10</u>
		@	
		@	
		@	
		@	
HANDLING	<u>278</u>	@ <u>2.10</u>	<u>583.80</u>
MILEAGE	<u>12,054/20</u>	@ <u>2.35</u>	<u>566.53</u>
			TOTAL <u>7480.58</u>

REMARKS:

Thank You.

SERVICE

DEPTH OF JOB <u>5262'</u>	
PUMP TRUCK CHARGE	<u>2695.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>20</u>	@ <u>7.00</u> <u>140.00</u>
MANIFOLD <u>Head Rental</u>	@ <u>200.00</u>
<u>light vehicle 20</u>	@ <u>4.00</u> <u>80.00</u>
	@

TOTAL 3115.00

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

5 1/2" PLUG & FLOAT EQUIPMENT

1- Gushers	@	<u>240.00</u>
1- AFU insert	@	<u>286.00</u>
5- centralizers	@ <u>49.00</u>	<u>245.00</u>
1- Basket	@	<u>337.00</u>
1- Rubber plug	@	<u>73.00</u>

TOTAL 1181.00

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.

PRINTED NAME Robin

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 11,776.58

DISCOUNT 20% IF PAID IN 30 DAYS

NET 9421.26

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

October 05, 2012

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

Re: ACO1
API 15-007-23888-00-00
Molz L 7
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