



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1093398
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: _____



1093398

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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	Rose 3
Doc ID	1093398

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	Rose 3
Doc ID	1093398

Tops

Name	Top	Datum
KC	4298	-2881
BKC	4537	-3120
Cher. Sh	4674	-3257
Miss	4713	-3296
Kind Sh	4952	-3535
Viola	5106	-3689
Simp Sh	5197	-3780
Arb	5366	-3949
LTD	5426	-4009



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 132220
Invoice Date: Aug 3, 2012
Page: 1

RECEIVED

AUG 18 2012



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	Rose #3	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Aug 3, 2012	9/2/12

Quantity	Item	Description	Unit Price	Amount
250.00	MAT	Class A Common	16.25	4,062.50
5.00	MAT	Gel	21.25	106.25
14.00	MAT	Chloride	58.20	814.80
269.00	SER	Handling	2.25	605.25
226.64	SER	Ton Mileage	2.35	532.62
1.00	SER	Surface	1,925.00	1,925.00
18.00	SER	Pump Truck Mileage	7.00	126.00
1.00	SER	Manifold Head Rental	200.00	200.00
18.00	SER	Light Vehicle Mileage	4.00	72.00
1.00	EQP	8.5/8 Rubber Plug	112.00	112.00
1.00	EQP	8.5/8 Baffle Plate	112.00	112.00
1.00	CEMENTER	Darin Franklin		
1.00	CEMENTER	Ron Gilley		
1.00	CEMENTER	Jason Thimesch		
1.00	OPER ASSIST	Brandon Boor		

ENTERED

AUG 28 2012

GL# 9208
DESC. Cement 8 5/8
sub 109 - 3

WELL # Rose 1

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

\$ 1733.68

ONLY IF PAID ON OR BEFORE
Aug 28, 2012

Subtotal	8,668.42
Sales Tax	380.15
Total Invoice Amount	9,048.57
Payment/Credit Applied	
TOTAL	9,048.57

-1,733.68
7,314.89

ALLIED OIL & GAS SERVICES, LLC 053987

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Center

DATE <u>8-3-2012</u>	SEC. <u>25</u>	TWP. <u>34</u>	RANGE <u>72</u>	CALLED OUT	ON LOCATION	JOB START <u>10:30 AM</u>	JOB FINISH <u>12:30 PM</u>
LEASE <u>Rose</u>		WELL # <u>3</u>		LOCATION <u>South on 281 to R155, 299</u>		COUNTY <u>Butler</u>	STATE <u>Ks</u>
OLD OR <u>NEW</u> (Circle one)				<u>Wellbore</u>			

CONTRACTOR Duke #7
 TYPE OF JOB Surveys
 HOLE SIZE 9 5/8 T.D. 1141'
 CASINO SIZE 8 3/4 DEPTH 1168'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 42'
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 71 bbls of Fresh water

OWNER Lotus Operations
 CEMENT
 AMOUNT ORDERED 2250, Class A 250cc
2% Gel, 2.5% Class A + 2% Gel
 COMMON Class A 250 @ 16.25 4,062.50
 POZMIX @
 GEL 55 @ 21.25 1168.75
 CHLORIDE 185 @ 58.20 814.80
 ASC @

EQUIPMENT
 PUMP TRUCK CEMENTER Derin E, Ron G, Jim T
 # 546-555 HELPER Derin E, Ron G, Jim T
 BULK TRUCK
 # 361-250 DRIVER Brenon B 3
 BULK TRUCK
 # DRIVER

HANDLING 269 @ 2.25 605.25
 MILEAGE 2681.1714 @ 1.95 5228.27
 TOTAL 6,121.42

REMARKS:
Pipe on bottom & press circulation, mix
2250 cc cement, shut down, Release
plug, start displacement, pump 71 bbls
water, pump plus a 600-1100 psi
shut in, cement but not circulate
tapped off w/ 25% cement then lined
Done at 2:15 PM

SERVICE
 DEPTH OF JOB 1198'
 PUMP TRUCK CHARGE 1925.00
 EXTRA FOOTAGE @
 MILEAGE 18 @ 7.00 126.00
 MANIFOLD Hydraulic @ 300.00
 LIGHT VEHICLE 18 @ 40.00 720.00

CHARGE TO: Lotus Operations
 STREET
 CITY STATE ZIP

TOTAL 2,323.00

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.

PLUG & FLOAT EQUIPMENT
8 5/8
 1- Rubber plug @ 112.00
 1- Bottle Pipe @ 112.00
 TOTAL 224.00

PRINTED NAME X Colton D. Roach
 SIGNATURE X Colton D. Roach

SALES TAX (If Any) 380.15
 TOTAL CHARGES 8668.42
 DISCOUNT 20 1733.68 IF PAID IN 30 DAYS

Thank you!!!

Feite Estimate
 Net # 69 34, 74



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 132211
Invoice Date: Aug 1, 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

RECEIVED
AUG 18 2012

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Lotus	Ross #3	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Aug 1, 2012	8/31/12

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
241.74	SER	Cubic Feet	2.10	507.65
203.00	SER	Ton Mileage	2.35	477.05
1.00	SER	Surface	1,125.00	1,125.00
20.00	SER	Pump Truck Mileage	7.00	140.00
20.00	SER	Light Vehicle Mileage	4.00	80.00
1.00	CEMENTER	Jason Thimesch		
1.00	EQUIP OPER	Scott Priddy		
1.00	OPER ASSIST	Troy Lenz		

ENTERED
AUG 18 2012

GL# 9208
DESC. Cement 10 3/4 SWS
CSG # 3

WELL # Rose1

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

\$ 1156.17

ONLY IF PAID ON OR BEFORE
Aug 26, 2012

Subtotal	5,780.85
Sales Tax	251.93
Total Invoice Amount	6,032.78
Payment/Credit Applied	
TOTAL	6,032.78

- 1156.17
4876.61

ALLIED OIL & GAS SERVICES, LLC 053839

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>08/01/2012</u>	SEC. <u>25</u>	TWP. <u>34s</u>	RANGE <u>12w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Rose</u>	WELL# <u>3</u>	LOCATION <u>2.8 1/2 south of Hwy King, west</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)			Into				

CONTRACTOR Duke #7
 TYPE OF JOB Surface
 HOLE SIZE _____ T.D. 272
 CASING SIZE 10 1/2 DEPTH 271 3/4
 DRILLING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 20A
 PERFS. _____
 DISPLACEMENT 24 1/2 bbl fresh H₂O

OWNER Lotus Operating
 CEMENT AMOUNT ORDERED 225 ex 60:40+3% cc + 2% Gel

EQUIPMENT
 PUMP TRUCK CEMENTER Jacen Thirnesch 1
 # 471/902 HELPER Scott Priddy 2
 BULK TRUCK # 364 DRIVER Troy Lenz 3
 BULK TRUCK # _____ DRIVER _____

COMMON <u>Class A 135 ex @ 16.25</u>	<u>2193.75</u>
POZMIX <u>90x @ 8.50</u>	<u>765</u>
GEL <u>4 ex @ 21.25</u>	<u>85</u>
CHLORIDE <u>7 ex @ 58.20</u>	<u>407.40</u>
ASC _____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
HANDLING <u>241.74</u> @ <u>2.10</u>	<u>507.65</u>
MILEAGE <u>10.15 hrs x 20 mix 2.35</u>	<u>477.05</u>
<u>20.3</u>	TOTAL <u>4435.85</u>

REMARKS:
Did circ cement

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

SERVICE

DEPTH OF JOB _____	<u>271</u>
PUMP TRUCK CHARGE _____	<u>1125</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>20mi @ 7</u>	<u>140</u>
MANIFOLD _____ @ _____	
LV <u>20mi @ 4</u>	<u>80</u>
_____ @ _____	
TOTAL	<u>1395</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 Calvin D. Rowland
 SIGNATURE Calvin D. Rowland

SALES TAX (If Any) 251.93
 TOTAL CHARGES 5780.85
 DISCOUNT 20% 1156.17 IF PAID IN 30 DAYS
NET 4624.68



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 132325
Invoice Date: Aug 9, 2012
Page: 1

RECEIVED

AUG 18 2012
AUG 18 2012



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	Rose #3	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Aug 9, 2012	9/8/12

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 Class A	19.00	3,325.00
875.00	MAT	Kol Seal	0.89	778.75
82.00	MAT	FL-160	17.20	1,410.40
44.00	MAT	Flo Seal	2.70	118.80
450.10	SER	Cubic Feet	2.10	945.21
216.89	SER	Ton Mileage	2.35	509.71
1.00	SER	Production Casing	2,695.00	2,695.00
18.00	SER	Pump Truck Mileage	7.00	126.00
1.00	SER	Manifold & Head Rental	200.00	200.00
18.00	SER	Light Vehicle Mileage	4.00	72.00
1.00	EQP	5.5 Basket	337.00	337.00
5.00	EQP	5.5 Centralizer	49.00	245.00
1.00	EQP	5.5 Guide Shoe	240.00	240.00
1.00	EQP	5.5 AFU Insert	286.00	286.00
1.00	EQP	Rubber Plug	73.00	73.00
1.00	CEMENTER	Jason Thimesch		
1.00	CEMENTER	Carl Balding		
1.00	CEMENTER	Ryan Reeves		

Subtotal	12,061.87
Sales Tax	548.52
Total Invoice Amount	12,610.39
Payment/Credit Applied	
TOTAL	12,610.39

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

\$ 2412.37

ONLY IF PAID ON OR BEFORE
Sep 3, 2012

ENTERED

AUG 28 2012

2,412.37
10,198.02

ALLIED OIL & GAS SERVICES, LLC 053844

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>08/05/2012</u>	SEC. <u>25</u>	TWP. <u>34c</u>	RANGE <u>12w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>7:51A</u>
LEASE <u>Rose</u>	WELL# <u>3</u>	LOCATION <u>281 South to Hecker, 1/2</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)		<u>South, West into</u>			1.0 2		7.3

CONTRACTOR Duke 2
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 5422
 CASING SIZE 5 1/2 DEPTH 5148.13
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1800 MINIMUM
 MEAS. LINE SHOE JOINT 21.31
 CEMENT LEFT IN CSG. 21.31
 PERFS.
 DISPLACEMENT 127 1/2 bbls w/ fresh H₂O
 EQUIPMENT

OWNER Lotus Operating

CEMENT
 AMOUNT ORDERED 50 sk 60:40:4% Gel
175 sk Class A ASC + 5# Kelcal + 5% AF
160 + 1/4 # Flossal

COMMON <u>Class A 30</u> sk @ <u>16.25</u>	<u>487.50</u>
POZMIX <u>20</u> sk @ <u>8.50</u>	<u>170</u>
OEL <u>2</u> sk @ <u>21.25</u>	<u>42.50</u>
CHLORIDE @	
ASC <u>Class A 175</u> sk @ <u>19.00</u>	<u>3325</u>
<u>Kelcal 875</u> lbs @ <u>.89</u>	<u>778.75</u>
<u>F1-160 82</u> lbs @ <u>17.20</u>	<u>1410.40</u>
<u>Flossal 44</u> lbs @ <u>2.70</u>	<u>118.80</u>

PUMP TRUCK CEMENTER Jason Thmersch /
 # 360/265 HELPER Carl Balding /
 BULK TRUCK
 # 424/252 DRIVER Ryan Reeves /
 BULK TRUCK
 # DRIVER

HANDLING <u>450.1</u> cu ft @ <u>2.10</u>	<u>945.21</u>
MILEAGE <u>12.05</u> hrs @ <u>18</u> mi/hr	<u>216.90</u>
TOTAL	<u>7787.87</u>

REMARKS:

Deep plug plug did not hold

SERVICE

DEPTH OF JOB <u>5148.13</u>	
PUMP TRUCK CHARGE	<u>2695.00</u>
EXTRA FOOT AOB @	
MILEAGE <u>18</u> mi @ <u>7</u>	<u>126</u>
MANIFOLD + Head @	<u>200</u>
LV <u>18</u> mi @ <u>4</u>	<u>72</u>

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

TOTAL 3093

PLUG & FLOAT EQUIPMENT

<u>5 1/2</u>	
<u>Bucket</u> 1 @ <u>337</u>	<u>337</u>
<u>Centralizers</u> 5 @ <u>49</u>	<u>245</u>
<u>Guide Shoe</u> 1 @ <u>240</u>	<u>240</u>
<u>AFU Insert</u> 1 @ <u>286</u>	<u>286</u>
<u>Rubber Plug</u> 1 @ <u>73</u>	<u>73</u>

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.

SALES TAX (if Any) 548.51

TOTAL CHARGES 12061.87

PRINTED NAME Robin

DISCOUNT 8942.37 @ 200 IF PAID IN 30 DAYS

SIGNATURE [Signature]

NET \$9649.50

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 15-007-23921-00-00
Rose 3
SE/4 Sec.25-34S-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