



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1105358  
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: \_\_\_\_\_



1105358

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](mailto: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	Platt 3
Doc ID	1105358

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	Platt 3
Doc ID	1105358

Tops

Name	Top	Datum
Heebner	3838	-2396
KC	4302	-2860
BKC	4595	-3153
Cher Sh	4726	-3284
Miss	4771	-3329
Kind Sh	5133	-3691
Viola	5270	-3828
Simp Sh	5369	-3927
Arb	5528	-4086
LTD	5590	-4148
RTD	6450	-5088



PO Box 93999  
Southlake, TX 76092

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

RECEIVED

SEP 24 2012

# INVOICE

Invoice Number: 132722

Invoice Date: Sep 13, 2012

Page: 1



**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	Platt #3 SWD	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Sep 13, 2012	10/13/12

Quantity	Item	Description	Unit Price	Amount
135.00	MAT	Class A Common	17.90	2,416.50
90.00	MAT	Pozmix	9.35	841.50
4.00	MAT	Gel	23.40	93.60
8.00	MAT	Chloride	64.00	512.00
241.73	SER	Cubic Feet	2.48	599.49
205.60	SER	Ton Mileage	2.60	534.56
1.00	SER	Surface	1,512.25	1,512.25
20.00	SER	Pump truck Mileage	7.70	154.00
20.00	SER	Light Vehicle Mileage	4.40	88.00
1.00	CEMENTER	Jason Thimesch		
1.00	EQUIP OPER	Scott Priddy		
1.00	OPER ASSIST	Troy Lenz		

GL# 9208  
DESC. cement  
150  
#3  
WELL # Platt

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

**\$1823.00**

ONLY IF PAID ON OR BEFORE  
**Oct 8, 2012**

Subtotal	6,751.90
Sales Tax	
Total Invoice Amount	6,751.90
Payment/Credit Applied	
<b>TOTAL</b>	<b>6,751.90</b>

ENTERED

SEP 25 2012

-1823.00  
4928.90

# ALLIED OIL & GAS SERVICES, LLC 053913

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge KS

DATE <u>09/13/12</u>	SEC. <u>1</u>	TWP. <u>35s</u>	RANGE <u>12w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>1/14/511</u>
LEASE <u>Platt</u>	WELL # <u>3 SWD</u>		LOCATION <u>Herdtsr KS, 1 North to Dftimed.</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <input checked="" type="checkbox"/>			<u>1 1/2 west, on west side</u>				

CONTRACTOR <u>Duke #7</u>	OWNER <u>Lotus Oper</u>
TYPE OF JOB <u>Surface</u>	CEMENT
HOLE SIZE <u>14 1/4</u>	AMOUNT ORDERED <u>225x 60:40:3 + 2%</u>
CASING SIZE <u>10 3/4</u>	<u>Coel</u>
TUBING SIZE _____	
DRILL PIPE _____	
TOOL _____	
PRES. MAX <u>400</u>	
MEAS. LINE _____	
CEMENT LEFT IN CSG. <u>20ft</u>	
PERFS. _____	
DISPLACEMENT <u>2488</u>	

**EQUIPMENT**

PUMP TRUCK # <u>561/265</u>	CEMENTER <u>Jam Thiersch</u>
BULK TRUCK # <u>356/290</u>	HELPER <u>Scott Priddy</u>
BULK TRUCK # _____	DRIVER <u>Troy Lenz</u>
BULK TRUCK # _____	DRIVER _____

REMARKS: Did circ cement

COMMON "R" 135.8x @ 17.90	2416.50
POZMIX 90.8x @ 9.35	841.50
GEL 4.8x @ 23.40	93.60
CHLORIDE 8.8x @ 64.00	519.00
ASC @	
@	
@	
@	
@	
HANDLING <u>241.73 x 2.48 @</u>	<u>599.49</u>
MILEAGE <u>10.28 x 20 x 21.0 @</u>	<u>534.56</u>
<u>20</u>	TOTAL <u>4097.65</u>

**SERVICE**

DEPTH OF JOB _____	<u>2161'</u>
PUMP TRUCK CHARGE _____	<u>1512.85</u>
EXTRA FOOTAGE @ _____	
MILEAGE <u>20 @ 7.70</u>	<u>154.00</u>
MANIFOLD <u>20 @ 4.40</u>	<u>88.00</u>

CHARGE TO: Lotus Operating

STREET \_\_\_\_\_

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

TOTAL 1751.20

**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 Robert D. Rouch

SIGNATURE Robert D. Rouch

SALES TAX (If Any) 282.07

TOTAL CHARGES \$6751.85

DISCOUNT 218 IF PAID IN 30 DAYS

Net \$4928.85



# INVOICE

PO Box 93999  
Southlake, TX 76092

Invoice Number: 132847

Invoice Date: Sep 21, 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

RECEIVED  
SEP 29 2012



Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Lotus	Platt SWD #3	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Sep 12, 2012	10/21/12

Quantity	Item	Description	Unit Price	Amount
30.00	MAT	Class A Common	17.90	537.00
20.00	MAT	Pozmix	9.35	187.00
2.00	MAT	Gel	23.40	46.80
200.00	MAT	ASC Class A	20.90	4,180.00
1,000.00	MAT	Kol Seal	0.98	980.00
94.00	MAT	FL-160	18.90	1,776.60
50.00	MAT	Flo Seal	2.97	148.50
310.10	SER	Cubic Feet	2.48	769.05
292.06	SER	Ton Mileage	2.60	759.36
1.00	SER	Production Casing	3,099.25	3,099.25
20.00	SER	Pump Truck Mileage	7.70	154.00
20.00	SER	Light Vehicle Mileage	4.40	88.00
1.00	EQP	5.5 Tri-plex Shoe	1,340.00	1,340.00
1.00	EQP	5.5 Latch Down Plug	324.09	324.09
5.00	EQP	5.5 Centralizer	57.33	286.65
1.00	CEMENTER	Jason Thimesch		
1.00	EQUIP OPER	Eddie Piper		
1.00	OPER ASSIST	Jake Heard		

ENTERED

OCT 03 2012

GL# 9308  
DESC. cement pud  
C2, 1, 3  
WELL # Platt

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

\$2935.26

ONLY IF PAID ON OR BEFORE

Oct 16, 2012

Subtotal	14,676.30
Sales Tax	
Total Invoice Amount	14,676.30
Payment/Credit Applied	
<b>TOTAL</b>	<b>14,676.30</b>

-2,935.26

11,741.04

# ALLIED OIL & GAS SERVICES, LLC 053918

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge KS

DATE <u>09/21/12</u>	SEC <u>1</u>	TWP <u>35S</u>	RANGE <u>13W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>2:30 AM</u>
LEASE <u>Plat</u>	WELL # <u>SWP-3</u>	LOCATION <u>Medicine Lodge KS, 1 North, 1 1/2 West</u>			COUNTY <u>Becker</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)						<u>1.00</u>	<u>4.00</u>

CONTRACTOR Duke #7 OWNER Latus Oper

<p>TYPE OF JOB <u>Production</u></p> <p>HOLE SIZE <u>7 1/2</u> T.D.</p> <p>CASING SIZE <u>5 1/2</u> DEPTH <u>5597</u></p> <p>TUBING SIZE DEPTH</p> <p>DRILL PIPE DEPTH</p> <p>TOOL DEPTH</p> <p>PRES. MAX <u>1600</u> MINIMUM</p> <p>MEAS. LINE SHOE JOINT <u>21.27</u></p> <p>CEMENT LEFT IN CSG. <u>21.27</u></p> <p>PERFS.</p> <p>DISPLACEMENT <u>133 1/2 BBLs Fresh H<sub>2</sub>O</u></p>	<p>CEMENT</p> <p>AMOUNT ORDERED <u>50 sy 60:40:4% Gel,</u> <u>200ex Class A ASC + 5# Kalsol +</u> <u>5% FL-160 + 1/4# Flaseal</u></p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------

<p>EQUIPMENT</p> <p>PUMP TRUCK CEMENTER <u>Jason Thierach</u></p> <p>#548/545 HELPER <u>Eddie Piper</u></p> <p>BULK TRUCK</p> <p>#356/290 DRIVER <u>Jake Heard</u></p> <p>BULK TRUCK</p> <p># DRIVER</p>	<table border="0"> <tr><td>COMMON</td><td><u>30Sx @ 17.90</u></td><td><u>537.00</u></td></tr> <tr><td>POZMIX</td><td><u>20Sx @ 9.35</u></td><td><u>187.00</u></td></tr> <tr><td>GEL</td><td><u>2Sx @ 23.40</u></td><td><u>46.80</u></td></tr> <tr><td>CHLORIDE</td><td>@</td><td></td></tr> <tr><td>ASC Class "A"</td><td><u>800S @ 20.90</u></td><td><u>4180.00</u></td></tr> <tr><td>Kalsol</td><td><u>1000S @ .98</u></td><td><u>980.00</u></td></tr> <tr><td>FL-160</td><td><u>94H @ 18.90</u></td><td><u>1776.60</u></td></tr> <tr><td>Flaseal</td><td><u>50H @ 2.97</u></td><td><u>148.50</u></td></tr> <tr><td></td><td>@</td><td></td></tr> <tr><td></td><td>@</td><td></td></tr> <tr><td></td><td>@</td><td></td></tr> <tr><td></td><td>@</td><td></td></tr> <tr><td></td><td>@</td><td></td></tr> <tr><td></td><td>@</td><td></td></tr> <tr><td>HANDLING</td><td><u>310.10 @ 2.48</u></td><td><u>769.05</u></td></tr> <tr><td>MILEAGE</td><td><u>13.5L @ 20x 2.80</u></td><td><u>759.36</u></td></tr> <tr><td></td><td><u>292.06</u></td><td>TOTAL <u>9384.81</u></td></tr> </table>	COMMON	<u>30Sx @ 17.90</u>	<u>537.00</u>	POZMIX	<u>20Sx @ 9.35</u>	<u>187.00</u>	GEL	<u>2Sx @ 23.40</u>	<u>46.80</u>	CHLORIDE	@		ASC Class "A"	<u>800S @ 20.90</u>	<u>4180.00</u>	Kalsol	<u>1000S @ .98</u>	<u>980.00</u>	FL-160	<u>94H @ 18.90</u>	<u>1776.60</u>	Flaseal	<u>50H @ 2.97</u>	<u>148.50</u>		@			@			@			@			@			@		HANDLING	<u>310.10 @ 2.48</u>	<u>769.05</u>	MILEAGE	<u>13.5L @ 20x 2.80</u>	<u>759.36</u>		<u>292.06</u>	TOTAL <u>9384.81</u>
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	<u>292.06</u>	TOTAL <u>9384.81</u>																																																		

REMARKS:  
Plug held

CHARGE TO: Latus Oper

STREET \_\_\_\_\_

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

SERVICE		
DEPTH OF JOB	<u>5597'</u>	
PUMP TRUCK CHARGE		<u>3099.85</u>
EXTRA FOOTAGE	@	
MILEAGE	<u>80 @ 7.70</u>	<u>154.00</u>
MANIFOLD <u>head rental</u>	@	
<u>IV</u>	<u>20 @ 4.40</u>	<u>88.00</u>
	@	
		TOTAL <u>\$3341.65</u>

5 1/2 PLUG & FLOAT EQUIPMENT

Ta-plex shoe	<u>1 @</u>	<u>1340</u>
Latch Down Plug	<u>1 @</u>	<u>324.09</u>
Centralizers	<u>5 @ 57.33</u>	<u>286.65</u>
	@	
	@	
		TOTAL <u>\$1,950.74</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

SIGNATURE [Signature]

SALES TAX (If Any) 115.88

TOTAL CHARGES \$14,676.30

DISCOUNT 208 296.26 IF PAID IN 30 DAYS

Net 11,741.04



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

January 07, 2013

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

Re: ACO1  
API 15-007-23943-00-00  
Platt 3  
NE/4 Sec.01-35S-13W  
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