



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1105364  
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: \_\_\_\_\_



1105364

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Platt 4
Doc ID	1105364

Tops

Name	Top	Datum
Heebner	3838	-2395
KC	4316	-2873
BKC	4602	-3159
Cher. Shale	4731	-3288
Cher. Sand	4756	-3313
Miss	4782	-3339
Kind Sh	5144	-3701
Viola	5281	-3838
RTD	5370	-3927



RECEIVED

INVOICE

PO Box 93999  
Southlake, TX 76092

OCT 09 2012

Invoice Number: 132937  
Invoice Date: Sep 24, 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	Platt #4	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Sep 24, 2012	10/24/12

Quantity	Item	Description	Unit Price	Amount
365.00	MAT	Class A Common	17.90	6,533.50
110.00	MAT	Pozmix	9.35	1,028.50
4.75	MAT	Gel	23.40	111.15
13.56	MAT	Chloride	64.00	867.84
502.29	SER	Cubic Feet	2.48	1,245.67
440.00	SER	Ton Mileage	2.60	1,144.00
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	Darin Franklin		
1.00	EQUIP OPER	Scott Priddy		
1.00	OPER ASSIST	Jake Heard		

ENTERED  
OCT 10 2012

GL# 9205  
DESC. cement sur  
CSG #4  
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

\$2417.53

ONLY IF PAID ON OR BEFORE  
Oct 19, 2012

Subtotal	12,684.91
Sales Tax	623.49
Total Invoice Amount	13,308.40
Payment/Credit Applied	
<b>TOTAL</b>	<b>13,308.40</b>

-2417.53  
10,890.87

# ALLIED OIL & GAS SERVICES, LLC 053995

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge, KS

DATE <u>9-24-12</u>	SEC. <u>1</u>	TWP. <u>35S</u>	RANGE <u>13W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:30 AM</u>	JOB FINISH <u>3:30 PM</u>
LEASE <u>P1982</u>	WELL # <u>4</u>	LOCATION <u>Hershey, KS north to</u>			COUNTY <u>Berger</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)	Driftwood, west to P19					1.01	11.3

CONTRACTOR Duke #7  
 TYPE OF JOB SURFIC  
 HOLE SIZE 10 3/4 T.D. 265'  
 CASING SIZE 10 3/4 DEPTH 249'  
 TUBING SIZE 5 1/2 LT DEPTH 12'  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG. 20'  
 PERFS.  
 DISPLACEMENT 24 bbls of fresh water

OWNER Lotus Operating  
 CEMENT  
 AMOUNT ORDERED 2750 60% 40% 3% 2% 60  
2% Gel, 2000cc class + 2% cc  
4500 CC

COMMON	<u>365</u> sk	@ <u>17.90</u>	<u>6533.50</u>
POZMIX	<u>110</u> sk	@ <u>9.35</u>	<u>1028.50</u>
GEL	<u>4.38</u>	@ <u>23.40</u>	<u>111.15</u>
CHLORIDE	<u>13.56</u>	@ <u>64.00</u>	<u>867.84</u>
ASC		@	

**EQUIPMENT**

PUMP TRUCK CEMENTER Darin F. 1  
 # 556-555 HELPER Scott P. 2  
 BULK TRUCK  
 # 381-250 DRIVER Jake 1 3  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER

HANDLING	<u>502.29</u>	@ <u>2.48</u>	<u>1245.67</u>
MILEAGE	<u>22.8 20</u>	@ <u>2.60</u>	<u>1144.00</u>
			TOTAL <u>10,930.66</u>

**REMARKS:**

Pipe on bottom & break circulation  
dump 3 bbls water show, mix 2750  
of cement, Displace 24 bbls fresh water,  
shut in cement d.c. new circulate  
top OK with 2000cc class + 2% cc

**SERVICE**

DEPTH OF JOB	<u>265'</u>		
PUMP TRUCK CHARGE	<u>1512.25</u>		
EXTRA FOOTAGE		@	
MILEAGE	<u>20</u>	@ <u>7.70</u>	<u>154.00</u>
MANIFOLD <u>Swiss 2000cc</u>		@	
<u>Light Vehicle 20</u>		@ <u>4.40</u>	<u>88.00</u>
			TOTAL <u>1754.25</u>

CHARGE TO: Lotus operating  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

<u>None</u>	@	
	@	
	@	
	@	
	@	

**TOTAL**

SALES TAX (if Any)	<u>623.49</u>
TOTAL CHARGES	<u>12,684.91</u>
DISCOUNT	<u>23% 2911.53</u> IF PAID IN 30 DAYS
	<u>Net 9767.38</u>

PRINTED NAME Garland D. Fowler  
 SIGNATURE Garland D. Fowler

Thank You!!!



PO Box 93999  
Southlake, TX 76092

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

# INVOICE

Invoice Number: 132997  
Invoice Date: Oct 1, 2012  
Page: 2

RECEIVED  
OCT 13 2012



<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	Platt #4	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Oct 1, 2012	10/31/12

Quantity	Item	Description	Unit Price	Amount
1.00	CEMENTER	David Felio		
1.00	EQUIP OPER	Eddie Piper		
1.00	OPER ASSIST	Troy Lenz		

GL# 9308  
DESC. cement prod. by  
#4  
WELL # Platt

ENTERED  
OCT 15 2012

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

**\$ 4116.56**

ONLY IF PAID ON OR BEFORE  
**Oct 26, 2012**

Subtotal	20,582.80
Sales Tax	1,135.14
Total Invoice Amount	21,717.94
Payment/Credit Applied	
<b>TOTAL</b>	<b>21,717.94</b>

- 4116.56  
17,601.38



# INVOICE

PO Box 93999  
Southlake, TX 76092

Invoice Number: 132997

Invoice Date: Oct 1, 2012

Page: 1

Voice: (817) 546-7282  
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	Platt #4	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Oct 1, 2012	10/31/12

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
225.00	MAT	Stop Loss Polymer	13.72	3,087.00
600.00	MAT	Stop Loss LCM	3.30	1,980.00
200.00	MAT	Kol Seal	0.98	196.00
94.00	MAT	FL-160	18.90	1,776.60
50.00	MAT	Flo Seal	2.97	148.50
297.43	SER	Cubic Feet	2.48	737.63
261.20	SER	Ton Mileage	2.60	679.12
1.00	SER	Production Casing	3,099.25	3,099.25
20.00	SER	Pump Truck Mileage	7.70	154.00
1.00	SER	Manifold & Head Rental	275.00	275.00
20.00	SER	Light Vehicle Mileage	4.40	88.00
1.00	EQP	5.5 Triplex Shoe	1,340.00	1,340.00
1.00	EQP	5.5 Latch Down Plug Assembly	324.09	324.09
4.00	EQP	5.5 Centralizer	57.33	229.32
3.00	EQP	5.5 Basket	394.29	1,182.87
1.00	EQP	5.5 AFU Insert	334.62	334.62
1.00	CEMENTER	Ron Gilley		

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

\$ See next

ONLY IF PAID ON OR BEFORE

Oct 26, 2012

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	<b>Continued</b>

# ALLIED CEMENTING CO., LLC. 038081

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
*Medicine Lodge*

DATE <i>10-1-12</i>	SEC <i>1</i>	TWP <i>35S</i>	RANGE <i>13W</i>	CALLED OUT <i>5:00 PM</i>	ON LOCATION <i>10:30 AM</i>	JOB START <i>2:00 AM</i>	JOB FINISH <i>3:00 AM</i>
LEASE <i>Platt</i>	WELL # <i>4</i>	LOCATION <i>Hardyworks, N to Driftwood</i>			COUNTY <i>Barber</i>	STATE <i>Ks</i>	
OLD OR <u>NEW</u> (Circle one)		<i>West to rig</i>			<i>1.02</i>	<i>7.3</i>	

CONTRACTOR <i>Duke #7</i>	OWNER <i>Lotus Operating</i>
TYPE OF JOB <i>Production</i>	
HOLE SIZE <i>7 7/8</i>	T.D. <i>5370'</i>
CASING SIZE <i>5 1/2</i>	DEPTH <i>5357' FT</i>
TUBING SIZE	DEPTH <i>52.11</i>
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <i>20.99</i>
CEMENT LEFT IN CSG. <i>20.99</i>	
PERFS.	
DISPLACEMENT <i>128 Bbls</i>	
EQUIPMENT	
PUMP TRUCK CEMENTER <i>Ron Gilley / 1</i>	
<i>#471-555</i> HELPER <i>David Felio / Eddie Piper</i>	
BULK TRUCK	
<i>#471-752</i> DRIVER <i>Troy Lanz / 3</i>	
BULK TRUCK	
# DRIVER	

CEMENT	AMOUNT ORDERED <i>2005 1/4" ASP 25 #</i>
	<i>Kalseal + 5% Fl-16 at 1/4" Floseal</i>
	<i>SDS x 60' 40' 42' 2' 2' 1</i>
COMMON	"A" 30SX @ 17.90 537.00
POZMIX	20SX @ 9.35 187.00
OEL	20SX @ 23.40 468.00
CHLORIDE	@
ASC	"A" 200SX @ 20.90 4180.00
<i>Stoploss Polymer</i>	85 @ 13.72 3087.00
<i>Stoploss LCM</i>	600 @ 3.30 1980.00
<i>Kalseal</i>	800 # @ .98 196.00
<i>Fl-16</i>	94 # @ 18.90 1776.60
<i>Floseal</i>	50 # @ 2.97 148.50
	@
	@
	@
HANDLING	897.43 x 2.48 @ 737.63
MILEAGE	13.06 x 20 x 2.60 1679.12
TOTAL <i>\$13,555.65</i>	

REMARKS:

*See Cement Log*

*Thanks*

SERVICE

DEPTH OF JOB	<i>5370'</i>
PUMP TRUCK CHARGE	<i>3099.25</i>
EXTRA FOOTAGE	@
MILEAGE	20 @ 7.70 154.00
MANIFOLD <i>Head</i>	@ 275.00
<i>Light Veh.</i>	80 @ 4.40 352.00
	@

TOTAL *\$3616.25*

CHARGE TO: *Lotus Operating*  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

*5 1/2* PLUG & FLOAT EQUIPMENT

<i>1 - Triplex shoe</i>	@	1340.00
<i>1 - Hatch Opening Plug Assembly</i>	@	324.00
<i>(4) - Bentrixers</i>	@	57.33 229.32
<i>(3) - Baskets</i>	@	374.28 1122.87
<i>1 - Smart (AFU)</i>	@	334.02

TOTAL *3410.90*

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)	<i>1135.13</i>
TOTAL CHARGES	<i>\$20,582.80</i>
DISCOUNT	<i>2000 7116.56</i> IF PAID IN 30 DAYS

*Net \$16,446.24*

PRINTED NAME \_\_\_\_\_  
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

January 07, 2013

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

Re: ACO1  
API 15-007-23948-00-00  
Platt 4  
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