



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1114689
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: _____



1114689

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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| | | | | | |

| | | |
|--|---|---|
| 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: _____ _____ |
|--|---|---|

| | |
|-----------|---------------------------------|
| Form | ACO1 - Well Completion |
| Operator | Lotus Operating Company, L.L.C. |
| Well Name | Burgess 2 |
| Doc ID | 1114689 |

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 | Burgess 2 |
| Doc ID | 1114689 |

Tops

| Name | Top | Datum |
|---------|------|-------|
| Heebner | 3813 | -2374 |
| KC | 4341 | -2902 |
| BKC | 4581 | -3142 |
| Miss | 4768 | -3329 |
| Viola | 5170 | -3731 |
| Simp SH | 5262 | -3823 |
| Arb | 5467 | -4028 |
| LTD | 5488 | -4049 |



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 133749
Invoice Date: Nov 21, 2012
Page: 1

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

RECEIVED
DEC 03 2012



| Customer ID | Well Name/# or Customer P.O. | Payment Terms | |
|--------------|------------------------------|---------------|----------|
| Lotus | Burgess #2 | Net 30 Days | |
| Job Location | Camp Location | Service Date | Due Date |
| KS1-01 | Medicine Lodge | Nov 21, 2012 | 12/21/12 |

| 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 |
| 7.00 | MAT | Chloride | 64.00 | 448.00 |
| 241.73 | SER | Cubic Feet | 2.48 | 599.49 |
| 203.20 | SER | Ton Mileage | 2.60 | 528.32 |
| 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 | David Felio | | |
| 1.00 | CEMENTER | Carl Balding | | |
| 1.00 | OPER ASSIST | Brandon Boor | | |

GL# 9208
DESC. cement surf
CSG, #2
WELL # Burgi

ENTERED
NOV 30 2012

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

\$ 1,336.33

ONLY IF PAID ON OR BEFORE
Dec 16, 2012

| | |
|------------------------|-----------------|
| Subtotal | 6,681.66 |
| Sales Tax | 277.37 |
| Total Invoice Amount | 6,959.03 |
| Payment/Credit Applied | |
| TOTAL | 6,959.03 |

- 1,336.33
5,622.70

ALLIED CEMENTING CO., LLC. 32710

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Mediawatch KS

| | | | | | | | |
|------------------------------------|-----------------|--|------------------|------------|-------------|-----------|---------------------------|
| DATE <i>11-21-12</i> | SEC. <i>35</i> | TWP. <i>34s</i> | RANGE <i>12w</i> | CALLED OUT | ON LOCATION | JOB START | JOB FINISH <i>4:45 PM</i> |
| LEASE <i>Burge SS</i> | WELL # <i>2</i> | LOCATION <i>2817 Rattle Snake Rd, 1/2, 1/4s Barber</i> | | COUNTY | STATE | <i>KS</i> | |
| OLD OR NEW (Circle one) <i>NEW</i> | | <i>w/n to</i> | | | | | |

CONTRACTOR *Duke #7* OWNER *Lotus*

TYPE OF JOB *Surface*
 HOLE SIZE *14 3/4* T.D. *290'* CEMENT AMOUNT ORDERED *22.55x60:40:3% cct*
 CASING SIZE *10 3/4* DEPTH *271 + 17x8 3/8"* *2' ogel*

| | | | |
|---|-----------------------|------------------------------------|----------------|
| TUBING SIZE | DEPTH | COMMON <i>class A 13.5x@ 17.90</i> | <i>2416.50</i> |
| DRILL PIPE | DEPTH | POZMIX <i>9.0x@ 9.37</i> | <i>841.50</i> |
| TOOL | DEPTH | GEL <i>4.5x@ 23.40</i> | <i>105.30</i> |
| PRES. MAX <i>300#</i> | MINIMUM | CHLORIDE <i>7.5x@ 64.00</i> | <i>480.00</i> |
| MBAS. LINE | SHOE JOINT <i>N/A</i> | ASC | |
| CEMENT LEFT IN CSG. <i>20'</i> | | | |
| PERFS. | | | |
| DISPLACEMENT <i>26% Blue Fresh H₂O</i> | | | |

EQUIPMENT

| | | |
|------------------|---------------------------|----------|
| PUMP TRUCK | CEMENTER <i>D. Felix</i> | <i>1</i> |
| # <i>300-302</i> | HELPER <i>C. Batching</i> | <i>1</i> |
| BULK TRUCK | | |
| # <i>381-250</i> | DRIVER <i>B. Boor</i> | <i>3</i> |
| BULK TRUCK | | |
| # | DRIVER | |

| | | | |
|--------------------------|------------|-------------|----------------|
| HANDLING <i>241.13</i> | <i>4.3</i> | <i>2.48</i> | <i>599.99</i> |
| MILEAGE <i>10.16 hrs</i> | <i>2.0</i> | <i>2.60</i> | <i>528.32</i> |
| TOTAL | | | <i>4927.81</i> |

REMARKS:
See Job Log
Mixed 22.55x60:40:3% cement
Cement Did Cure
THX

203.2 SERVICE

| | | |
|---------------------------------|----------------|----------------|
| DEPTH OF JOB | <i>290'</i> | |
| PUMP TRUCK CHARGE | | <i>1512.21</i> |
| EXTRA FOOTAGE | | |
| MILEAGE <i>2.9</i> | <i>@ 7.70</i> | <i>154.00</i> |
| MANIFOLD <i>N/A</i> | <i>@ N/A</i> | |
| <i>Light Vehicle</i> <i>2.0</i> | <i>@ 44.00</i> | <i>88.00</i> |
| TOTAL <i>1754.25</i> | | |

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.

PRINTED NAME *Robert D. Probst*
 SIGNATURE *Robert D. Probst*

SALES TAX (if Any) *277.37*
 TOTAL CHARGES *6681.66*
 DISCOUNT *1336.33* IF PAID IN 30 DAYS
5345.33



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 133850

Invoice Date: Nov 27, 2012

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

Page: 1



RECEIVED

DEC 10 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 | Burgess #2 | Net 30 Days | |
| Job Location | Camp Location | Service Date | Due Date |
| KS1-02 | Medicine Lodge | Nov 27, 2012 | 12/27/12 |

| 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 |
| 175.00 | MAT | ASC | 20.90 | 3,657.50 |
| 875.00 | MAT | Kol Seal | 0.98 | 857.50 |
| 82.25 | MAT | FL-160 | 18.90 | 1,554.52 |
| 43.75 | MAT | Flo Seal | 2.97 | 129.93 |
| 280.00 | SER | Cubic Feet | 2.48 | 694.40 |
| 180.75 | SER | Ton Mileage | 2.60 | 469.95 |
| 1.00 | SER | Production Casing | 3,099.25 | 3,099.25 |
| 15.00 | SER | Pump Truck Mileage | 7.70 | 115.50 |
| 15.00 | SER | Light Vehicle Mileage | 4.40 | 66.00 |
| 1.00 | EQP | 5.5 AFU Insert | 244.53 | 244.53 |
| 1.00 | EQP | 5.5 Guide Shoe | 280.80 | 280.80 |
| 5.00 | EQP | 5.5 Centralizer | 57.33 | 286.65 |
| 1.00 | EQP | 5.5 Basket | 394.29 | 394.29 |
| 1.00 | SER | Manifold Rental | 275.00 | 275.00 |
| 1.00 | CEMENTER | Jason Thimesch | | |
| 1.00 | EQUIP OPER | Scott Priddy | | |
| 1.00 | OPER ASSIST | Jake Heard | | |

ENTERED

GL# 9308
DESC. cement prod
CSG # 2
WELL # Burgess

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

\$ 2579.33

ONLY IF PAID ON OR BEFORE
Dec 22, 2012

| | |
|------------------------|------------------|
| Subtotal | 12,896.62 |
| Sales Tax | 596.89 |
| Total Invoice Amount | 13,493.51 |
| Payment/Credit Applied | |
| TOTAL | 13,493.51 |

- 2579.33
10,914.18

ALLIED OIL & GAS SERVICES, LLC 053949

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

| | | | | | | | |
|---------------------------|----------------|--|-----------------------------|------------|----------------------|-----------------|------------|
| DATE <u>11/27/12</u> | SEC. <u>35</u> | TWP. <u>34s</u> | RANGE <u>12w</u> | CALLED OUT | ON LOCATION | JOB START | JOB FINISH |
| LEASE <u>Burgess</u> | WELL# <u>2</u> | LOCATION <u>281 + Rattlesnake Trail, 1 west,</u> | | | COUNTY <u>Barber</u> | STATE <u>KS</u> | |
| OLD OR (NEW) (Circle one) | | | <u>1/4 South, west into</u> | | | | |

CONTRACTOR O.K. 7
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 DEPTH 5222.17
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1850 MINIMUM
 MEAS. LINE SHOE JOINT 43.3
 CEMENT LEFT IN CSG. 43.3
 PERFS.
 DISPLACEMENT 128 BBL's Fresh H₂O

OWNER Lotus Operating
 CEMENT
 AMOUNT ORDERED 50 x 60:40:4%Gel,
125 x Class A ASC + 5# Kolscal + .5%
FL-160 + 1/4" Floscal

EQUIPMENT
 PUMP TRUCK CEMENTER Jason Thinesch 1
 # 558/555 HELPER Scott Priddy 2
 BULK TRUCK
 # 356/290 DRIVER Jake Heard 3
 BULK TRUCK
 # DRIVER

| | | | |
|----------|----------------------|----------------|----------------|
| COMMON | <u>30</u> sk | @ <u>17.90</u> | <u>537.00</u> |
| POZMIX | <u>20</u> sk | @ <u>9.35</u> | <u>187.00</u> |
| GEL | <u>2</u> sk | @ <u>23.40</u> | <u>46.80</u> |
| CHLORIDE | | @ | |
| ASC | <u>175</u> sk | @ <u>20.90</u> | <u>3657.50</u> |
| Kolscal | <u>875</u> # | @ <u>.98</u> | <u>857.50</u> |
| FL-160 | <u>82.25</u> | @ <u>18.90</u> | <u>1554.52</u> |
| Floscal | <u>43.75</u> | @ <u>2.97</u> | <u>129.93</u> |
| | | @ | |
| | | @ | |
| | | @ | |
| | | @ | |
| HANDLING | <u>280</u> | @ <u>2.48</u> | <u>694.40</u> |
| MILEAGE | <u>12.05/15/2-60</u> | | <u>469.95</u> |
| TOTAL | | | <u>8134.60</u> |

REMARKS:
Play Held

180-45

SERVICE

| | | | |
|-------------------|----------------|---------------|----------------|
| DEPTH OF JOB | <u>5222</u> | | |
| PUMP TRUCK CHARGE | <u>3099.25</u> | | |
| EXTRA FOOTAGE | | @ | |
| MILEAGE | <u>15</u> | @ <u>7.70</u> | <u>115.50</u> |
| MANIFOLD | | @ | <u>275.00</u> |
| LV | <u>15</u> | @ <u>4.40</u> | <u>66.00</u> |
| | | @ | |
| TOTAL | | | <u>3555.75</u> |

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

PLUG & FLOAT EQUIPMENT

| | | | |
|----------------|-------------------------|--|----------------|
| <u>5 1/2</u> | | | |
| AFK insert | <u>1</u> @ | | <u>244.53</u> |
| Reg Guide Shoe | <u>1</u> @ | | <u>280.90</u> |
| centralizers | <u>5</u> @ <u>52.33</u> | | <u>286.65</u> |
| Bucket | <u>1</u> @ | | <u>394.29</u> |
| | @ | | |
| TOTAL | | | <u>1206.27</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.

SALES TAX (If Any) 596.88
 TOTAL CHARGES 12,896.62
 DISCOUNT 20% 2579.33 IF PAID IN 30 DAYS
(Net) 10,317.29

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

March 16, 2013

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

Re: ACO1
API 15-007-23968-00-00
Burgess 2
NE/4 Sec.35-34S-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