



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1114710
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: _____



1114710

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> _____
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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	Platt 3A
Doc ID	1114710

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	Platt 3A
Doc ID	1114710

Tops

Name	Top	Datum
Heebner	3888	-2410
KC	4403	-2425
BKC	4656	-3178
Cher Sh	4791	-3313
Miss	4846	-3368
Viola	5346	-3868
Simp Sh	5448	-3970
Arb	-5575	-4097
LTD	5518	-4040



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 133924
Invoice Date: Dec 7, 2012
Page: 1

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

RECEIVED
DEC 20 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	Platt A #3	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	Dec 7, 2012	1/6/13

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
241.95	SER	Cubic Feet	2.48	600.03
233.68	SER	Ton Mileage	2.60	607.56
1.00	SER	Surface	1,512.25	1,512.25
23.00	SER	Pump Truck Mileage	7.70	177.10
23.00	SER	Light Vehicle Mileage	4.40	101.20
1.00	CEMENTER	Dustin Chambers		
1.00	EQUIP OPER	Joshua Isaac		
1.00	EQUIP OPER	Joel Monahan		

GL# 9208
DESC. cement surf. exp
#3

WELL # Platt A

ENTERED
DEC 21 2012

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

\$1359.54

ONLY IF PAID ON OR BEFORE
Jan 1, 2013

Subtotal	6,797.74
Sales Tax	277.37
Total Invoice Amount	7,075.11
Payment/Credit Applied	
TOTAL	7,075.11

-1,359.54
5,715.57

ALLIED OIL & GAS SERVICES, LLC

059140

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999
SOUTH LAKE, TEXAS 76092

SERVICE POINT:
Crown Point, TX

DATE	SEC.	TYP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
12-7-12	1	355	13.1			5:22 PM	6:00 PM
LEASE	WELL #	LOCATION	COUNTY	STATE			
Plot A	3	Hardman, 103 IN 11W	Blaker	TX			
OLD OR NEW (Circle one)		GLW/20					

CONTRACTOR Duke Drilling #3 OWNER _____

TYPE OF JOB Surface

HOLE SIZE	14 3/4	T.D.	
CASING SIZE	10 3/4	DEPTH	300
TUBING SIZE		DEPTH	
DRILL PIPE	4 1/2	DEPTH	
TOOL		DEPTH	
PRES. MAX		MINIMUM	
MEAS. LINE		SHOE JOINT	
CEMENT LEFT IN CSG.	20 FT		
PERFS.			
DISPLACEMENT	2.8, 25 bbls Freshwater		
EQUIPMENT			
PUMP TRUCK	CEMENTER <u>Devin Chambers 1</u>		
# 798	HELPER <u>Josh Egan 2</u>		
BULK TRUCK			
# 744-170	DRIVER <u>Joel Trevino 2</u>		
BULK TRUCK			
#	DRIVER		

CEMENT AMOUNT ORDERED 225 bbls 60% class
10% po2 3% cc 2% gel

COMMON	135	@ 17.90	2,416.50
POZMIX	90	@ 9.35	841.50
GEL	4	@ 23.40	93.60
CHLORIDE	7	@ 64.00	448.00
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	241.95	@ 2.48	600.93
MILEAGE	10.16 x 23 x	260	607.38
TOTAL			5,007.19

REMARKS:
Break circulation in the Rig Area
pump 10 bbls Freshwater Ahead
Mix 225 sks 60% po2 3% cc 2% gel
Displace 2.8, 25 bbls Freshwater 1st unit in
 Cement Displacement
plus Displace 5.30 PM
Rig Down

SERVICE

DEPTH OF JOB	1512.35		
PUMP TRUCK CHARGE	300		
EXTRA FOOTAGE	@		
MILEAGE	HUM 23	@ 7.70	177.10
MANIFOLD	@		
	Hum 23	@ 4.40	101.20
	@		

CHARGE TO: Lotus Operating

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 1,790.55

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 Terry Souter

SIGNATURE Terry Souter

Thank you!!

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		
	@		
TOTAL			

SALES TAX (If Any) 277.37

TOTAL CHARGES 6,797.74

DISCOUNT 20% 1,359.54

IF PAID IN 30 DAYS

5,438.20

RECEIVED

INVOICE

PO Box 93999
Southlake, TX 76092

DEC 22 2012

Invoice Number: 134094

Invoice Date: Dec 13, 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 A #3	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Dec 13, 2012	1/12/13

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 Class A	20.90	3,657.50
875.00	MAT	Kol Seal	0.98	857.50
82.00	MAT	FL-160	18.90	1,549.80
44.00	MAT	Flo Seal	2.97	130.68
280.00	SER	Cubic Feet	2.48	694.40
241.00	SER	Ton Mileage	2.60	626.60
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 Renal	275.00	275.00
20.00	SER	Light Vehicle Mileage	4.40	88.00
1.00	EQP	5.5 Guide Shoe	280.80	280.80
1.00	EQP	5.5 AFU Insert	334.62	334.62
5.00	EQP	5.5 Centralizer	57.33	286.65
1.00	EQP	5.5 Basket	394.29	394.29
1.00	EQP	5.5 Rubber Plug	85.41	85.41
1.00	CEMENTER	Ron Gilley		
1.00	OPER ASSIST	Jake Heard		
1.00	CEMENTER	Jason Thimesch		

GL# 9308
DESC. Cement prod
CSG # 3
WELL # Platt A

Subtotal	13,285.30
Sales Tax	609.41
Total Invoice Amount	13,894.71
Payment/Credit Applied	
TOTAL	13,894.71

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

\$ 2657.06

ONLY IF PAID ON OR BEFORE
Jan 7, 2013

ENTERED

DEC 31 2012

- 2657.06
11,237.65

ALLIED CEMENTING CO., LLC. 038104

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge

DATE <i>12-13-12</i>	SEC. <i>1</i>	TWP. <i>33S</i>	RANGE <i>13W</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH AM
LEASEE <i>Platt</i>	WELL # <i>A-3</i>	LOCATION <i>Hardtweaks, 1N, 1W, N/W</i>		COUNTY <i>Barber</i>	STATE <i>Kansas</i>		
OLD OR NEW (Circle one) <i>NEW</i>				<i>into</i>		<i>1.00</i>	<i>7.30</i>

CONTRACTOR <i>Duke #21</i>	OWNER <i>Lotus Operating</i>
TYPE OF JOB <i>Production</i>	CEMENT
HOLE SIZE <i>7 7/8</i>	AMOUNT ORDERED <i>50s x 60:40:47 gal</i>
CASING SIZE <i>5 1/2</i>	<i>175s x A ASC + 5 # Kolseal + 5 # FI-160</i>
TUBING SIZE	<i>+ 1/4 # Flo Seal</i>
DRILL PIPE	
TOOL	
PRES. MAX	
MEAS. LINE	
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <i>130 1/2</i>	
EQUIPMENT	

COMMON Class A	30 @ 17.90	537.00
POZMIX	20 @ 9.35	187.00
GEL	2 @ 23.40	46.80
CHLORIDE	@	
ASC Class A	175 @ 20.80	3641.50
Kolseal	875 @ 98	85750.00
FI-160	82 @ 16.90	1385.80
Flo Seal	44 @ 2.97	130.68
HANDLING	280 x 2.48	694.40
MILEAGE	12.05 x 20 x 2.10	506.05
TOTAL		8287.28

PUMP TRUCK CEMENTER <i>Ron Gilley</i>
<i>548</i> SCHEPHER <i>Jake Hurd</i>
BULK TRUCK
<i>5161</i> DRIVER <i>Jason Thimiseh</i>
BULK TRUCK
DRIVER

REMARKS:
See Cement Log

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

DEPTH OF JOB	<i>5619</i>
PUMP TRUCK CHARGE	<i>309.25</i>
EXTRA FOOTAGE	@
MILEAGE	<i>20 @ 7.70 = 154.00</i>
MANIFOLD <i>& Head</i>	<i>275.00 = 275.00</i>
<i>Light Veh.</i>	<i>20 @ 4.40 = 88.00</i>
TOTAL	<i>8287.28</i>

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.

5 1/2 PLUG & FLOAT EQUIPMENT	
1- Reg Guide Shoe	@ 280.80 = 280.80
1- AEU Insect	@ 334.62 = 334.62
5- Centralizers	@ 57.83 = 289.15
1- Basket	@ 394.29 = 394.29
1- Rubber Plug	@ 85.41 = 85.41
TOTAL	<i>1381.77</i>

PRINTED NAME *X Robin*
SIGNATURE *[Signature]*

SALES TAX (if Any) *609.47*
TOTAL CHARGES *\$13,289.70* - 13,285.30
DISCOUNT *20% 2657.97* IF PAID IN 30 DAYS
NET \$ *10,631.76* *26,570.66* *10,628.24*

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 15-007-23974-00-00
Platt 3A
SE/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