



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1149642
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: _____



1149642

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 <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

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> <i>(Submit ACO-4)</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	Achenbach 3
Doc ID	1149642

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	Achenbach 3
Doc ID	1149642

Tops

Name	Top	Datum
Heebner	3941	-2423
KC	4430	-2912
BKC	4708	-3190
Miss	4896	-3378
Viola	5406	-3888
Simp Sh	5547	-4029
Arb	NR	NR
LTD	5675	-4157

RECEIVED

INVOICE

PO Box 93999
Southlake, TX 76092

MAY 20 2013

Invoice Number: 136146
Invoice Date: May 8, 2013
Page: 1

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

Now Includes:



Bill To:

Lotus Operating Co., LLC
Lotus Exploration Co.
100 S. Main, STE 420
Wichita, KS 67202

Customer ID	Field Ticket #	Payment Terms	
Lotus	54106	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Russell	May 8, 2013	6/7/13

Quantity	Item	Description	Unit Price	Amount
		Achenbach #3		
165.00	MAT	Class A Common	17.90	2,953.50
110.00	MAT	Pozmix	9.35	1,028.50
4.72	MAT	Gel	23.40	110.45
8.86	MAT	Chloride	64.00	567.04
185.43	SER	Cubic Feet	2.48	459.88
208.64	SER	Ton Mileage	2.60	542.45
1.00	SER	Surface	1,512.25	1,512.25
25.00	SER	Pump Truck Mileage	7.70	192.50
25.00	SER	Light Vehicle Mileage	4.40	110.00
1.00	CEMENTER	Robert Yakubovich		
1.00	EQUIP OPER	Kevin Rupp		
1.00	OPER ASSIST	James Bowen		
		GL# <u>9208</u>		
		DESC. <u>cement pump log #3</u>		
		WELL # <u>Achen</u>		

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

\$ 1,495.31

ONLY IF PAID ON OR BEFORE

Jun 2, 2013

Subtotal	7,476.57
Sales Tax	340.14
Total Invoice Amount	7,816.71
Payment/Credit Applied	
TOTAL	7,816.71

ENTERED

MAY 22 2013

-1495.31
6,321.40

ALLIED OIL & GAS SERVICES, LLC 054106

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell KS

DATE <u>5-8-13</u>	SEC. <u>1</u>	TWP. <u>35</u>	RANGE <u>13</u>	CALLED OUT	ON LOCATION	JOB START <u>3:30 AM</u>	JOB FINISH <u>4:00 AM</u>
LEASE <u>Achenbach</u> WELL # <u>3</u>		LOCATION <u>Hardtner KS 2 1/2 W 1/2 N 6 into</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Dube #7

TYPE OF JOB surface

HOLE SIZE 14 3/4 T.D. 295

CASING SIZE 10 3/4 29" DEPTH 294.14

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 20

CEMENT LEFT IN CSG. 20

PERFS.

DISPLACEMENT 2 7/8 bbl

OWNER

CEMENT

AMOUNT ORDERED 275 60/40 29 gal 3 3/8 cc

EQUIPMENT

PUMP TRUCK CEMENTER ~~Robert Y~~ Robert Y

409 HELPER Kevin R

BULK TRUCK

364 DRIVER James Bowen (ML)

BULK TRUCK

DRIVER

COMMON	<u>165</u>	@	<u>17.90</u>	<u>2953.50</u>
POZMIX	<u>110</u>	@	<u>9.35</u>	<u>1028.50</u>
GEL	<u>4.72</u>	@	<u>23.40</u>	<u>110.45</u>
CHLORIDE	<u>8.86</u>	@	<u>64.00</u>	<u>567.04</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>185.43</u> f/m	@	<u>2.48</u>	<u>459.88</u>
MILEAGE	<u>208.64</u> f/m	@	<u>2.60</u>	<u>542.45</u>
				TOTAL <u>5661.82</u>

REMARKS:
run 7 jts of 10 3/4 29" csg receive circulation
mix 275 skr 60/40 29 gal 3 3/8 cc displac
2 7/8 bbl of water shut in

cement did circulate

Thank you

CHARGE TO: Lotus Operation

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>295 ft</u>
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE	@
MILEAGE	<u>25 HVMI @ 7.70 192.50</u>
MANIFOLD	@
	<u>25 LVMI @ 4.40 110.00</u>
	@
TOTAL <u>1814.75</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.

SALES TAX (If Any) 340.14

TOTAL CHARGES 7476.57

DISCOUNT 1495.31 IF PAID IN 30 DAYS

BS 5-10
net 5981.25

PRINTED NAME Galen D. Rank

SIGNATURE Galen D. Rank



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 136356
Invoice Date: May 15, 2013
Page: 1

Bill To:

Lotus Operating Co., LLC
Lotus Exploration Co.
100 S. Main, STE 420
Wichita, KS 67202

Now Includes:



Customer ID	Field Ticket #	Payment Terms	
Lotus	59529	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	May 15, 2013	6/14/13

Quantity	Item	Description	Unit Price	Amount
30.00	MAT	Achenbach #3		
		Class A Comon	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	KolSeal	0.98	857.50
43.75	MAT	Flo Seal	2.97	129.93
82.25	MAT	FL-160	18.90	1,554.52
277.82	SER	Cubic Feet	2.48	688.99
301.37	SER	Ton Mileage	2.60	783.57
1.00	SER	Production	3,099.25	3,099.25
25.00	SER	Pump Truck Mileage	7.70	192.50
1.00	SER	Manifold & Head Rental	275.00	275.00
25.00	SER	Light Vehicle Mileage	4.40	110.00
1.00	EQP	5.5 Guide Shoe	280.80	280.80
1.00	EQP	5.5 AFU Insert	244.53	244.53
1.00	EQP	5.5 Rubber Plug	85.41	85.41
1.00	EQP	5.5 Basket	394.29	394.29
5.00	EQP	5.5 Centralizer	57.33	286.65
1.00	CEMENTER	Darin Franklin		
1.00	EQUIP OPER	Scott Priddy		

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

\$ 2,682.25

ONLY IF PAID ON OR BEFORE
Jun 9, 2013

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

ALLIED OIL & GAS SERVICES, LLC 059529

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Medicine Lodge, KS

DATE <u>5-15-2013</u>	SEC. <u>1</u>	TWP. <u>35S</u>	RANGE <u>13W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00am</u>	JOB FINISH <u>8:00am</u>
LEASE <u>Behrnbach</u>		WELL# <u>3</u>		LOCATION <u>Harden, KS 2 1/2 west</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>1/2 north, east into</u>			

CONTRACTOR Duke #7
 TYPE OF JOB Preparation
 HOLE SIZE 7 7/8 T.D. 5675'
 CASING SIZE 3 1/2 14# DEPTH 5396'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 42
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 132 1/2 bbls of freshwater

OWNER Lotus Operating
 CEMENT
 AMOUNT ORDERED 50 sk 60' 40' 49' 66'
175 sk class A ASC + 5# Kalseal
5% FL 160 + 1/4 # Floseal
 COMMON 30 sk @ 17.90 537.00
 POZMIX 20 sk @ 9.35 187.00
 GEL 2 sk @ 23.40 46.80
 CHLORIDE @ _____
 ASC 175 sk @ 20.90 3657.50
Kalseal 875 # @ .98 857.50
Floseal 43.75 @ 2.97 129.93
P1-160 82.25 @ 18.90 1554.52
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING 277.82 @ 2.48 688.99
 MILEAGE 12.05/25/2.60 783.57
 TOTAL 8442.81

EQUIPMENT
 PUMP TRUCK CEMENTER Darin F.
 # 558-555 HELPER Scott P.
 BULK TRUCK
 # 381-252 DRIVER James B.
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
See cement log

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

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]

SERVICE
 DEPTH OF JOB 3396'
 PUMP TRUCK CHARGE 3099.25
 EXTRA FOOTAGE @ _____
 MILEAGE 25 @ 7.70 192.50
 MANIFOLD Harden, KS @ _____ 275.00
LV 25 @ 4.40 110.00
 @ _____

TOTAL 3676.75
 PLUG & FLOAT EQUIPMENT
5 1/2
 1- Guide Shoe @ 280.80
 1- B.F.V. Insert @ 244.53
 1- Rubber Plug @ 85.41
 1- B.S. Key @ 394.29
 5- Cementers @ 57.33 286.65
 TOTAL 1291.68

SALES TAX (If Any) _____
 TOTAL CHARGES 13,411.24
 DISCOUNT _____ IF PAID IN 30 DAYS
(Net) 10,728.99

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

August 26, 2013

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

Re: ACO1
API 15-007-24019-00-00
Achenbach 3
SW/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