



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1157545  
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: \_\_\_\_\_



1157545

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 <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> <i>(Submit ACO-4)</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	Eads 2
Doc ID	1157545

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	Eads 2
Doc ID	1157545

Tops

Name	Top	Datum
Heebner	3898	-1909
Brn Lm	4064	-2075
Lansing	4082	-2093
BKC	4472	-2483
Miss	4566	-2577
Viola	4729	-2740
Simp Sh	4881	-2892
Arb	4984	-2995
LTD	5002	-3013

PO Box 93999  
Southlake, TX 76092

RECEIVED

Invoice Number: 137369

Invoice Date: Jul 7, 2013

JUL 20 2013

Page: 1

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

Now Includes:



<b>Bill To:</b>
Lotus Operating Co., LLC Lotus Exploration Co. 100 S. Main, STE 420 Wichita, KS 67202

Customer ID	Field Ticket #	Payment Terms	
Lotus	59877	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jul 7, 2013	8/6/13

Quantity	Item	Description	Unit Price	Amount
		Eads #2		
350.00	MAT	Class A Common	17.90	6,265.00
100.00	MAT	Pozmix	9.35	935.00
5.00	MAT	Gel	23.40	117.00
10.00	MAT	Chloride	64.00	640.00
472.00	SER	Cubic Feet	2.48	1,170.56
623.40	SER	Ton Mileage	2.60	1,620.84
1.00	SER	Surface	1,512.75	1,512.75
30.00	SER	Pump Truck Mileage	7.70	231.00
1.00	SER	Manifold Rental	275.00	275.00
30.00	SER	Light Vehicle Mileage	4.40	132.00
1.00	EQP	10.3/4 Baffle Plate	102.50	102.50
1.00	EQP	10.3/4 Wooden Plug	110.00	110.00
1.00	EQP	10.3/4 Basket	265.00	265.00
1.00	CEMENTER	Jason Thimesch		
1.00	CEMENTER	Ron Gilley		
1.00	EQUIP OPER	Aaron Blasi		
		<b>GL#</b> 9208		
		<b>DESC.</b> cement surface		
		#2		
		<b>WELL #</b> Eads		

Subtotal	13,376.65
Sales Tax	666.33
Total Invoice Amount	14,042.98
Payment/Credit Applied	
<b>TOTAL</b>	<b>14,042.98</b>

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

\$ 2,675.33

ONLY IF PAID ON OR BEFORE  
Aug 1, 2013

ENTERED

JUL 22 2013

-2,675.33  
11,367.65

# ALLIED OIL & GAS SERVICES, LLC 059877

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge KS

DATE <u>07/07/13</u>	SEC. <u>26</u>	TWP. <u>29s</u>	RANGE <u>15w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Eads</u>	WELL# <u>2</u>	LOCATION <u>San City, 9mi North, 1 1/4 west</u>			COUNTY <u>Pratt</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		on <u>100th Rd, South into @ TB</u>					

CONTRACTOR Duke 7 OWNER Lotus Oper

TYPE OF JOB Surface  
 HOLE SIZE 14 3/4 T.D. 275  
 CASING SIZE 10 3/4 DEPTH 294  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX 200 MINIMUM  
 MEAS. LINE SHOE JOINT 43  
 CEMENT LEFT IN CSG 43 ft  
 PERFS.  
 DISPLACEMENT 25 BB1 Fresh H<sub>2</sub>O

CEMENT  
 AMOUNT ORDERED 250 5x 60:40:2% Gel + 3% cc, 100 5x Class A + 2% cc, 100 5x Class A

EQUIPMENT  
 PUMP TRUCK CEMENTER Jason Thineck  
 # 471/265 HELPER Ron Gilley  
 BULK TRUCK  
 # 381/252 DRIVER Aaron Blasj  
 BULK TRUCK  
 # DRIVER

COMMON	<u>350</u>	<u>A</u>	@	<u>17.90</u>	<u>6265.00</u>
POZMIX	<u>100</u>		@	<u>9.35</u>	<u>935.00</u>
GEL	<u>5</u>		@	<u>23.40</u>	<u>117.00</u>
CHLORIDE	<u>10</u>		@	<u>64.00</u>	<u>640.00</u>
ASC			@		
			@		
			@		
			@		
			@		
			@		
			@		
HANDLING	<u>472</u>		@	<u>2.48</u>	<u>1170.56</u>
MILEAGE	<u>20.78/30</u>		@	<u>2.60</u>	<u>1620.84</u>
					TOTAL <u>10,748.40</u>

REMARKS:  
Top off, Fill cellar w/ cement

**SERVICE**

DEPTH OF JOB 275  
 PUMP TRUCK CHARGE 1512.75  
 EXTRA FOOTAGE @  
 MILEAGE 30 @ 7.70 231.00  
 MANIFOLD @ 275.00  
LU 30 @ 4.40 132.00

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

TOTAL 2150.75

**PLUG & FLOAT EQUIPMENT**

10 3/4  
Battle Plate @ 102.50  
Wooden Plug @ 110.00  
Barked @ 265.00 265.00

TOTAL 477.50

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) \_\_\_\_\_  
 TOTAL CHARGES 13,376.65  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
(NET) 10,701.32

PRINTED NAME Allen J Boal  
 SIGNATURE \_\_\_\_\_



PO Box 93999  
Southlake, TX 76092

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

# INVOICE

Invoice Number: 137521  
Invoice Date: Jul 14, 2013  
Page: 1

<b>Bill To:</b>
Lotus Operating Co., LLC Lotus Exploration Co. 100 S. Main, STE 420 Wichita, KS 67202

Now Includes:



Customer ID	Field Ticket #	Payment Terms	
Lotus	59551	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Jul 14, 2013	8/13/13

Quantity	Item	Description	Unit Price	Amount
		Eads #2		
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
150.00	MAT	ASC	20.90	3,135.00
750.00	MAT	Kol Seal	0.98	735.00
70.00	MAT	FL-160	18.90	1,323.00
37.50	MAT	Flo Seal	2.97	111.37
223.00	SER	Cubic Feet	2.48	553.04
319.50	SER	Ton Mileage	2.60	830.70
1.00	SER	Production	2,810.84	2,810.84
30.00	SER	Pump Truck Mileage	7.70	231.00
1.00	SER	Manifold Head Rental	275.00	275.00
30.00	SER	Light Vehicle Mileage	4.40	132.00
1.00	EQP	5.5 Rubber Plug	85.41	85.41
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 Basket	394.29	394.29
5.00	EQP	5.5 Centralizer	57.33	286.65
1.00	CEMENTER	Darin Franklin		
1.00	EQUIP OPER	Jake Heard		

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

\$ 2,435.89

ONLY IF PAID ON OR BEFORE  
Aug 8, 2013

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



PO Box 93999  
Southlake, TX 76092

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

# INVOICE

Invoice Number: 137521  
Invoice Date: Jul 14, 2013  
Page: 2

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

**RECEIVED**  
JUL 27 2013

Now Includes:



<b>Customer ID</b>	<b>Field Ticket #</b>	<b>Payment Terms</b>	
Lotus	59551	Net 30 Days	
<b>Job Location</b>	<b>Camp Location</b>	<b>Service Date</b>	<b>Due Date</b>
KS1-02	Medicine Lodge	Jul 14, 2013	8/13/13

Quantity	Item	Description	Unit Price	Amount
1.00	EQUIP OPER	Justin Bower		
<p>GL# <u>9308</u></p> <p>DESC. <u>Cement process</u></p> <p><u>FZ</u></p> <hr/> <p>WELL # <u>Eads</u></p>				
<p>ENTERED</p> <p>JUL 29 2013</p>				

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

\$ 2,435.89

ONLY IF PAID ON OR BEFORE  
Aug 8, 2013

Subtotal	12,199.43
Sales Tax	581.98
Total Invoice Amount	12,781.41
Payment/Credit Applied	
<b>TOTAL</b>	<b>12,781.41</b>

-2,435.89  
10,345.52



# ALLIED OIL & GAS SERVICES, LLC 059551

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
*Medicine Lodge*

DATE <i>7-14-20</i>	SEC <i>26</i>	TWP <i>29S</i>	RANGE <i>15W</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>10.15 am</i>
LEASE <i>Eggs</i>	WELL # <i>2</i>	LOCATION <i>Sun city, ks, 9 north</i>			COUNTY <i>Prgett</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)		<i>1 3/4 west, S 17 to</i>					

CONTRACTOR *Duke #7*  
 TYPE OF JOB *Production*  
 HOLE SIZE *7 7/8* T.D.  
 CASING SIZE *5 1/2 14#* DEPTH *4940'*  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT *45'*  
 CEMENT LEFT IN CSG.  
 PERFS.  
 DISPLACEMENT *120 bbls of freshwater*

OWNER *Lotus operating*

CEMENT  
 AMOUNT ORDERED *50sx 60' 40' 40'*  
*Gal, 150sx class B PSL + 5#*  
*Kolses 1 + .5% FL160 + 1/4# Ploseal*

COMMON	<i>.30</i>	<i>sk</i>	@	<i>17.90</i>	<i>537.00</i>
POZMIX	<i>.20</i>	<i>sk</i>	@	<i>9.35</i>	<i>187.00</i>
GEL	<i>2</i>	<i>sk</i>	@	<i>23.40</i>	<i>46.80</i>
CHLORIDE			@		
ASC	<i>150</i>	<i>sk</i>	@	<i>20.90</i>	<i>3135.00</i>
	<i>Kolsal</i>	<i>750</i>	@	<i>.98</i>	<i>735.00</i>
	<i>PI-160</i>	<i>70</i>	@	<i>18.90</i>	<i>1323.00</i>
	<i>Ploseal</i>	<i>375</i>	@	<i>2.97</i>	<i>111.37</i>
			@		
			@		
			@		
			@		
			@		
			@		
HANDLING	<i>223</i>		@	<i>2.48</i>	<i>533.04</i>
MILEAGE	<i>10.65/30</i>		@	<i>2.60</i>	<i>830.70</i>
TOTAL					<i>7438.91</i>

EQUIPMENT

PUMP TRUCK CEMENTER *Derin F.*  
 # *471-302* HELPER *Jake H.*  
 BULK TRUCK  
 # *421-250* DRIVER *Justin 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 *Robin Brown*  
*Thank You!!!*

SERVICE

DEPTH OF JOB	<i>4940'</i>				
PUMP TRUCK CHARGE			@	<i>2810.</i>	<i>84</i>
EXTRA FOOTAGE			@		
MILEAGE	<i>30</i>		@	<i>7.70</i>	<i>231.00</i>
MANIFOLD	<i>Hess rental</i>		@		<i>275</i>
	<i>LU 30</i>		@	<i>4.40</i>	<i>132.00</i>
			@		
TOTAL					<i>3448.84</i>

PLUG & FLOAT EQUIPMENT

<i>5/2</i>					
1- Rubber Plug		@		<i>85.41</i>	
1- Gulze Sher		@		<i>280.80</i>	
1- AFU Insert		@		<i>244.53</i>	
1- Basket		@		<i>394.29</i>	
3- Centralizers		@		<i>57.33</i>	<i>286.65</i>
TOTAL					<i>1291.68</i>

SALES TAX (If Any)  
 TOTAL CHARGES *12,179.43*  
 DISCOUNT IF PAID IN 30 DAYS  
*NET 9743.54*

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

October 10, 2013

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

Re: ACO1  
API 15-151-22420-00-00  
Eads 2  
NW/4 Sec.26-29S-15W  
Pratt 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