



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1164415
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: _____



1164415

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: 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: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Suzie 8
Doc ID	1164415

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	Suzie 8
Doc ID	1164415

Tops

Name	Top	Datum
Heebner	3763	-2347
KC	4288	-2872
BKC	4526	-3110
Miss	4700	-3284
Viola	5079	-3663
Simp Sh	5190	-3774
Arb	5358	-3942
LTD	5404	-3988



PO Box 93999
Southlake, TX 76092

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

RECEIVED

SEP 09 2013

INVOICE

Invoice Number: 138359
Invoice Date: Aug 31, 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	59601	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Aug 31, 2013	9/30/13

Quantity	Item	Description	Unit Price	Amount
		Suzie #8		
135.00	CEMENT MATERIALS	Class A Common	17.90	2,416.50
90.00	CEMENT MATERIALS	Pozmix	9.35	841.50
4.00	CEMENT MATERIALS	Gel	23.40	93.60
7.00	CEMENT MATERIALS	Chloride	64.00	448.00
241.73	CEMENT SERVICE	Cubic Feet	2.48	599.49
203.20	CEMENT SERVICE	Ton Mileage	2.60	528.32
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
20.00	CEMENT SERVICE	Pump Truck Mileage	7.70	154.00
20.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	88.00
1.00	CEMENT SUPERVISOR	David Felio		
1.00	CEMENT SUPERVISOR	Jake Heard		
1.00	CEMENT SUPERVISOR	Darin Franklin		
1.00	EQUIPMENT OPERATOR	Justin Bower		

ENTERED

SEP 10 2013

GL# 9208
DESC. Cement surface
CSG #8
WELL # Suzie1

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
Sep 25, 2013

Subtotal	6,681.66
Sales Tax	271.67
Total Invoice Amount	6,953.33
Payment/Credit Applied	
TOTAL	6,953.33

1,336.33
5,617.00

ALLIED OIL & GAS SERVICES, LLC 059601

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>8-31-13</u>	SEC. <u>30</u>	TWP. <u>34S</u>	RANGE <u>11W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Suzie</u>		WELL # <u>8</u>	LOCATION <u>Vic Hardtner KS 281+Hawkins</u>		<u>Barber</u>	COUNTY	STATE
OLD OR <u>NEW</u> (Circle one)			<u>3/4 East South into</u>			<u>KS</u>	<u>KS</u>

CONTRACTOR _____ OWNER Lotus Operating

TYPE OF JOB Surface

HOLE SIZE 14 3/4 T.D. 265

CASING SIZE 10 3/4 DEPTH 247.64

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1000 MINIMUM _____

MEAS. LINE _____ SHOE JOINT 20 ft

CEMENT LEFT IN CSG. 20 ft

PERFS. _____

DISPLACEMENT 24 BBL

EQUIPMENT

PUMP TRUCK CEMENTER David Felix

558/555 HELPER Jake Heaton

BULK TRUCK

381/252 DRIVER Justin Bower

BULK TRUCK

_____ DRIVER _____

REMARKS:

Cement Did Circ

See Job 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 X Galen D Roach

SIGNATURE X Galen D Roach

CEMENT	AMOUNT ORDERED	<u>225</u> sx <u>60:40:29661</u>
		<u>3% CE</u>
COMMON	<u>class A</u>	<u>135</u> @ <u>17.90</u> <u>2416.50</u>
POZMIX	<u>90</u> @ <u>9.35</u>	<u>841.50</u>
GEL	<u>45</u> @ <u>23.40</u>	<u>93.60</u>
CHLORIDE	<u>75</u> @ <u>64.00</u>	<u>448.00</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	<u>241.73</u>	@ <u>2.48</u> <u>599.49</u>
MILEAGE	<u>10.16</u> <u>20</u>	@ <u>2.60</u> <u>528.32</u>
		TOTAL <u>4927.91</u>

SERVICE

DEPTH OF JOB	<u>247.64</u>	
PUMP TRUCK CHARGE		<u>1512.00</u>
EXTRA FOOTAGE	@	
MILEAGE	<u>20</u> @	<u>154.00</u>
MANIFOLD	@	
<u>light vehicle</u>	<u>20</u> @	<u>98.00</u>
	@	
		TOTAL <u>1754.00</u>

PLUG & FLOAT EQUIPMENT

_____	@	
_____	@	
_____	@	
_____	@	
_____	@	
		TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES 6681.66

DISCOUNT 1336.33 IF PAID IN 30 DAYS

5345.33



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 138489
Invoice Date: Sep 5, 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	59582	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Sep 5, 2013	10/5/13

Quantity	Item	Description	Unit Price	Amount
		Suzie #8		
30.00	CEMENT MATERIALS	Class A Common	17.90	537.00
20.00	CEMENT MATERIALS	Pozmix	9.35	187.00
2.00	CEMENT MATERIALS	Gel	23.40	46.80
175.00	CEMENT MATERIALS	ACS	20.90	3,657.50
875.00	CEMENT MATERIALS	Kol Seal	0.98	857.50
44.00	CEMENT MATERIALS	Flo Seal	2.97	130.68
82.00	CEMENT MATERIALS	FL-160	18.90	1,549.80
280.87	CEMENT SERVICE	Cubic Feet	2.48	696.56
241.20	CEMENT SERVICE	Ton Mileage	2.60	627.12
1.00	CEMENT SERVICE	Production	3,099.25	3,099.25
20.00	CEMENT SERVICE	Pump Truck Mileage	7.70	154.00
1.00	CEMENT SERVICE	Manifold Rental	275.00	275.00
20.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	88.00
1.00	EQUIPMENT SALES	5-1/2 Guide Shoe	153.10	153.10
1.00	EQUIPMENT SALES	5-1/2 AFU Insert	171.80	171.80
5.00	EQUIPMENT SALES	5-1/2 Centralizer	28.90	144.50
1.00	EQUIPMENT SALES	5-1/2 Basket	159.40	159.40
1.00	EQUIPMENT SALES	5-1/2 Rubber Plug	51.25	51.25
1.00	CEMENT SUPERVISOR	Carl Balding		
1.00	CEMENT SUPERVISOR	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

\$ 2,381.25

ONLY IF PAID ON OR BEFORE
Sep 30, 2013

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

ALLIED OIL & GAS SERVICES, LLC 059582

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS.

DATE <u>9-5-13</u>	SEC. <u>30</u>	TWP. <u>34s</u>	RANGE <u>11 W</u>	CALLED OUT <u>3:30 PM</u>	ON LOCATION <u>5:30 PM</u>	JOB START <u>9:20 AM</u>	JOB FINISH <u>10:00 PM</u>
LEASE <u>Suzie</u>	WELL # <u>8</u>	LOCATION <u>281 + Hawkins Rd</u>			COUNTY <u>Barber</u>	STATE <u>Kansas</u>	
OLD OR <u>NEW</u> (Circle one)			<u>3/4 east south into</u>				

CONTRACTOR Duke #7
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 5400'
 CASING SIZE 5 1/2 DEPTH 5240'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1800 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 32'
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 127 Bbls Freshwater
 EQUIPMENT _____

OWNER Lotus Operating
 CEMENT AMOUNT ORDERED _____
50 sx 60:40:4% GEL
175 sx ASC + 5 #166 .5% Ft 166 4# Ft 66
 COMMON 30 sx @ 17.90 537.00
 POZMIX 20 sx @ 9.35 187.00
 GEL 2 sx @ 23.40 46.80
 CHLORIDE _____ @ _____
 ASC 175 sx @ 20.90 3657.00
Kolseal 875 # @ .98 857.50
Floceal 44 # @ 2.97 130.65
Ft 166 82 # @ 18.90 1549.00
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING 280.87 @ 2.48 696.96
 MILEAGE 12.06/20/2.60 627.12
 TOTAL 8289.96

PUMP TRUCK CEMENTER Carl Balding
 # 360-302 HELPER Take Heard
 BULK TRUCK # 421 DRIVER James Bowen
 BULK TRUCK # _____ DRIVER _____

REMARKS:

Thank you

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

SERVICE

DEPTH OF JOB 5240'
 PUMP TRUCK CHARGE 3099.25
 EXTRA FOOTAGE @ _____
 MILEAGE 20 @ 7.70 154.00
 MANIFOLD @ _____
LV 20 @ 4.40 88.00
 @ _____

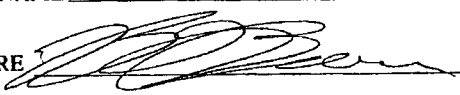
TOTAL 3616.25

PLUG & FLOAT EQUIPMENT

1- Guideshoe @ 153.10
1- AEU INSERT @ 171.80
5- Centralizers @ 28.90 142.00
1- Basket @ 159.40
1- Rubber plug @ 51.25

TOTAL 679.55

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 Robin
 SIGNATURE 

SALES TAX (If Any) _____
 TOTAL CHARGES 12,585.76
 DISCOUNT _____ IF PAID IN 30 DAYS
(Net) 10,204.51