



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190911
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: _____

1190911

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	Piester D 1
Doc ID	1190911

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	Piester D 1
Doc ID	1190911

Tops

Name	Top	Datum
Heebner	3940	-1949
Lansing	4121	-2130
BKC	4506	-2515
Miss	4659	-2668
Viola	4758	-2767
Simp Sh	4880	-2889
Arb	4989	-2998
RTD	5025	-3034
LTD	5029	-3038



RECEIVED

INVOICE

PO Box 93999
Southlake, TX 76092

NOV 16 2013

Invoice Number: 139636

Invoice Date: Nov 9, 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	56817	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Russell	Nov 9, 2013	12/9/13

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Piester #1		
135.00	CEMENT MATERIALS	Class A Common	17.90	2,416.50
90.00	CEMENT MATERIALS	Pozmix	9.35	841.50
3.87	CEMENT MATERIALS	Gel	23.40	90.56
7.25	CEMENT MATERIALS	Chloride	64.00	464.00
151.73	CEMENT SERVICE	Cubic Feet	2.48	376.29
245.83	CEMENT SERVICE	Ton Mileage	2.60	639.16
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
36.00	CEMENT SERVICE	Pump Truck Mileage	7.70	277.20
36.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	158.40
1.00	CEMENT SERVICE	Tony Pfannenstiel		
1.00	EQUIPMENT OPERATOR	Nathan Donner		
1.00	OPERATOR ASSISTANT	Danny Sinner		

GL# 9208
 DESC. ceMENT surf ess

 WELL # Piester

Subtotal	6,775.86
Sales Tax	272.60
Total Invoice Amount	7,048.46
Payment/Credit Applied	
TOTAL	7,048.46

ENTERED

NOV 18 2013

- 1,093.96
5,354.50

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

\$ 1,693.96

ONLY IF PAID ON OR BEFORE

Dec 4, 2013

ALLIED OIL & GAS SERVICES, LLC 056817

Federal Tax I.D.# 20-5975804

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

SERVICE POINT
Russell, KS

Corrected

DATE <u>11.9.13</u>	SEC <u>25</u>	TWP <u>29</u>	RANGE <u>16</u>	CALLED OUT	ON LOCATION <u>11/10</u>	JOB START <u>2:00 pm</u>	JOB FINISH <u>2:30 Am</u>
LEASE <u>Prestige</u>	WELL# <u>1</u>	LOCATION <u>Pratt, KS</u>			COUNTY <u>Nowa</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>14 m W on Hwy 54 95 - 2 W into.</u>					

CONTRACTOR Duke #7 OWNER _____
TYPE OF JOB Surface

HOLE SIZE _____ T.D. _____
CEMENT AMOUNT ORDERED 225 49.40
CASING SIZE 8 5/8 / 2 1/4 DEPTH 276.07'
TUBING SIZE _____ DEPTH _____
+ 3 1/2 cc + 2 1/2 gal

DRILL PIPE _____ DEPTH _____	COMMON <u>135</u> @ <u>17.90</u> <u>2416.50</u>
TOOL _____ DEPTH _____	POZMIX <u>90</u> @ <u>9.35</u> <u>841.50</u>
PRES. MAX _____ MINIMUM _____	GEL <u>3.87</u> @ <u>23.40</u> <u>90.56</u>
MEAS. LINE _____ SHOE JOINT <u>15'</u>	CHLORIDE <u>7.25</u> @ <u>64.00</u> <u>464.00</u>
CEMENT LEFT IN CSG. <u>15'</u>	ASC _____ @ _____
PERFS. _____	_____ @ _____
DISPLACEMENT <u>25.70 ⁵⁰⁰ H₂O</u>	_____ @ _____
EQUIPMENT _____	_____ @ _____

PUMP TRUCK # <u>409</u> CEMENTER <u>Tony P</u>	_____ @ _____
HELPER <u>Nathan D</u>	_____ @ _____
BULK TRUCK # <u>473</u> DRIVER <u>Danny S</u>	_____ @ _____
DRIVER _____	_____ @ _____
HANDLING <u>151.73</u> @ <u>2.48</u> <u>376.29</u>	_____ @ _____
MILEAGE: <u>275.83</u> @ <u>2.60</u> <u>639.15</u>	_____ @ _____
TOTAL <u>4888.00</u>	_____ @ _____

REMARKS:

* Circulated while with cement to surface.
* Ran 225 SK 6040 @ 300 psi. Cement circulated to surface.
* Displaced cement @ 25.70 ⁵⁰⁰ H₂O cement circulated to surface.
* Shut in surge @ 4300 psi.
CHARGE TO: Lotus Operating

SERVICE

DEPTH OF JOB <u>276.07'</u>	_____ @ _____
PUMP TRUCK CHARGE <u>1512.25</u>	_____ @ _____
EXTRA FOOTAGE _____	_____ @ _____
MILEAGE <u>36</u> @ <u>7.70</u> <u>277.20</u>	_____ @ _____
MANIFOLD <u>LV 36</u> @ <u>4.40</u> <u>158.40</u>	_____ @ _____
TOTAL <u>1947.85</u>	_____ @ _____

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
TOTAL		<u>0-</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.

PRINTED NAME Robert D. Romo
SIGNATURE Robert D. Romo

SALES TAX (If Any) _____
TOTAL CHARGES 6775.85
DISCOUNT 1693.96 IF PAID IN 30 DAYS
Net 5081.89



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 139828
Invoice Date: Nov 16, 2013
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

RECEIVED
NOV 25 2013

Customer ID	Field Ticket #	Payment Terms	
Lotus	59612	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Nov 16, 2013	12/16/13

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Piester D #1	17.90	537.00
30.00	CEMENT MATERIALS	Class A Common	9.35	187.00
20.00	CEMENT MATERIALS	Pozmix	20.90	3,135.00
150.00	CEMENT MATERIALS	ASC	0.98	735.00
750.00	CEMENT MATERIALS	Kol Seal	18.90	1,332.45
70.50	CEMENT MATERIALS	FL-160	2.97	111.38
37.50	CEMENT MATERIALS	Flo Seal	2.48	553.04
223.00	CEMENT SERVICE	Cubic Feet	2.60	830.70
319.50	CEMENT SERVICE	Ton Mileage	3,099.25	3,099.25
1.00	CEMENT SERVICE	Production	7.70	231.00
30.00	CEMENT SERVICE	Pump Truck Mileage	275.00	275.00
1.00	CEMENT SERVICE	Manifold Rental	4.40	132.00
30.00	CEMENT SERVICE	Light Vehicle Mileage	153.10	153.10
1.00	EQUIPMENT SALES	5 1/2 Guide Shoe	171.80	171.80
1.00	EQUIPMENT SALES	5-1/2 AFU Insert	28.50	142.50
5.00	EQUIPMENT SALES	5-1/2 Centralizer	159.40	159.40
1.00	EQUIPMENT SALES	5-1/2 Basket	51.25	51.25
1.00	EQUIPMENT SALES	5-1/2 Rubber Plug		
1.00	CEMENT SUPERVISOR	Jake Heard		
1.00	EQUIPMENT OPERATOR	Scott Priddy		
1.00	OPERATOR ASSISTANT	James Bowen		

GL# 9308
DESC. Cement prod (CSG)
WELL # Piester D

ENTERED
NOV 26 2013

Subtotal	11,836.87
Sales Tax	530.55
Total Invoice Amount	12,367.42
Payment/Credit Applied	
TOTAL	12,367.42

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

\$ 2,367.38

ONLY IF PAID ON OR BEFORE
Dec 11, 2013

- 2,367.38
10,000.04

ALLIED OIL & GAS SERVICES, LLC 059612

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge Ks

DATE <u>11-16-13</u>	SEC. <u>25</u>	TWP. <u>29S</u>	RANGE <u>10W</u>	CALLED OUT	ON LOCATION <u>7:00 PM</u>	JOB START <u>11:00 AM</u>	JOB FINISH <u>12:00 AM</u>
LEASE <u>Priester D</u>		WELL # <u>1</u>		LOCATION <u>Croft Ks Take Curve N side of Site</u>		COUNTY <u>Pratt</u>	STATE <u>Ks</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)		2 1/2 west S/S					

CONTRACTOR Duke 7
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 5029.5
 CASING SIZE 5 1/2 DEPTH 4799.32
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 32'
 CEMENT LEFT IN CSG. 32'
 PERFS.
 DISPLACEMENT 118

OWNER Lotus Operating
 CEMENT
 AMOUNT ORDERED 50sx 60:40:4% Gcl
150sx ASC + S# Kolseal + 5% FL-160 +
1/4# Floseal

EQUIPMENT
 PUMP TRUCK CEMENTER JAKE HEARD
 # 558/555 HELPER Scott Priddy
 BULK TRUCK
 # 381/252 DRIVER James Bowen
 BULK TRUCK
 # DRIVER

COMMON	<u>30</u>	@	<u>17.90</u>	<u>537.00</u>
POZMIX	<u>20</u>	@	<u>9.35</u>	<u>187.00</u>
GEL		@		
CHLORIDE		@		
ASC	<u>150</u>	@	<u>20.90</u>	<u>3135.00</u>
Kolseal	<u>750</u>	@	<u>-98</u>	<u>735.00</u>
FL-160	<u>70-50</u>	@	<u>18.90</u>	<u>1332.45</u>
Floseal	<u>37.50</u>	@	<u>2.97</u>	<u>111.37</u>
HANDLING	<u>223</u>	@	<u>2.48</u>	<u>553.04</u>
MILEAGE	<u>10.65/30/2.60</u>			<u>830.70</u>
TOTAL				<u>7421.56</u>

REMARKS:

Pipe on Bottom Break Circ. Pressure Test
Pump spacer
Mix Rat + Mouse Mix + Pump Cmt.
Stop Sweep valves wash to pit Sweep
Valves Release plug Start Displacement
Lift At 82 bbl slow to five slow to 3 at 106 bbl
Bump plug @ 118 BBL Float Held

SERVICE

DEPTH OF JOB	<u>4799.32</u>			
PUMP TRUCK CHARGE	<u>3099.25</u>			
EXTRA FOOTAGE		@		
MILEAGE	<u>30</u>	@	<u>7.70</u> <u>231.00</u>	
MANIFOLD		@	<u>275.00</u>	
FL 30		@	<u>4.40</u> <u>132.00</u>	
TOTAL				<u>3737.25</u>

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

PLUG & FLOAT EQUIPMENT

1" Guide Shoe	@	<u>153.10</u>	
LAFU insert	@	<u>171.80</u>	
5- Centralizers	@	<u>29.90</u> <u>142.50</u>	
1" Bascit	@	<u>159.90</u>	
F Rubber plug	@	<u>51.25</u>	
TOTAL			<u>678.05</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) _____
 TOTAL CHARGES 11,836.86
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME X Robin Brown

NET 9469.48

