



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190924
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: _____

1190924

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Eads A 1
Doc ID	1190924

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	Eads A 1
Doc ID	1190924

Tops

Name	Top	Datum
Heebner	3890	-1901
Lansing	4069	-2080
BKC	4452	-2463
Miss	4542	-2553
Viola	4726	-2737
Simp Sh	4818	-2829
Arb	4950	-2961
RTD	4975	-2986
LTD	4971	-2982



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 140081
Invoice Date: Nov 29, 2013
Page: 1

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

RECEIVED
DEC 09 2013

Customer ID	Field Ticket #	Payment Terms	
Lotus	62404	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Nov 29, 2013	12/29/13

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Eads A #1		
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
7.25	CEMENT MATERIALS	Chloride	64.00	464.00
251.73	CEMENT SERVICE	Cubic Feet Charge	2.48	624.29
304.50	CEMENT SERVICE	Ton Mileage Charge	2.60	791.70
1.00	CEMENT SERVICE	Surface	1,512.75	1,512.75
30.00	CEMENT SERVICE	Pump Truck Mileage	7.70	231.00
1.00	CEMENT SERVICE	Swedge Manifold Rental -- No Charge		
30.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	132.00
1.00	CEMENT SUPERVISOR	Darin Franklin		
1.00	CEMENT SUPERVISOR	Ron Gilley		
1.00	OPERATOR ASSISTANT	James Bowen		

GL# 9208
DESC. Cement surf
Co
WELL # Eads A

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

\$ 1,421.47

ONLY IF PAID ON OR BEFORE
Dec 24, 2013

Subtotal	7,107.34
Sales Tax	301.43
Total Invoice Amount	7,408.77
Payment/Credit Applied	
TOTAL	7,408.77

ENTERED
DEC 10 2013

- 1,421.47
5987.30

ALLIED OIL & GAS SERVICES, LLC 062404

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lake, KS

DATE <i>11-29-2013</i>	SEC. <i>26</i>	TWP. <i>29s</i>	RANGE <i>15W</i>	CALLED OUT <i>1:00 pm</i>	ON LOCATION <i>2:30 pm</i>	JOB START <i>4:00 pm</i>	JOB FINISH <i>4:30</i>
LEASE <i>Eggs A</i>	WELL # <i>1</i>	LOCATION <i>Suncity, KS North to curve</i>		COUNTY <i>Pratt</i>	STATE <i>KS</i>		
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<i>east & north to R's side, west to P's side see intro</i>					

CONTRACTOR *Duke #7*
 TYPE OF JOB *Surface*
 HOLE SIZE *14 3/4* T.D. *265'*
 CASING SIZE *10 3/4* DEPTH *246'*
 TUBING SIZE *9 5/8 L.J* DEPTH *17'*
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX *1000* MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. *20'*
 PERFS.
 DISPLACEMENT *23 1/2 bbls Fresh water*

OWNER *Lotus Operating*
 CEMENT
 AMOUNT ORDERED *225s x 60:40:8% cc*
296 Gal

EQUIPMENT
 PUMP TRUCK CEMENTER *Darin F*
#471-265 HELPER Ron G.
 BULK TRUCK
#421-290 DRIVER James B
 BULK TRUCK
 # DRIVER

COMMON	<i>135 sx</i>	@	<i>17.90</i>	<i>2416.50</i>
POZMIX	<i>90 sx</i>	@	<i>9.35</i>	<i>841.50</i>
GEL	<i>4 sx</i>	@	<i>23.40</i>	<i>93.60</i>
CHLORIDE	<i>7.25 sx</i>	@	<i>64.00</i>	<i>464.00</i>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>31.73</i>	@	<i>2.48</i>	<i>624.29</i>
MILEAGE	<i>10.15/30/2.60</i>			<i>791.70</i>
				TOTAL <i>5231.59</i>

REMARKS:

*Pipe on bottom & break circulation
 Pressure test to 1000 PSI, Pump 3 bbls
 Fresh water, mix 225s x Cement, Displace
 23 1/2 bbls Fresh water, shut in
 Cement did circulate 5 bbls top*

SERVICE

DEPTH OF JOB	<i>263'</i>		
PUMP TRUCK CHARGE	<i>1512 75</i>		
EXTRA FOOTAGE		@	
MILEAGE	<i>30</i>	@	<i>7.70 231.00</i>
MANIFOLD <i>5600 & 1/2" vsive</i>		@	
<i>L.V 30</i>		@	<i>4.40 132.00</i>
		@	

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

TOTAL *1875.75*

PLUG & FLOAT EQUIPMENT

<i>None</i>	@	
	@	
	@	
	@	
	@	

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) _____
 TOTAL CHARGES *7107.34*
 DISCOUNT _____ IF PAID IN 30 DAYS
Net 5685.87

PRINTED NAME *Michael D Brock*
 SIGNATURE *Michael D Brock*
 Thank you!!!



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 140184
Invoice Date: Dec 7, 2013
Page: 1

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

RECEIVED
DEC 16 2013

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

Customer ID	Field Ticket #	Payment Terms	
Lotus	62408	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Great Bend	Dec 7, 2013	1/6/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Eads A #1		
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
150.00	CEMENT MATERIALS	ASC	20.90	3,135.00
750.00	CEMENT MATERIALS	Kol Seal	0.98	735.00
70.00	CEMENT MATERIALS	FL-160	18.90	1,323.00
37.00	CEMENT MATERIALS	Flo Seal	2.97	109.89
259.22	CEMENT SERVICE	Cubic Feet Charge	2.48	642.87
332.70	CEMENT SERVICE	Ton Mileage Charge	2.60	865.02
1.00	CEMENT SERVICE	Production Casing	2,810.84	2,810.84
30.00	CEMENT SERVICE	Pump Truck Mileage	7.70	231.00
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
30.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	132.00
1.00	EQUIPMENT SALES	5-1/2 Rubber Plug	51.25	51.25
1.00	EQUIPMENT SALES	5-1/2 Guide Shoe	153.10	153.10
1.00	EQUIPMENT SALES	5-1/2 AFU Insert	223.00	223.00
1.00	EQUIPMENT SALES	5-1/2 Basket	159.40	159.40
5.00	EQUIPMENT SALES	5-1/2 Centralizer	28.40	142.00
1.00	CEMENT SUPERVISOR	Darin Franklin		
1.00	EQUIPMENT OPERATOR	Mike Scothorn		

GL# 9308
DESC. Cement prod
CS
WELL # Eads A

Subtotal	11,759.17
Sales Tax	537.39
Total Invoice Amount	12,296.56
Payment/Credit Applied	
TOTAL	12,296.56

ENTERED
DEC 17 2013

- 2,206.08
10040.48

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

\$ 2,206.08

ONLY IF PAID ON OR BEFORE
Jan 1, 2014

ALLIED OIL & GAS SERVICES, LLC 062408

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

*made into two jobs
Great Bend*

DATE <u>12-7-2013</u>	SEC <u>26</u>	TWP. <u>29s</u>	RANGE <u>15W</u>	CALLED OUT <u>4:00 AM</u>	ON LOCATION <u>6:30 AM</u>	JOB START <u>12:30 PM</u>	JOB FINISH <u>1:30 PM</u>
LEASE <u>Egas A</u>			WELL # <u>1</u>	LOCATION <u>SUN CITY, KS north to</u>		COUNTY <u>Prgr</u>	STATE <u>KS</u>
OLD OR (NEW) (Circle one)			Curve, east on Blk to curve, W to P's sign, el into				

CONTRACTOR Duke #7
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 14# DEPTH 4867'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 39'
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 117 1/2 bbls of Fresh water

OWNER Lotus Operating
 CEMENT
 AMOUNT ORDERED 50 s x 60' 40' 40' 60'
150 s x Class A & 5# Kalseal & 5# Fuka
1/4 # Pluses
 COMMON 30 @ 17.90 537.00
 POZMIX 20 @ 9.35 187.00
 GEL 2 @ 23.40 46.80
 CHLORIDE @ _____
 ASC 150 @ 20.90 3135.00
Kalseal 750 @ 98 735.00
EI-160 70 @ 18.90 1323.00
Haseal 37 @ 2.97 109.89
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING 259.22 @ 2.48 642.86
 MILEAGE 11.09 X 30 X 2.60 865.02
 TOTAL 7581.57

EQUIPMENT

PUMP TRUCK CEMENTER Darin Franklin
 # 398 HELPER Miches Southern
 BULK TRUCK
 # 421-290 DRIVER CJ, JWS
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Pipe on bottom & break circulation, mix
50 s for P's & make holes, mix 150 s x
Cement, 5 hr down, P's & plus, set
displacement, lift pressure 90 bbls
slow rate to 3 bpm 90 108 bbls, bump
plus 90 117 1/2 bbls, 1000-1500 ps.; Plug
die not hold

SERVICE

DEPTH OF JOB 4867'
 PUMP TRUCK CHARGE 2810.84
 EXTRA FOOTAGE @ _____
 MILEAGE HVM 30 @ 7.70 231.00
 MANIFOLD Hesarenki @ 275.00 275.00
LVM 30 @ 4.40 132.00
 @ _____

TOTAL 3217.84

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

PLUG & FLOAT EQUIPMENT

5 1/2
 1-Rubber Plug @ 51.25 51.25
 1-Guide shoe @ 153.10 153.10
 1-BFU Insert @ 223.00 223.00
 1-BSSK @ 159.40 159.40
 5-Centrifuges @ 28.40 142.00
 TOTAL 728.75

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 Bram
 SIGNATURE [Signature]

SALES TAX (If Any) _____
 TOTAL CHARGES 11,528.16
2,159.88
 DISCOUNT _____ IF PAID IN 30 DAYS
9,368.28

Thank you!!!

