



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190929
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: _____

1190929

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 C 1
Doc ID	1190929

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 C 1
Doc ID	1190929

Tops

Name	Top	Datum
Heebner	3904	-1916
Lansing	4083	-2094
BKC	4464	-2476
Miss	4620	-2632
Viola	4712	-2724
Simp Sh	4790	-2802
Arb	4945	-2957
RTD	4950	-2962
LTD	4950	-2962

Form	ACO1 - Well Completion
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Doc ID	1190929

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
1	4854-58	500 gal 10 MCA - recovered water	4854-58
1	4833-37	Swab down - communicated w/ 4854-58 / no treatment	4833-37
1	4784-4800	750 gal 10% MCA - recovered water	4784-4800
2	4672-80	500 gal 10% MCA - recovered water	4672-80
3	4612-24	750 gal 10% MCA - recovered water	4612-20
3	4604-06	swab - recovered water	4604-06
		CIBP @ 4829	
2	4822-24	Swab water	4822-24



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 140006
Invoice Date: Nov 26, 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

Customer ID	Field Ticket #	Payment Terms	
Lotus	56830	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Russell	Nov 26, 2013	12/26/13

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Piester C #1		
30.00	CEMENT MATERIALS	Class A Common	17.90	537.00
20.00	CEMENT MATERIALS	Pozmix	9.35	187.00
1.72	CEMENT MATERIALS	Gel	23.40	40.25
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
248.35	CEMENT SERVICE	Cubic Feet Charge	2.48	615.91
319.50	CEMENT SERVICE	Ton Mileage Charge	2.60	830.70
1.00	CEMENT SERVICE	Long String	2,765.75	2,765.75
30.00	CEMENT SERVICE	Pump Truck Mileage	7.70	231.00
30.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	132.00
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
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
6.00	EQUIPMENT SALES	5-1/2 Centralizer	28.40	170.40
1.00	EQUIPMENT SALES	5-1/2 Basket	159.40	159.40
1.00	EQUIPMENT SALES	5-1/2 Top Rubber Plug	51.25	51.25
1.00	CEMENT SUPERVISOR	Tony Pfannenstiel		
1.00	EQUIPMENT OPERATOR	Nathan Donner		

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

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

\$ 2,183.50

ONLY IF PAID ON OR BEFORE
Dec 21, 2013



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 140006
Invoice Date: Nov 26, 2013
Page: 2

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	56830	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Russell	Nov 26, 2013	12/26/13

Quantity	Item	Description	Unit Price	Amount
1.00	CEMENT SUPERVISOR	Lucas Wisner		
<p>GL# <u>9308</u></p> <p>DESC. <u>Cement prod</u></p> <p><u>CSG</u></p> <p>WELL # <u>1155C</u></p>				
<p>ENTERED</p> <p>DEC 10 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

\$ 2,183.50

ONLY IF PAID ON OR BEFORE
Dec 21, 2013

Subtotal	11,623.45
Sales Tax	484.28
Total Invoice Amount	12,107.73
Payment/Credit Applied	
TOTAL	12,107.73

- 2183.50
9924.23

ALLIED OIL & GAS SERVICES, LLC 056830

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell, KS

DATE <u>1-26-13</u>	SEC. <u>14</u>	TWP. <u>29</u>	RANGE <u>76</u>	CALLED OUT	ON LOCATION	JOB START <u>1:30 PM</u>	JOB FINISH <u>8:00 AM</u>
LEASE <u>Piester</u>	WELL # <u>"C"-1</u>	LOCATION <u>Croft, KS</u>			COUNTY <u>Nowa</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		TAKING CURVE GOING W O N SIDE OF SILENS. N INT.					

CONTRACTOR <u>Duke #7</u>	OWNER
TYPE OF JOB <u>Long String Production</u>	CEMENT
HOLE SIZE <u>7 7/8</u> T.D.	AMOUNT ORDERED <u>150 SK ASC</u>
CASING SIZE <u>5 1/2</u> DEPTH <u>4933.61'</u>	<u>50 SK 40/40</u>
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	COMMON <u>30</u> @ <u>17.90</u> <u>537.00</u>
MEAS. LINE SHOE JOINT <u>30.79'</u>	POZMIX <u>20</u> @ <u>9.35</u> <u>187.00</u>
CEMENT LEFT IN CSG. <u>30.79'</u>	GBL <u>1.72</u> @ <u>23.40</u> <u>40.25</u>
PERFS.	CHLORIDE @
DISPLACEMENT <u>119.62</u> ^{AN} ₁₁₂₀	ASC <u>150</u> @ <u>20.90</u> <u>3135.00</u>
EQUIPMENT	<u>Kalsen 1</u> <u>750 #</u> @ <u>0.98</u> <u>735.00</u>
	<u>FL-160</u> <u>70 #</u> @ <u>18.90</u> <u>1323.00</u>
	<u>FL6</u> <u>37 #</u> @ <u>2.97</u> <u>109.89</u>
PUMP TRUCK CEMENTER <u>Tony P</u>	
# <u>409</u> HELPER <u>Nathan D</u>	
BULK TRUCK	
# <u>364</u> DRIVER <u>Lucas W.</u>	
BULK TRUCK <u>(Medicine Lodge)</u>	
# DRIVER	
	HANDLING <u>249.35</u> <u>ft³</u> @ <u>2.48</u> <u>615.91</u>
	MILEAGE <u>319.5</u> <u>mi</u> @ <u>2.60</u> <u>830.70</u>
	TOTAL <u>7513.75</u>

REMARKS:

* Ran Fleet Equipment - See "P&F equipment"
 * Circulated pipe - Dropped ball
 circulated for 1/2 hr.
 * Ran 20 SK = RATHOLE @ 4.78
 * Ran 150 SK = Mouse Hole @ 3.19
 * Ran 150 SK ASC @ 25.82
 * Displaced 5 1/2 Top Rubber Plug
 @ 119.62 AN - Landed plug
 # low psi.
 cement circulated to surface!

CHARGE TO: Lotus Operating Oil

STREET _____
 CITY _____ STATE _____ ZIP _____
(Handwritten signature)

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 Brown
 SIGNATURE Robin Brown

DEPTH OF JOB	<u>4933.61'</u>
PUMP TRUCK CHARGE	<u>\$2765.75</u>
EXTRA FOOTAGE @	
MILEAGE <u>Heap 30</u> @ <u>7.70</u>	<u>\$231.00</u>
MANIFOLD <u>High 30</u> @ <u>4.40</u>	<u>\$132.00</u>
<u>Head & manifold</u> @ <u>2.75</u>	<u>275.00</u>
TOTAL	<u>\$3403.75</u>

PLUG & FLOAT EQUIPMENT

<u>1 x 5/2 Guide SHOC</u>	@ <u>153.10</u>	<u>\$153.10</u>
<u>1 x 5/2 AFU INSERT</u>	@ <u>171.80</u>	<u>\$171.80</u>
<u>6 x 5/2 Centralizers</u>	@ <u>28.40</u>	<u>\$170.40</u>
<u>1 x 5/2 BASKET</u>	@ <u>159.40</u>	<u>\$159.40</u>
<u>1 x 5/2 Top Rubber Plug</u>	@ <u>51.25</u>	<u>\$51.25</u>
TOTAL		<u>\$705.95</u>

SALES TAX (If Any) _____
 TOTAL CHARGES 11623.45
 DISCOUNT 2183.50 IF PAID IN 30 DAYS
 net \$ 9439.95



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 139927
Invoice Date: Nov 19, 2013
Page: 1

Bill To:

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

RECEIVED

NOV 29 2013

Customer ID	Field Ticket #	Payment Terms	
Lotus	59949	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Nov 19, 2013	12/19/13

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Piester #1-C		
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
241.81	CEMENT SERVICE	Cubic Feet	2.48	599.69
304.50	CEMENT SERVICE	Ton Mileage	2.60	791.70
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
30.00	CEMENT SERVICE	Pump Truck Mileage	7.70	231.00
30.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	132.00
1.00	CEMENT SUPERVISOR	Jason Thimesch		
1.00	CEMENT SUPERVISOR	Jake Heard		
1.00	OPERATOR ASSISTANT	James Bowen		

ENTERED
NOV 29 2013

GL# 9208
DESC. CEMENT SURF
CS
WELL # PIESC

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

\$ 1,413.25

ONLY IF PAID ON OR BEFORE
Dec 14, 2013

Subtotal	7,066.24
Sales Tax	300.17
Total Invoice Amount	7,366.41
Payment/Credit Applied	
TOTAL	7,366.41

-1,413.25
5,953.16

