



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204389
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: _____

1204389

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
--	---

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Eads B 1
Doc ID	1204389

All Electric Logs Run

Dual Induction
Neutron Density w/PE
Sonic
Micro



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 141159
Invoice Date: Jan 29, 2014
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
FEB 08 2014

Customer ID	Field Ticket #	Payment Terms	
Lotus	62236	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-07	Medicine Lodge	Jan 29, 2014	2/28/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Eads B #1		
150.00	CEMENT MATERIALS	Class A Common	17.90	2,685.00
60.00	CEMENT MATERIALS	Pozmix	9.35	561.00
3.00	CEMENT MATERIALS	Gel	23.40	70.20
9.00	CEMENT MATERIALS	Chloride	64.00	576.00
80.00	CEMENT MATERIALS	Flo Seal	2.97	237.60
332.23	CEMENT SERVICE	Cubic Feet Charge	2.48	823.93
434.41	CEMENT SERVICE	Ton Mileage Charge	2.60	1,129.47
1.00	CEMENT SERVICE	Conductor	1,512.25	1,512.25
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	13-3/8 Baffle Plate	630.00	630.00
1.00	EQUIPMENT SALES	13-3/8 Wooden Plug	220.00	220.00
1.00	EQUIPMENT SALES	13-3/8 Basket	775.00	775.00
1.00	CEMENT SUPERVISOR	David Felio		
1.00	EQUIPMENT OPERATOR	Scott Priddy		
1.00	CEMENT SUPERVISOR	Joe Halcomb		

GL# 9208
 DESC. Cement 13 3/8'
CSG
 WELL # Eads B

Subtotal	9,858.45
Sales Tax	454.63
Total Invoice Amount	10,313.08
Payment/Credit Applied	
TOTAL	10,313.08

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

\$ 1,646.76

ONLY IF PAID ON OR BEFORE
Feb 23, 2014

ENTERED
FEB 10 2014

-1,646.76
8,666.32

ALLIED OIL & GAS SERVICES, LLC 062236

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge, KS

DATE <u>01-29-13</u>	SEC. <u>26</u>	TWP. <u>29s</u>	RANGE <u>15w</u>	CALLED OUT <u>3:30 Am</u>	ON LOCATION <u>6:00 Am</u>	JOB START <u>8:30 Am</u>	JOB FINISH <u>9:15 Am</u>
LEASE <u>Eads B</u>			WELL # <u>1</u>	LOCATION <u>Sun City, KS 1 On, 3w, 3/4s, ef</u>		COUNTY <u>Pratt</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR Duke #7

TYPE OF JOB Conductor - Surface

HOLE SIZE 17 7/8 T.D. 153

CASING SIZE 13 3/8 48" DEPTH 167

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 200 test + 200 MINIMUM _____

MEAS. LINE _____ SHOE JOINT 41

CEMENT LEFT IN CSG. 41'

PERFS. _____

DISPLACEMENT 20 Bbls Fresh H₂O

OWNER Lotus

CEMENT

AMOUNT ORDERED 150 sx 60:40:3%cc + 2% gel & 160 sx class A + 2%cc + 1/2" Floreal

COMMON <u>class A 150 sx</u>	@ <u>17.90</u>	<u>2685.00</u>
POZMIX <u>60</u>	@ <u>9.35</u>	<u>561.00</u>
GEL <u>3 sx</u>	@ <u>23.40</u>	<u>70.20</u>
CHLORIDE <u>9 sx</u>	@ <u>64.00</u>	<u>576.00</u>
ASC _____	@ _____	_____
<u>Floreal 80 #</u>	@ <u>2.97</u>	<u>237.60</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>332.25 fr</u>	@ <u>2.45</u>	<u>823.93</u>
MILEAGE <u>14.99 mi 30</u>	@ <u>2.60</u>	<u>1129.44</u>
TOTAL		<u>6083.17</u>

EQUIPMENT

PUMP TRUCK CEMENTER D. Felio

558-555 HELPER S. Paddy

BULK TRUCK

819-823 DRIVER J. Holcomb

BULK TRUCK

_____ DRIVER _____

REMARKS:

Pipe on Brrn, Break Cinc, Pump Spacer, Mix 150 sx 60:40 cement Blend, Mix 160 sx A + 2%cc, Stop, Release Plug, Start Disp, wash up on Plug, See increase in PSI, Show Rate, Bump Plug at 20 Bbls total Disp., Start in, Cement Bid Lake.

SERVICE

DEPTH OF JOB <u>167'</u>		
PUMP TRUCK CHARGE _____		<u>1512.25</u>
EXTRA FOOTAGE _____	@ _____	_____
MILEAGE <u>30</u>	@ <u>7.70</u>	<u>231.00</u>
MANIFOLD <u>Hand rental</u>	@ _____	<u>275.00</u>
<u>Wght Vehicle 30</u>	@ <u>4.40</u>	<u>132.00</u>
_____	@ _____	_____
TOTAL		<u>2150.25</u>

CHARGE TO: Lotus Oper.

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>1- Baffle Plate</u>	@ _____	<u>630.00</u>
<u>1- Wooden Warden Plug</u>	@ _____	<u>220.00</u>
<u>1- Basket</u>	@ _____	<u>775.00</u>
_____	@ _____	_____
_____	@ _____	_____
TOTAL		<u>1625.00</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 9258.43

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Robert J. Ranch

SIGNATURE Robert J. Ranch

Net 8211.74



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 141160
Invoice Date: Jan 30, 2014
Page: 1

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

RECEIVED
FEB 08 2014

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

Customer ID	Field Ticket #	Payment Terms	
Lotus	62237	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-08	Medicine Lodge	Jan 30, 2014	3/1/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Eads B #1		
600.00	CEMENT MATERIALS	Class A Common	17.90	10,740.00
19.00	CEMENT MATERIALS	Chloride	64.00	1,216.00
310.00	CEMENT MATERIALS	Light Weight	16.50	5,115.00
255.00	CEMENT MATERIALS	Flo Seal	2.97	757.35
981.06	CEMENT SERVICE	Cubic Feet Charge	2.48	2,433.03
1,671.90	CEMENT SERVICE	Ton Mileage Charge	2.60	4,346.94
1.00	CEMENT SERVICE	Intermediate	2,058.50	2,058.50
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	8-5/8 Top Rubber Plug	131.00	131.00
1.00	EQUIPMENT SALES	8-5/8 Basket	560.00	560.00
1.00	EQUIPMENT SALES	8-5/8 Baffle Plate	320.00	320.00
1.00	CEMENT SUPERVISOR	David Felio		
1.00	EQUIPMENT OPERATOR	Scott Priddy		
1.00	CEMENT SUPERVISOR	Jake Heard		
1.00	OPERATOR ASSISTANT	James Bowen		

GL# 9208
 DESC. Cement surf
CSG
 WELL # Eads B

Subtotal	28,315.82
Sales Tax	1,488.31
Total Invoice Amount	29,804.13
Payment/Credit Applied	
TOTAL	29,804.13

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

\$ 5,457.36

ONLY IF PAID ON OR BEFORE
Feb 24, 2014

ENTERED
FEB 10 2014

- 5,457.36
24,346.77

ALLIED OIL & GAS SERVICES, LLC 062237

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lake KS
013114

DATE <i>013014</i>	SEC. <i>26</i>	TWP. <i>29s</i>	RANGE <i>15w</i>	CALLED OUT <i>600pm</i>	ON LOCATION <i>430pm</i>	JOB START <i>10:20pm</i>	JOB FINISH <i>1:00Am</i>
LEASE <i>Eads B</i>		WELL # <i>1</i>	LOCATION <i>Sun City KS 10w, 3w, 1/2s, 1/2s</i>		COUNTY <i>Prairie</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Duke #7* OWNER *Lotus*

TYPE OF JOB *Intermediate*

HOLE SIZE *12 1/4* T.D. *1010* CEMENT

CASING SIZE *8 5/8* DEPTH *989* AMOUNT ORDERED *310s x 65:35:35 6% gel + 2%*

TUBING SIZE DEPTH *cc + 1/4" Floreal # 400s x class A + 2%*

DRILL PIPE DEPTH *cc + 1/4" Floreal # 200s x class A + 1% acc*

TOOL DEPTH COMMON *Class A 600s @ 17.00 10740.00*

PRES. MAX MINIMUM *-* POZMIX @

MEAS. LINE SHOE JOINT *42.2'* GEL @

CEMENT LEFT IN CSG. *42'* CHLORIDE *19s @ 64.00 1216.00*

PERFS. ASC @

DISPLACEMENT *B66 Fresh H₂O* *lightweight 310s @ 16.00 5115.00*

EQUIPMENT *Floreal 255 # @ 2.97 757.35*

PUMP TRUCK CEMENTER *DFedia*

558-555 HELPER *S. Priddy / J. Heard*

BULK TRUCK

561-583 DRIVER *James Bowen*

BULK TRUCK

819-823 DRIVER *Tony Alajandro (temp)*

HANDLING *981.06 f3 @ 2.48 2433.03*

MILEAGE *55.73pm - 30mi - 2.60 4346.94*

TOTAL *24608.32*

REMARKS:

*Pipe on B4m Break Line Pump Spacer
Mix 310s x 65 35 cement Blend, mix 150s x A
+ 2% Blend, Stop Pump, Release Plug, Start Disp. w/
Fresh H₂O, Wash upon Plug, See increase in PST,
Slow Rate, Dump Plug, Switch Cement Did Not Circ.
Pump 100s x 1" through 1" - Pump 200s x A +
1% through 1" - Pump 150s x A + 2% through
1", cement did top off*

SERVICE

DEPTH OF JOB *989*

PUMP TRUCK CHARGE *2058.50*

EXTRA FOOTAGE @

MILEAGE *30 @ 7.70 231.00*

MANIFOLD *headrental @ 275.00*

light Vehicle 30 @ 4.40 132.00

TOTAL *2696.50*

CHARGE TO: *Lotus*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

1-TRP @ 131.00

1-Basket @ 560.00

1-Baffle Plate @ 320.00

@

@

TOTAL *1011.00*

SALES TAX (If Any) _____

TOTAL CHARGES *2835.82*

DISCOUNT *5457.36* IF PAID IN 30 DAYS

net *22840.46*

PRINTED NAME *Alan D. Ronch*

SIGNATURE *Alan D. Ronch*

8 5/8 IR

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.



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 141282
Invoice Date: Feb 6, 2014
Page: 1

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

RECEIVED
FEB 15 2014

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

Customer ID	Field Ticket #	Payment Terms	
Lotus	62291	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Medicine Lodge	Feb 6, 2014	3/8/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Eads #1 B		
126.00	CEMENT MATERIALS	Class A Common	17.90	2,255.40
84.00	CEMENT MATERIALS	Pozmix	9.35	785.40
8.00	CEMENT MATERIALS	Gel	23.40	187.20
222.04	CEMENT SERVICE	Cubic Feet Charge	2.48	550.66
281.70	CEMENT SERVICE	Ton Mileage Charge	2.60	732.42
1.00	CEMENT SERVICE	Rotary Plug	2,810.84	2,810.84
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	Carl Balding		
1.00	CEMENT SUPERVISOR	Darin Franklin		
1.00	CEMENT SUPERVISOR	David Felio		

ENTERED
FEB 19 2014

GL# 9255
DESC. rotary plugging
of #1B 2/6

WELL # EadsB

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

\$ 1,152.74

ONLY IF PAID ON OR BEFORE
Mar 3, 2014

Subtotal	7,684.92
Sales Tax	607.11
Total Invoice Amount	8,292.03
Payment/Credit Applied	
TOTAL	8,292.03

- 1152.74
7139.29

ALLIED OIL & GAS SERVICES, LLC 062291

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge, KS.

DATE <i>2-6-14</i>	SEC <i>26</i>	TWP <i>E9S</i>	RANGE <i>15W</i>	CALLED OUT <i>10:00 AM</i>	ON LOCATION <i>11:00 AM</i>	JOB START <i>2:00 PM</i>	JOB FINISH <i>8:00 PM</i>
LEASE <i>Eads</i>		WELL # <i>1</i>		LOCATION <i>Sun City, KS.</i>		COUNTY <i>Flatt</i>	STATE <i>Kansas</i>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR *Dylce #7*
 TYPE OF JOB *Rotary Plug*
 HOLE SIZE _____ T.D. _____
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE *4 1/2* DEPTH *4803'*
 TOOL _____ DEPTH _____
 PRES. MAX *500* — MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT *X Bbls Mud + Flush*

OWNER *Lotus Operating*
 CEMENT AMOUNT ORDERED
210 sk 60:40:4762L

EQUIPMENT
 PUMP TRUCK CEMENTER *Carl Balding*
 # *471-265* HELPER *Darin Franklin*
 BULK TRUCK
 # *421-250* DRIVER *Dave Felio*
 BULK TRUCK
 # _____ DRIVER _____

COMMON <i>A</i>	<i>126</i> sk @ <i>17.90</i>	<i>2255.40</i>
POZMIX	<i>84</i> sk @ <i>9.35</i>	<i>785.40</i>
GEL	<i>8</i> sk @ <i>23.40</i>	<i>187.20</i>
CHLORIDE	@ _____	_____
ASC	@ _____	_____
HANDLING	<i>222.04</i> @ <i>2.48</i>	<i>550.65</i>
MILEAGE	<i>937 x 30 x 2-60</i>	<i>732.42</i>
TOTAL		<i>4511.07</i>

REMARKS:
Run 50 sk - 4803'
50 sk - 1000'
40 sk - 270'
20 sk - 60'
30 sk - lat Hole
20 sk - waste Hole

SERVICE
 DEPTH OF JOB *4803'*
 PUMP TRUCK CHARGE *2810.84*
 EXTRA FOOTAGE @ _____
 MILEAGE *30* @ *7.70* *231.00*
 MANIFOLD @ _____
LV 30 @ *4.40* *132.00*

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

TOTAL *3173.84*

PLUG & FLOAT EQUIPMENT

_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____

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 *7684.91*
 DISCOUNT _____ IF PAID IN 30 DAYS
NET 6532.17

PRINTED NAME *Calvin D. Ranch*
 SIGNATURE *Calvin D. Ranch*



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Lotus Operating Co
100 S Main Ste 420
Wichita, KS 67202
ATTN: Tim Hellman

26-29S-15W Pratt

1 Eads B

Job Ticket: 51955

DST#: 1

Test Start: 2014.02.04 @ 05:37:24

GENERAL INFORMATION:

Formation: **Marmaton/Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 08:51:54

Time Test Ended: 14:09:09

Test Type: Conventional Bottom Hole (Initial)

Tester: Leal Cason

Unit No: 74

Interval: 4523.00 ft (KB) To 4605.00 ft (KB) (TVD)

Reference Elevations: 1984.00 ft (KB)

Total Depth: 4605.00 ft (KB) (TVD)

1971.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 13.00 ft

Serial #: 6798

Inside

Press @ Run Depth: 38.05 psig @ 4524.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.02.04

End Date:

2014.02.04

Last Calib.:

2014.02.04

Start Time: 05:37:25

End Time:

14:09:09

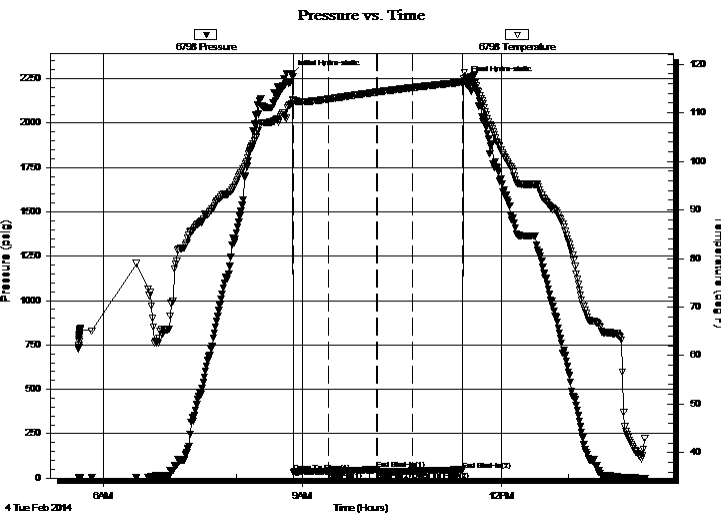
Time On Btm:

2014.02.04 @ 08:50:09

Time Off Btm:

2014.02.04 @ 11:26:09

TEST COMMENT: Weak 3/4 inch Blow
IS: No Blow Back
FF: Weak Surface Blow
FS: No Blow Back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2275.77	111.83	Initial Hydro-static
2	31.59	112.41	Open To Flow (1)
34	38.05	112.83	Shut-In(1)
77	48.03	114.26	End Shut-In(1)
78	38.83	114.29	Shut-In(2)
110	40.53	115.18	Open To Flow (2)
154	46.86	116.26	End Shut-In(2)
156	2238.08	118.31	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	Mud	0.10

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lotus Operating Co

26-29S-15W Pratt

100 S Main Ste 420
Wichita, KS 67202

1 Eads B

Job Ticket: 51955

DST#: 1

ATTN: Tim Hellman

Test Start: 2014.02.04 @ 05:37:24

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4500.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	Mud	0.098

Total Length: 20.00 ft Total Volume: 0.098 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time

