



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1216410
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: _____

1216410

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	Koppitz 8
Doc ID	1216410

All Electric Logs Run

Sonic
Micro
Dual Induction
Neutron Density w/PE

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Koppitz 8
Doc ID	1216410

Tops

Name	Top	Datum
Heebner	3834	-2406
KC	4372	-2944
BKC	4607	-3179
Cher Sh	4744	-3316
Miss	4790	-3362
Viola	5210	-3782
Shimp Sh	5296	-3868
Arb	5525	-4097
LTD	5570	-4142



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 142712
Invoice Date: Apr 16, 2014
Page: 1

RECEIVED
APR 26 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	62766	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Apr 16, 2014	5/16/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Koppitz #8		
150.00	CEMENT MATERIALS	Class A Common	17.90	2,685.00
100.00	CEMENT MATERIALS	Pozmix	9.35	935.00
5.00	CEMENT MATERIALS	Gel	23.40	117.00
8.00	CEMENT MATERIALS	Chloride	64.00	512.00
268.67	CEMENT SERVICE	Cubic Feet Charge	2.48	666.30
225.75	CEMENT SERVICE	Ton Mileage Charge	2.60	586.95
1.00	CEMENT SERVICE	Surface	1,512.75	1,512.75
20.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	88.00
20.00	CEMENT SERVICE	Pump Truck Mileage	7.70	154.00
1.00	CEMENT SUPERVISOR	Jake Heard		
1.00	EQUIPMENT OPERATOR	Scott Priddy		

ENTERED
APR 30 2014

GL# 9208
DESC. CEMENT SURF
CSG #8
WELL # KOPITZ

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

\$ 1,451.40

ONLY IF PAID ON OR BEFORE
May 11, 2014

Subtotal	7,257.00
Sales Tax	303.80
Total Invoice Amount	7,560.80
Payment/Credit Applied	
TOTAL	7,560.80

-1,451.40
6,109.40

ALLIED OIL & GAS SERVICES, LLC 062766

Federal Tax I.D. # 20-8651475 20/20/0

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

SERVICE POINT: Medicine Lodge KS

DATE <u>4-16-14</u>	SEC.	TWP.	RANGE	CALLED OUT <u>7:45 P</u>	ON LOCATION <u>9:00 P</u>	JOB START <u>10:07 P</u>	JOB FINISH <u>10:30 P</u>
LEASE <u>Koppitz</u>		WELL # <u>8</u>		LOCATION <u>281 + Rattle Snake Rd</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>1w 3/4 S 3/4 W S into</u>			

CONTRACTOR Duke 7
 TYPE OF JOB Surface
 HOLE SIZE 19 3/4 T.D. 275
 CASING SIZE 10 3/4 DEPTH 272.09
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 2.5
 CEMENT LEFT IN CSG. 25
 PERFS.
 DISPLACEMENT 26 BBL Fresh
 EQUIPMENT
 PUMP TRUCK CEMENTER Jake Heard
 # 892/555 HELPER Scott Priddy
 BULK TRUCK
 # 364 DRIVER Hector TWS
 BULK TRUCK
 # DRIVER

OWNER Lotus Operating
 CEMENT
 AMOUNT ORDERED 250 SX 60:40
3 1/2 CC + 2 1/2 Gel
 COMMON 150 SX @ 17.90 2685.00
 POZMIX 100 SX @ 9.35 935.00
 GEL 5 SX @ 23.40 117.00
 CHLORIDE 8 @ 64.00 512.00
 ASC @
 @
 @
 @
 @
 @
 @
 @
 @

HANDLING
 MII FACT 849.80 20% TOTAL 4249.00

REMARKS:

On Location. Safety Meeting.
Rig up. Break Circ w/ Rig
Pressure Test. Pump Spacer.
Mix Pump 250 SX cmt. Swap
to Disp. + Washup. Shut in.
Release pressure.
Cmt Did Circ.

SERVICE

DEPTH OF JOB 272.09
 PUMP TRUCK CHARGE 1512.75
 EXTRA FOOTAGE LV 20 @ 4.40 88.00
 MILEAGE 20 @ 7.70 154.00
 MANIFOLD Swab Valve @
Handling 268.67 @ 2.48 666.30
Mileage 11.23/20/2.60 @ 5.86 95.60
601.60 20% TOTAL 3008.00

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

PLUG & FLOAT EQUIPMENT

@ _____
 @ _____
 @ _____
 @ _____
 @ _____

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 Gabe D Row
 SIGNATURE X Gabe D Row

SALES TAX (If Any) _____
 TOTAL CHARGES 7257.60
 DISCOUNT _____ IF PAID IN 30 DAYS
(NET) 5805.60

TOTAL _____



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 142853
Invoice Date: Apr 23, 2014
Page: 1

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

RECEIVED
MAY 03 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	62379	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Apr 23, 2014	5/23/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Koppitz #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
150.00	CEMENT MATERIALS	ASC	20.90	3,135.00
750.00	CEMENT MATERIALS	Kol Seal	0.98	735.00
70.50	CEMENT MATERIALS	FI-160	18.90	1,332.45
37.50	CEMENT MATERIALS	Flo Seal	2.97	111.38
254.44	CEMENT SERVICE	Cubic Feet Charge	2.48	631.01
213.00	CEMENT SERVICE	Ton Mileage Charge	2.60	553.80
1.00	CEMENT SERVICE	Production Casing	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 Rubber Plug	85.00	85.00
1.00	EQUIPMENT SALES	5-1/2 Guide Shoe	281.00	281.00
1.00	EQUIPMENT SALES	5-1/2 Basket	395.00	395.00
5.00	EQUIPMENT SALES	5-1/2 Centralizer	57.00	285.00
1.00	EQUIPMENT SALES	5-1/2 AFU Insert	335.00	335.00
1.00	CEMENT SUPERVISOR	Jason Thimesch		
1.00	EQUIPMENT OPERATOR	Scott Priddy		

GL# 9308
 DESC. CEMENT PRACT
CSG #8
 WELL # Kopitz

ENTERED
MAY 08 2014

Subtotal	12,266.69
Sales Tax	533.79
Total Invoice Amount	12,800.48
Payment/Credit Applied	
TOTAL	12,800.48

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

\$ 2,177.13

ONLY IF PAID ON OR BEFORE
May 18, 2014

- 2177.13
10,623.35

ALLIED OIL & GAS SERVICES, LLC 062379

Federal Tax I.D. # 20-8651475 ^{20/20}

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

SERVICE POINT:
Med Lodge KS

DATE <u>4/23/14</u>	SEC.	TWP.	RANGE	CALLED OUT <u>4/22/14</u> 1000PM	ON LOCATION <u>4/23/14</u> 1230AM	JOB START 400AM	JOB FINISH 515AM
LEASE <u>Kappitz</u> WELL # <u>8</u>			LOCATION <u>281 + Rattlesnake Rd, West, South</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			<u>3/4 west, South into</u>				

CONTRACTOR Duke #7
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 5570
 CASING SIZE 5 1/2 DEPTH 5491
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 42
 CEMENT LEFT IN CSG. 42
 PERFS.
 DISPLACEMENT 130 BBLs Fresh H₂O

OWNER Lotus Operating
 CEMENT
 AMOUNT ORDERED 50 sx 60:40:4% Gel
150 sx Class A ASC + 5# Kolseal + .5% FL-16 +
1/4# Floseal

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thimack
 # 842/555 HELPER Scott Friddy
 BULK TRUCK
 # 364 DRIVER Roy (TWS)
 BULK TRUCK
 # DRIVER

COMMON <u>Class A</u>	<u>20 sx @ 17.90</u>	<u>537.00</u>
POZMIX	<u>20 sx @ 9.35</u>	<u>187.00</u>
GEL	<u>2 sx @ 23.40</u>	<u>46.80</u>
CHLORIDE	@	
ASC	<u>150 sx @ 20.90</u>	<u>3135.00</u>
<u>Kolseal</u>	<u>750 @ .98</u>	<u>735.00</u>
<u>A-160</u>	<u>70.5# @ 18.90</u>	<u>1332.45</u>
<u>Floseal</u>	<u>37.5 @ 2.97</u>	<u>111.37</u>
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	@	
MILEAGE	@	

REMARKS:

Run 5491' 5 1/2 casing
Drop ball + Break circulation
Plug Rat + mouse w/ 50 sx
① casing Pump 150 sx ASC
Wash Pump + lines
Displace with 130 bbls Freshwater
Bump plug + float held

1,216.92 = 20% TOTAL 6084.62

SERVICE

DEPTH OF JOB <u>5491</u>		
PUMP TRUCK CHARGE	<u>3099.25</u>	
EXTRA FOOTAGE	@	
MILEAGE <u>20</u>	@ <u>7.70</u>	<u>154.00</u>
MANIFOLD	@	<u>275.00</u>
<u>A.V. 20</u>	@ <u>4.40</u>	<u>88.00</u>
<u>Handling 254.44</u>	@ <u>2.48</u>	<u>631.61</u>
<u>Mileage 292.60/10.65</u>		<u>553.80</u>
<u>960.21 = 20%</u>		<u>TOTAL 4801.06</u>

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

PLUG & FLOAT EQUIPMENT

<u>1 Rubber plug</u>	@	<u>85.00</u>
<u>1 Guide shoe</u>	@	<u>281.00</u>
<u>1 Basket</u>	@	<u>395.00</u>
<u>5 Centralizers</u>	@ <u>57.00</u>	<u>285.00</u>
<u>1 AFU Insert</u>	@	<u>335.00</u>

Discount TOTAL 1381.00

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cement 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 12,266.68
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Robin Brown
 SIGNATURE Robin Brown

NET 10,089.55

