



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225617
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: _____

1225617

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	Achenbach A 1
Doc ID	1225617

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	Achenbach A 1
Doc ID	1225617

Tops

Name	Top	Datum
Heebner	3901	-2396
KC	4419	-2914
BKC	4674	-3169
Miss	4850	-3345
Kind Sh	5243	-3738
Viola	5380	-3875
Simp Sh	5492	-3987
Arb	5666	-4161
LTD	5680	-4175



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 143830
Invoice Date: Jun 11, 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

JUN 21 2014

Customer ID	Field Ticket #	Payment Terms	
Lotus	63197	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jun 11, 2014	7/11/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Achenbach A #1		
580.50	CEMENT MATERIALS	Chloride	1.10	638.55
225.00	CEMENT MATERIALS	60/40/2% Gel	18.43	4,146.75
241.71	CEMENT SERVICE	Cubic Feet Charge	2.48	599.44
253.95	CEMENT SERVICE	Ton Mileage Charge	2.75	698.36
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
25.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	110.00
25.00	CEMENT SERVICE	Pump Truck Mileage	7.70	192.50
1.00	CEMENT SUPERVISOR	Jake Heard		
1.00	OPERATOR ASSISTANT	Carl Rackley		
1.00	OPERATOR ASSISTANT	Thomas Gibson		
1.00	OPERATOR ASSISTANT	Robert Johnson		

ENTERED

JUN 24 2014

GL# 4208
DESC. CEMENT SERVICE
CS
WELL # AchenA

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

\$ 1,579.57

ONLY IF PAID ON OR BEFORE
Jul 11, 2014

Subtotal	7,897.85
Sales Tax	342.15
Total Invoice Amount	8,240.00
Payment/Credit Applied	
TOTAL	8,240.00

- 1579.57
6,660.43

ALLIED OIL & GAS SERVICES, LLC 063197

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>6-11-14</u>	SEC. <u>2</u>	TWP. <u>35.5</u>	RANGE <u>13 W</u>	CALLED OUT	ON LOCATION <u>12:15P</u>	JOB START <u>1:40P</u>	JOB FINISH <u>2:15P</u>
LEASE <u>Achenbach</u>		WELL# <u>1</u>		LOCATION <u>Hardtur KS W to Gyp Hills Rd</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <u>(NEW)</u> (Circle one)				<u>1 W W into</u>			

CONTRACTOR Duke 7
 TYPE OF JOB Surface
 HOLE SIZE 14 3/4 T.D. 265
 CASING SIZE 10 3/4 DEPTH 262.46
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 20'
 CEMENT LEFT IN CSG. 20'
 PERFS.
 DISPLACEMENT 23 3/4 Fresh
 EQUIPMENT
 PUMP TRUCK CEMENTER Duke Heard
 # 892/555 HELPER CJ Rackley / TJ Gibson
 BULK TRUCK
 # 364 DRIVER Robert Johnson
 BULK TRUCK
 # DRIVER

OWNER Lotus Operating
 CEMENT
 AMOUNT ORDERED 225 x 60:40:151 CLT
21 Gel
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE 580.5 # @ 1.10 638.55
 ASC @
225 x 60:40:2 @ 18.43 4146.75
 HANDLING @
 MILEAGE @
20% = 957.66 TOTAL 4785.30

REMARKS:
On Location Spot in Safety meeting
Rig up Safety meeting Break Circ W
Hook up to Cint P Test pump space
Start pump Cint Disp. Shut in

SERVICE
 DEPTH OF JOB 262'
 PUMP TRUCK CHARGE 1512.25
~~RETRAIL CHARGE~~ 25 @ 4.40 110.00
 MILEAGE 25 @ 7.70 192.50
 MANIFOLD @
Handling 241.71 @ 2.48 599.44
Drayage 253.95 @ 2.75 698.36
20% = 622.51 TOTAL 3112.55

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

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 7897.85
 DISCOUNT 6318.28 IF PAID IN 30 DAYS

PRINTED NAME Robert D Rank
 SIGNATURE Robert D Rank



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 143945
Invoice Date: Jun 17, 2014
Page: 1

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

RECEIVED
JUN 30 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	62830	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Jun 17, 2014	7/17/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Ashenbach #1 <i>A</i>		
175.00	CEMENT MATERIALS	ASC Class A	23.50	4,112.50
875.00	CEMENT MATERIALS	Kol Seal	0.98	857.50
82.25	CEMENT MATERIALS	FL-160	18.25	1,501.06
43.75	CEMENT MATERIALS	Flo Seal	2.97	129.94
50.00	CEMENT MATERIALS	60/40/4% Gel Blend	18.92	946.00
280.80	CEMENT SERVICE	Cubic Feet Charge	2.48	696.38
301.24	CEMENT SERVICE	Ton Mileage Charge	2.75	828.41
1.00	CEMENT SERVICE	Production Casing	3,099.25	3,099.25
25.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	110.00
25.00	CEMENT SERVICE	Pump Truck Mileage	7.70	192.50
1.00	CEMENT SERVICE	Manifold Rental	275.00	275.00
1.00	EQUIPMENT SALES	5-1/2 Rubber Plug	85.00	85.00
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	EQUIPMENT SALES	5-1/2 Guide Shoe	281.00	281.00
1.00	CEMENT SUPERVISOR	Jason Thimesch		
1.00	CEMENT SUPERVISOR	Ron Gilley		
1.00	OPERATOR ASSISTANT	Robert Johnson		

GL# 9308
 DESC. complete
CS
 WELL # JCH004

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

\$ 3,249.80

ONLY IF PAID ON OR BEFORE
Jul 17, 2014

Subtotal	14,129.54
Sales Tax	638.35
Total Invoice Amount	14,767.89
Payment/Credit Applied	
TOTAL	14,767.89

ENTERED

JUN 30 2014

3,249.80
11,518.09

ALLIED OIL & GAS SERVICES, LLC 062830

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

DATE <u>6-17-14</u>	SEC. <u>2</u>	TWP. <u>35S</u>	RANGE <u>13W</u>	CALLED OUT <u>6-16-14 9:30 PM</u>	ON LOCATION <u>6-16-14</u>	JOB START <u>Medicine Lodge KS 6-17-14 2:30 AM</u>	JOB FINISH <u>3:45 AM</u>
LEASE <u>Achenbach</u>		WELL # <u>1</u>		LOCATION <u>Hankins KS, West to Gyp Hill Rd, 1 mile North, West into</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Duke 7
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. _____
 CASING SIZE 5 1/2 15.5# DEPTH 5410
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1600 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 42
 CEMENT LEFT IN CSG. 42'
 PERFS. _____
 DISPLACEMENT 131 BBLs Fresh H₂O

OWNER Lotus Operating
 CEMENT
 AMOUNT ORDERED 50sx 60:40:4% Gel, 175sx Class A Asc + 5# Kalseal + .5% FL-160 + 1/4# Flo Seal
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC Class A 175sx @ 23.50 4112.50
 Kalseal 875# @ 0.98 857.50
 FL-160 82.25 @ 18.25 1501.66
 Flo Seal 43.75 @ 2.97 129.93
 60:40:4% Gel 50sx @ 18.92 946.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____

EQUIPMENT
 PUMP TRUCK CEMENTER Jason Thimesch
 # 894/265 HELPER Ron Gilley
 BULK TRUCK
 # 364 DRIVER Robert Johnson
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

25% = 1886.74 TOTAL 7546.99

SERVICE

DEPTH OF JOB 5410
 PUMP TRUCK CHARGE _____ 3099.25
 EXTRA FOOTAGE LV 25 mi @ 4.40 110.00
 MILEAGE 25 mi @ 7.70 192.50
 MANIFOLD _____ @ _____ 275.00
 Handling 280.8 cu ft @ 2.48 696.58
 Drayage 1205 ft x 25 mi @ 2.75 828.43
20% = 1040.31 TOTAL 5201.56

5 1/2" PLUG & FLOAT EQUIPMENT

Rubber Plug 1 @ _____ 85.00
 Basket 1 @ 395.00 395.00
 Centralizers 5 @ 57.00 285.00
 AF4 Insert 1 @ _____ 335.00
 Guide Shoe 1 @ _____ 281.00
20% = 276.20 TOTAL 1381.00

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

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 [Signature]

SALES TAX (If Any) _____
 TOTAL CHARGES 14,129.55
 DISCOUNT _____ IF PAID IN 30 DAYS
NET 10,879.75

