



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225621
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
-----------------------------------	-----------------	-----------------------------------------

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: _____

1225621

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
----------------	-------	---------	------------	---------------------------------------------------------------------

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: _____ _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Petrowsky 1
Doc ID	1225621

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	Petrowsky 1
Doc ID	1225621

Tops

Name	Top	Datum
Heebner	3678	-1688
Lansing	3864	-1874
BKC	4174	-2184
Miss	4180	-2290
Kind Sd	4344	-2354
Viola	4372	-2382
Simp Sh	4422	-2532
Arb	4536	-2546
LTD	4584	-2594

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Petrowsky 1
Doc ID	1225621

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	4448-49	Swab water w/ sl show of oil	4448-49
		CIBP @ 4435	
3	4346-60	Acid 2000 ga NEFE- swb wtr	4346-60
		CIBP @ 4342	
2	4320-24	Recovered water	4320-24
		Squeeze off 4320- 4360 perms w/ cement	4320-4360
2	4282-4306	Acid 2000 ga NEFE and frac w/ 169,600# and 6,789 Bll slick water	4282-4306



PO Box 93999
Southlake, TX 76092

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

RECEIVED

AUG 01 2014

INVOICE

Invoice Number: 144495
Invoice Date: Jul 19, 2014
Page: 1

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

Customer ID	Field Ticket #	Payment Terms	
Lotus	63216	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jul 19, 2014	8/18/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Petrowsky #1		
709.50	CEMENT MATERIALS	Chloride	1.10	780.45
275.00	CEMENT MATERIALS	60/40 2% Gel Blend	18.43	5,068.25
25.00	CEMENT MATERIALS	Sugar	4.00	100.00
293.08	CEMENT SERVICE	Cubic Feet Charge	2.48	726.84
521.48	CEMENT SERVICE	Ton Mileage Charge	2.75	1,434.07
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
42.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	184.80
42.00	CEMENT SERVICE	Pump Truck Mileage	7.70	323.40
1.00	CEMENT SUPERVISOR	Jake Heard		
1.00	EQUIPMENT OPERATOR	Justin Bower		
1.00	OPERATOR ASSISTANT	Robert Johnson		

ENTERED
ENTERED
JUL 31 2014
JUL 31 2014

GL# 9208
DESC. Cement serv
CS
WELL # Petrow

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

\$ 2,026.01

ONLY IF PAID ON OR BEFORE
Aug 18, 2014

Subtotal	10,130.06
Sales Tax	469.95
Total Invoice Amount	10,600.01
Payment/Credit Applied	
TOTAL	10,600.01

-2026.01
8,574.00



PO Box 93999
Southlake, TX 76092

RECEIVED
AUG 09 2014

INVOICE

Invoice Number: 144743
Invoice Date: Jul 28, 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

Federal Tax I.D.#: 20-8651475

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Lotus	63501	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Great Bend	Jul 28, 2014	8/27/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Petrowsky #1		
30.00	CEMENT MATE	Class A Common	17.90	537.00
20.00	CEMENT MATE	Pozmix	9.35	187.00
172.00	CEMENT MATE	Gel	0.50	86.00
150.00	CEMENT MATE	ASC	23.50	3,525.00
750.00	CEMENT MATE	Kol Seal	0.98	735.00
70.00	CEMENT MATE	FL-160	18.90	1,323.00
37.00	CEMENT MATE	Flo Seal	2.97	109.89
248.22	CEMENT SERVI	Cubic Feet Charge	2.48	615.59
447.29	CEMENT SERVI	Ton Mileage Charge	2.75	1,230.05
1.00	CEMENT SERVI	Production Casing	2,765.75	2,765.75
42.00	CEMENT SERVI	Pump Truck Mileage	7.70	323.40
42.00	CEMENT SERVI	Light Vehicle Mileage	4.40	184.80
4.00	EQUIPMENT SA	5-1/2 Centralizer	57.00	228.00
1.00	EQUIPMENT SA	5-1/2 Basket	395.00	395.00
1.00	EQUIPMENT SA	5-1/2 AFU Float Shoe	545.00	545.00
1.00	EQUIPMENT SA	5-1/2 Latch Down Plug	660.00	660.00
1.00	CEMENT SUPEI	Joshua Isaac		
1.00	EQUIPMENT OF	Ben Newell		
1.00	OPERATOR AS	Zeb Schwaller		

GL# 9308
DESC. Cement
prod casing
WELL # Petrowsky

ENTERED
AUG 12 2014

Subtotal	13,450.48
Sales Tax	658.14
Total Invoice Amount	14,108.62
Payment/Credit Applied	
TOTAL	14,108.62

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

\$ 2690.10

ONLY IF PAID ON OR BEFORE
Aug 27, 2014

- 2,690.10
11,418.52

ALLIED OIL & GAS SERVICES, LLC 063501

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Great Bend

DATE <u>7-28-14</u>	SEC <u>23</u>	TWP <u>26</u>	RANGE <u>14</u>	CALLED OUT	ON LOCATION <u>5 AM</u>	JOB START <u>9:30</u>	JOB FINISH <u>10:40</u>
LEASE <u>Pet. 10000</u>		WELL # <u>1</u>	LOCATION <u>Byers - SW - 1/2 S</u>			COUNTY <u>Pratt</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR <u>Duke Y</u>	OWNER
TYPE OF JOB <u>Production</u>	
HOLE SIZE _____ T.D. _____	CEMENT
CASING SIZE <u>5 1/2</u> DEPTH <u>4547.02</u>	AMOUNT ORDERED <u>150sx class ASC 5# Kohl</u>
TUBING SIZE _____ DEPTH _____	<u>5% Fl 160 1/4 Flo</u>
DRILL PIPE _____ DEPTH _____	<u>50sx 60/100 1/4 gal</u>
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON <u>30</u> @ <u>17.90</u> <u>537.00</u>
MEAS. LINE _____ SHOE JOINT <u>41.60</u>	POZMIX <u>20</u> @ <u>9.35</u> <u>187.00</u>
CEMENT LEFT IN CSG. <u>41.60</u>	GEL <u>172</u> @ <u>.50</u> <u>86.00</u>
PERFS. _____	CHLORIDE @ _____
DISPLACEMENT <u>107.55</u>	ASC <u>150 SX</u> @ <u>23.50</u> <u>3,525.00</u>
EQUIPMENT	<u>Kolsen</u> <u>750</u> @ <u>.98</u> <u>735.00</u>
PUMP TRUCK CEMENTER <u>Bob J. France</u>	<u>Fl-160</u> <u>70</u> @ <u>18.90</u> <u>1,323.00</u>
# <u>366</u> HELPER <u>Ben Maxwell</u>	<u>Flo seal</u> <u>37</u> @ <u>2.97</u> <u>109.89</u>
BULK TRUCK _____	Materials Total @ <u>6,502.89</u>
# <u>544 195</u> DRIVER <u>Rob Schwalle</u>	Disc @ <u>20%</u> <u>1,300.58</u>
BULK TRUCK _____	Service @ _____
# _____ DRIVER _____	HANDLING <u>248.22</u> @ <u>2.48</u> <u>615.58</u>
	MILEAGE <u>10.65 x 42.4</u> <u>2.75</u> <u>1,230.07</u>

REMARKS:

On location - Rig up - had safety meeting
run 5 1/2 casing - break circulation 11:00 AM
plug RT + m fl
pump 5051 fresh water ahead
mix 150 ASC 5# Kohl - 5% Fl 160 1/4 Flo
Drop plug
Dispac 107.55 bbl fresh water
hard plug 1700 PSI 9:01 5 AM
Rig down

CHARGE TO: Lotus operating comp
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 X Robin

SIGNATURE [Signature]

Thank you!

DEPTH OF JOB _____	
PUMP TRUCK CHARGE <u>2,765.75</u>	
EXTRA FOOTAGE @ _____	
MILEAGE <u>HUM 42</u> @ <u>7.70</u> <u>323.40</u>	
MANIFOLD @ _____	
<u>HUM 42</u> @ <u>4.40</u> <u>184.80</u>	
@ _____	

TOTAL 5,119.60
Disc 20% 1,023.92

PLUG & FLOAT EQUIPMENT

<u>4 Centralizers</u>	<u>57.00</u>	<u>228.00</u>
<u>1 Basket</u>	@ <u>395.00</u>	<u>395.00</u>
<u>AFU Float stick</u>	@ <u>545.00</u>	<u>545.00</u>
<u>1 Latch down plug</u>	@ <u>660.00</u>	<u>660.00</u>
@ _____		
@ _____		

TOTAL 1,828.00
Disc 20% 365.60

SALES TAX (If Any) _____
TOTAL CHARGES 13,450.49
DISCOUNT 20% 2,690.10 (20/20/20)
IF PAID IN 30 DAYS
10,760.39



BASIC
ENERGY SERVICES

RECEIVED

AUG 20 2014

PAGE 1 of 1	CUST NO 1002427	YARD # 1718	INVOICE DATE 08/19/2014
INVOICE NUMBER 91569552			

Pratt (620) 672-1201
 B LOTUS OPERATING CO. LLC
 I 100 S MAIN ST STE 420
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Petrowsky 1
 O LOCATION
 B COUNTY Pratt
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40755602	19905		Net - 30 days	09/18/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 08/14/2014 to 08/14/2014				
0040755602				
171811122A Cement-New Well Casing/Pi 08/14/2014				
Cement Squeeze				
Common Cement	100.00	EA	12.32	1,231.75 T
C-41P	6.00	EA	3.08	18.48 T
FLA-322	12.00	EA	5.77	69.29 T
"Unit Mileage Chg (PU, cars one way)"	30.00	MI	3.27	98.16
Heavy Equipment Mileage	60.00	MI	5.39	323.33
"Proppant & Bulk Del. Chgs., per ton mil	143.00	EA	1.69	242.19
Depth Charge; 4001'-5000'	1.00	EA	1,940.00	1,940.00
Blending & Mixing Service Charge	100.00	BAG	1.08	107.78
"Service Supervisor, first 8 hrs on loc.	1.00	EA	134.72	134.72

GL# 9208
 DESC. Squeeze
Anderson
SAME
 WELL # Petrows

ENTERED
AUG 21 2014

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,165.70
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	104.24
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	4,269.94
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>Lotus Operating</i>		Lease No.		Date <i>8-14-14</i>	
Lease <i>Petrowsky</i>		Well # <i>1</i>			
Field Order # <i>11122</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>	Depth <i>4435</i>	County <i>Pratt</i>	State <i>KS</i>
Type Job <i>Squeeze Perf</i>	Formation <i>CNW</i>		Legal Description <i>23 26 14</i>		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size <i>2 7/8</i>	Shots/Ft <i>1</i>		Acid		RATE	PRESS	ISIP
Depth <i>4435</i>	Depth <i>4340</i>	From <i>4346</i>	To	Pre Pad		Max		5 Min.
Volume <i>.47</i>	Volume <i>25.12</i>	From <i>4350</i>	To <i>60</i>	Pad		Min		10 Min.
Max Press <i>2000</i>	Max Press <i>2100</i>	From	To	Frac		Avg		15 Min.
Well Connection <i>2 7/8</i>	Annulus Vol. <i>68.57</i>	From	To			HHP Used		Annulus Pressure
Plug Depth <i>4435</i>	Packer Depth <i>4340</i>	From	To	Flush		Gas Volume		Total Load

Customer Representative <i>Robin</i>			Station Manager <i>Kevin</i>			Treater <i>Scott</i>		
Service Units	<i>28970</i>	<i>77086</i>	<i>70554</i>	<i>19918</i>	<i>19907</i>	<i>19959</i>	<i>23763</i>	
Driver Names	<i>Scott</i>	<i>Edy</i>	<i>Calc</i>	<i>Kevin</i>	<i>Jesse</i>			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:00</i>					<i>On location safety meeting</i>
					<i>Rig up</i>
<i>2:15</i>		<i>400</i>		<i>1.3</i>	<i>Set Injection Rate</i>
<i>2:18</i>	<i>500</i>	<i>500</i>	<i>5.25</i>	<i>1.4</i>	<i>Mix 75 SPS Common 15.6 ppq Fl.</i>
<i>2:23</i>		<i>500</i>	<i>17.63</i>	<i>1.3</i>	<i>Mix 75 SPS Common 14.8 ppq</i>
<i>2:35</i>		<i>0</i>		<i>1.3</i>	<i>Start Displacing Tubing</i>
<i>2:45</i>		<i>500</i>	<i>8</i>	<i>.8</i>	<i>Pressure Increase</i>
<i>3:00</i>		<i>1050</i>	<i>15</i>	<i>.3</i>	<i>Pressure Increase</i>
<i>3:00</i>		<i>500</i>			<i>Shut Down</i>
<i>3:40</i>		<i>1500</i>			<i>Stage cement 40 minutes</i>
<i>3:45</i>		<i>0</i>			<i>Release pressure NCI Returns</i>
					<i>Raise tubing 3'</i>
<i>4:00</i>	<i>500</i>		<i>30</i>	<i>3.5</i>	<i>Reverse out</i>
<i>4:15</i>					<i>Pull tubing</i>
					<i>Shut down</i>
					<i>Job Complete</i>



RECEIVED

AUG 20 2014

PAGE 1 of 1	CUST NO 1002427	YARD # 1718	INVOICE DATE 08/19/2014
INVOICE NUMBER 91570236			

Pratt (620) 672-1201
 B LOTUS OPERATING CO. LLC
 I 100 S MAIN ST STE 420
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Petrowsky 1
 O LOCATION
 B COUNTY Pratt
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
4075E995	19905		Net - 30 days	09/18/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 08/15/2014 to 08/15/2014				
0040755995				
171810737A Cement-New Well Casing/Pi 08/15/2014 Cement Squeeze				
Common Cement	75.00	EA	12.32	923.79 T
C-41P	6.00	EA	3.08	18.48 T
FLA-322	12.00	EA	5.77	69.28 T
"Unit Mileage Chg (PU, cars one way)"	30.00	MI	3.27	98.15
Heavy Equipment Mileage	60.00	MI	5.39	323.33
"Proppant & Bulk Del. Chgs., per ton mil	107.00	EA	1.69	181.22
Depth Charge; 4001'-5000'	1.00	EA	1,939.97	1,939.97
Blending & Mixing Service Charge	75.00	BAG	1.08	80.83
"Service Supervisor, first 8 hrs on loc.	1.00	EA	134.72	134.72

GL# 7308
 DESC. SQUEEZE
KIND CEMENT
 WELL # 2100

ENTERED
AUG 21 2014

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,769.77
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	79.91
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,849.68
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 10737 A

DATE _____ TICKET NO. _____

DATE OF JOB: 8/15/14		DISTRICT: PRATT, KS		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:						
CUSTOMER: LOTUS OPERATING CO.		LEASE: PETROWSKY #1		WELL NO.:						
ADDRESS:		COUNTY: PRATT		STATE: KS						
CITY:		STATE:		SERVICE CREW: KC, SCOTT HAYDON						
AUTHORIZED BY:		JOB TYPE: OUVW - 504626								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19907		70959					8-15			1030
		19918	2							1100
77686	2									1230
19905										1230
										15

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: Robin Brown
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
M100C	COMMON CONCRETE	SK	25		400.00
M100C	COMMON CONCRETE	SK	50		800.00
M105	P41-P	lb.	6		24.00
M129	FLA-322	lb.	12		90.00
E100	PICKUP MILEAGE	mi.	30		127.50
E101	TRUCK MILEAGE	mi.	60		420.00
E118	BULK DELIVERY	TM	107		234.30
CE205	DEPTH CHANGE 400' - 500'	LN	1		7520.00
CE240	BLENDING CHANGE	SK	75		105.00
5003	SERVICE SUPERVISOR	DA	1		175.00

SUB TOTAL 3769.77

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Robin Brown</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
--------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

FIELD SERVICE ORDER NO.

BASIC

energy services, L.P.

TREATMENT REPORT

Customer	LOTUS OPER. CO.		Lease No.			Date	8-15-14	
Lease	PETROWSKY		Well #	1				
Field Order #	Station	Casing	Depth	County	State			
10137	PRATT KS	5 1/2		PRATT	KS			
Type Job	CANN - STIMULERE		Formation	POWER MESS		Legal Description 13-26-14		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
5 1/2	4 3/8			Pre Pad		Max		5 Min.
Depth	Depth	From	To	Pad		Min		10 Min.
	15.0			Frac		Avg		15 Min.
Max Press	Max Press	From	To			HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush		Gas Volume		Total Load
Plug Depth	Packer Depth	From	To					

Customer Representative	ROBEN	Station Manager	KEVIN	Treater	CONLEY
Service Units	19907	7686-19905	19959-19918		
Driver Names	KG	SCOTT	ATHAN		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:30					ON LOCATION
					PERFS-4320-24 RETAINER-4316
					PERFS OPEN ABOVE
		1300	5	1	STING INTO RETAINER
		1300	5	1	INT. RATE - 1 BPM -
		1300	6	1	MIX 25% COMMON .5% FLA-322, .25% DEFORTMER
		1000	10	1.5	MIX 50% COMMON
		1000	14	1.5	START DISP.
		1000	9	1.5	CONCENT AT PERFS
		2000	17	.5	2000# - STOP
		1000			STARTING 50% CONCENT
		2000	18		HELD 2000# IN PERFS.
					RELEASE - NO FLOWBACK
	500				PT ANN - 500#
					STING OUT
	700		90	5	REVERSE OUT - 6HBL CONCENT
					PULL TUBING
12:30					JOB COMPLETE - KEVIN