



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237147
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: _____



1237147

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
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Rose 4
Doc ID	1237147

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	Rose 4
Doc ID	1237147

Tops

Name	Top	Datum
Heebner	3760	-2364
KC	4276	-2880
BKC	4519	-3123
Miss	4694	-3298
Viola	5084	-3688
Simp Sh	5174	-3778
Arb	5360	-3964
LTD	5390	-3994



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 146290
Invoice Date: Oct 6, 2014
Page: 1

Federal Tax I.D.#: 20-8651475

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

RECEIVED

OCT 20 2014

Customer ID	Field Ticket #	Payment Terms	
Lotus	62819	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Oct 6, 2014	11/5/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Rose #4		
250.00	CEMENT MATERIALS	Class A Common	17.90	4,475.00
470.00	CEMENT MATERIALS	Gel	0.50	235.00
705.00	CEMENT MATERIALS	Chloride	1.10	775.50
270.33	CEMENT SERVICE	Cubic Feet Charge	2.48	670.42
190.58	CEMENT SERVICE	Ton Mileage Charge	2.75	524.10
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
15.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	66.00
15.00	CEMENT SERVICE	Pump Truck Mileage	7.70	115.50
1.00	CEMENT SUPERVISOR	Todd Seba		
1.00	OPERATOR ASSISTANT	Thomas Gibson		
1.00	OPERATOR ASSISTANT	Robert Johnson		

GL# 9208
DESC. cement surf
(SG)
#4
WELL # Rose 1

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

\$ 1,674.75

ONLY IF PAID ON OR BEFORE
Nov 5, 2014

Subtotal	8,373.77
Sales Tax	392.21
Total Invoice Amount	8,765.98
Payment/Credit Applied	
TOTAL	8,765.98

ENTERED

OCT 21 2014

- 1,674.75
7,091.23

ALLIED OIL & GAS SERVICES, LLC 062819

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Mendonza K1

DATE <u>10-6-14</u>	SEC. <u>25</u>	TWP. <u>34</u>	RANGE <u>12</u>	CALLED OUT <u>11:00 P.M</u>	ON LOCATION <u>12.15</u>	JOB START <u>1.58</u>	JOB FINISH <u>3.00</u>
LEASE <u>Pass</u>		WELL # <u>4</u>		LOCATION <u>ZB1E Compressor Station</u>		COUNTY <u>Baker</u>	STATE <u>KS</u>
OLD OR (NEW) (Circle one)		<u>12 S W 1 N into</u>					

CONTRACTOR Duke #7
 TYPE OF JOB Surfaces
 HOLE SIZE 143/4 T.D. 200.
 CASING SIZE 10 3/4 DEPTH 299.31
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 70
 CEMENT LEFT IN CSG. 20
 PERFS. _____
 DISPLACEMENT 27.75 ~~27.75~~ 13bls

OWNER Lotus Operating

CEMENT
 AMOUNT ORDERED 250# Class A
2 1/2 GEL 3/4 CC

EQUIPMENT
 PUMP TRUCK CEMENTER TSEB
 # 892-SSS HELPER TS Gibson
 BULK TRUCK
 # 364 DRIVER Robert J.
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>250</u>	@	<u>17.90</u>	<u>4475.00</u>
POZMIX		@		
GEL	<u>470 #</u>	@	<u>.50</u>	<u>235.00</u>
CHLORIDE	<u>70.5 #</u>	@	<u>1.10</u>	<u>775.50</u>
ASC		@		
HANDLING		@		
MILEAGE	<u>20%</u>		<u>1097.10</u>	TOTAL <u>5485.50</u>

REMARKS:
Run 7 H's 103/4 32.75 # Lsg
Set 299.31
psi test 10000
Pump 5 Bls H2O
Mix: Pump 250# Class A 2 1/2 GEL 3/4 CC
15.2 #/gal 1.34 H3
Disp ~~27.75~~ 13bls 27.75
Good size then 200 circ cut to pt

SERVICE

DEPTH OF JOB	<u>300</u>			
PUMP TRUCK CHARGE			<u>1512.25</u>	
EXTRA FOOTAGE	<u>15</u>	@	<u>4.40</u>	<u>66.00</u>
MILEAGE	<u>15</u>	@	<u>7.70</u>	<u>115.50</u>
MANIFOLD		@		
Handling	<u>270.33</u>	@	<u>2.46</u>	<u>670.42</u>
Mileage	<u>12.71</u>	@	<u>2.75</u>	<u>324.10</u>
20%	<u>577.65</u>			TOTAL <u>2886.27</u>

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 373.77
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Allied Oil & Gas
 SIGNATURE Allied Oil & Gas

NET = 6699.02



PO Box 93999
Southlake, TX 76092

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

RECEIVED
OCT 20 2014

INVOICE

Invoice Number: 146298
Invoice Date: Oct 11, 2014
Page: 1

Federal Tax I.D.#: 20-8651475

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

Customer ID	Field Ticket #	Payment Terms	
Lotus	64478	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Oct 11, 2014	11/10/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Rose #4		
225.00	CEMENT MATERIALS	ASC	23.50	5,287.50
1,125.00	CEMENT MATERIALS	Kol Seal	0.98	1,102.50
105.75	CEMENT MATERIALS	FL-160	18.90	1,998.68
56.25	CEMENT MATERIALS	Flo Seal	2.97	167.06
293.30	CEMENT SERVICE	Cubic Feet Charge	2.48	727.38
189.39	CEMENT SERVICE	Ton Mileage Charge	2.75	520.82
1.00	CEMENT SERVICE	Production Casing	3,099.25	3,099.25
15.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	66.00
15.00	CEMENT SERVICE	Pump Truck Mileage	7.70	115.50
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
1.00	EQUIPMENT SALES	5-1/2 Guide Shoe	281.00	281.00
1.00	EQUIPMENT SALES	5-1/2 AFU Insert	335.00	335.00
5.00	EQUIPMENT SALES	5-1/2 Centralizer	57.00	285.00
1.00	EQUIPMENT SALES	5-1/2 Top Rubber Plug	85.00	85.00
1.00	CEMENT SUPERVISOR	Jake Heard		
1.00	EQUIPMENT OPERATOR	Justin Bower		
1.00	OPERATOR ASSISTANT	Robert Johnson		

GL# 9308
DESC. Cement prod
CSG #4
WELL # Rose 1

Subtotal	14,345.69
Sales Tax	682.23
Total Invoice Amount	15,027.92
Payment/Credit Applied	
TOTAL	15,027.92

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

\$ 2,671.94

ONLY IF PAID ON OR BEFORE
Nov 10, 2014

ENTERED

OCT 21 2014

-267194

12,355.98

ALLIED OIL & GAS SERVICES, LLC 064478

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge, KS

DATE <u>10-11-14</u>	SEC. <u>25</u>	TWP. <u>34s</u>	RANGE <u>12 W</u>	CALLED OUT	ON LOCATION <u>10:00 A</u>	JOB START <u>3:00 P</u>	JOB FINISH <u>4:15 P</u>
LEASE <u>Rose</u>	WELL # <u>4</u>	LOCATION <u>MLKS S on 281 to Compressor</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				Station <u>1/2 S W into</u>			

CONTRACTOR Duke 7
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 5385
 CASING SIZE 5 1/2 15.5 DEPTH 5220.98
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 42.17
 CEMENT LEFT IN CSG. 42.17
 PERFS. _____
 DISPLACEMENT 124 Fresh BBL
 EQUIPMENT _____
 PUMP TRUCK CEMENTER Jake Heard
 # 548/545 HELPER Justin Bower
 BULK TRUCK _____
 # 364 DRIVER Robert Johnson
 BULK TRUCK _____
 # _____ DRIVER _____

OWNER Lotus Operating
 CEMENT
 AMOUNT ORDERED 225 sx ASC + 5# Kolseal + 5# FL-160 + 1/4# Floseal
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC 225sx A sx @ 23.50 5287.50
Kolseal 1125# @ 98 1102.50
FL-160 105.75# @ 18.90 1998.48
Floseal 56.25# @ 2.97 167.06
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____

20% = 1711.15 TOTAL 8555.74

SERVICE

DEPTH OF JOB 5220.98
 PUMP TRUCK CHARGE _____ 3099.25
 EXTRA FOOTAGE L.V 15 @ 4.40 66.00
 MILEAGE 15 @ 7.70 115.50
 MANIFOLD + Head _____ @ _____ 275.00
 Handling 293.30/ft @ 2.48 727.38
 Drayage 12.426/189.39 @ 2.75 520.82

20% = 960.79 TOTAL 4803.95

PLUG & FLOAT EQUIPMENT

1 Guide Shoe @ _____ 281.00
1 AFU Insert @ _____ 335.00
5 Centralizers @ 57.00 285.00
1 TRP @ _____ 85.00
 _____ @ _____

TOTAL 986.00

SALES TAX (If Any) _____
 TOTAL CHARGES 14345.69
 DISCOUNT (11673.75) IF PAID IN 30 DAYS

REMARKS:

On location Safety Meeting
Rig up Safety Meeting Pump Spacer
Mix + pump Rat + Mouse Cmt
Go Downhole Mix + pump Cmt Stop
Wash pump + lines, Release plug
Displace Slow Rate Bump plug
Floater did not Hold Shut in
w/ 500 # psi

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

5 1/2

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 Galen D. Rouch
 SIGNATURE Galen D. Rouch

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

February 16, 2015

Tim Hellman
Lotus Operating Company, L.L.C.
100 SMain, Ste 420
Wichita, KS 67202-3737

Re: ACO-1
API 15-007-24236-00-00
Rose 4
SE/4 Sec.25-34S-12W
Barber County, Kansas

Dear Tim Hellman:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 10/6/2014 and the ACO-1 was received on February 13, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department