

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237157
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: _____

1237157

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	Suzie 9
Doc ID	1237157

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	Suzie 9
Doc ID	1237157

Tops

Name	Top	Datum
Heebner	3753	-2340
KC	4274	-2861
BKC	4513	-3100
Miss	4694	-3281
Viola	5066	-3653
Simp Sh	5170	-3757
Arb	5370	-3957
LTD	5384	-3971



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 146643
Invoice Date: Oct 19, 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
NOV 03 2014

Customer ID	Field Ticket #	Payment Terms	
Lotus	63052	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Oct 19, 2014	11/18/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Suzie #9		
285.00	CEMENT MATERIALS	Class A Common	17.90	5,101.50
188.00	CEMENT MATERIALS	Gel	0.50	94.00
470.00	CEMENT MATERIALS	Chloride	1.10	517.00
100.00	CEMENT MATERIALS	Light Weight	19.88	1,988.00
46.00	CEMENT MATERIALS	Flo Seal	2.97	136.62
399.66	CEMENT SERVICE	Cubic Feet Charge	2.48	991.16
277.14	CEMENT SERVICE	Ton Mileage Charge	2.75	762.14
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 SERVICE	Manifold Rental	275.00	275.00
1.00	EQUIPMENT SALES	8-5/8 Top Rubber Plug	131.00	131.00
1.00	EQUIPMENT SALES	8-5/8 AFU Insert	530.00	530.00
1.00	CEMENT SUPERVISOR	Jason Thimesch		
1.00	EQUIPMENT OPERATOR	Justin Bower		
1.00	OPERATOR ASSISTANT	Wayne Rucker		

GL# 9208
DESC. Cement sub csg,
(8 5/8 Long String)
#9
WELL # Susie

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

\$ 2,311.84

ONLY IF PAID ON OR BEFORE
Nov 18, 2014

Subtotal	12,220.17
Sales Tax	607.62
Total Invoice Amount	12,827.79
Payment/Credit Applied	
TOTAL	12,827.79

ENTERED

NOV 03 2014

-2,311.84
10,515.95

ALLIED OIL & GAS SERVICES, LLC 063052

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>10/19/14</u>	SEC.	TWP.	RANGE	CALLED OUT <u>420AM</u>	ON LOCATION <u>615AM</u>	JOB START <u>735AM</u>	JOB FINISH <u>115AM</u>
LEASE <u>Suzie</u>	WELL# <u>9</u>	LOCATION <u>281 + Hawkins Rd 3/4 E, Post rig</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)			then South + West info				

CONTRACTOR Duke I OWNER Lotus Operating

TYPE OF JOB Surface

HOLE SIZE 9 5/8 T.D.

CASING SIZE 8 7/8 DEPTH 1028

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 950 MINIMUM

MEAS. LINE SHOE JOINT 42

CEMENT LEFT IN CSG. 42

PERFS.

DISPLACEMENT 6 2 1/2 BBL Fresh H₂O

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thiaersch

548/545 HELPER Justin Bower

BULK TRUCK

364 DRIVER Wayne Rucker

BULK TRUCK

DRIVER

REMARKS:

CEMENT

AMOUNT ORDERED 100sx 65:35:6% Gel +

3% cc + 1/4 # Floseal, 100sx Class A + 3% cc +

2% Gel, 100sx Class A, 85sx Class A + 2% cc + 1/4 # F62d

COMMON 285 sx @ 17.90 5101.50

POZMIX @

GEL 198^{lb} @ .50 94.00

CHLORIDE 470^{lb} @ 1.10 517.00

ASC @

ALW 100 sx @ 19.88 1988.00

Floseal 46^{lb} @ 2.97 136.62

@

@

@

@

@

@

@

HANDLING @

MILEAGE

20% = 1567.42 TOTAL 7837.12

SERVICE

DEPTH OF JOB 1028

PUMP TRUCK CHARGE 1512⁰⁰

EXTRA FOOTAGE 6U 15 @ 4.40 66.00

MILEAGE 15 @ 7.70 115.50

MANIFOLD @ 276.00

Handling 377.66 @ 2.48 941.15

Mileage 277.14 @ 2.75 762.15

20% 744.41 TOTAL 3722.05

CHARGE TO: ~~Lotus Operating~~ Lotus Operating

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

8 5/8

Rubber Plug Tap @ 131.00

AEH insert @ 550.00

@

@

@

@

TOTAL 661.00

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 12,220.17

DISCOUNT IF PAID IN 30 DAYS

NET 9908.33

PRINTED NAME Mike Godfrey

SIGNATURE Mike Godfrey



RECEIVED
NOV 08 2014

INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 146785

Invoice Date: Oct 27, 2014

Voice: (817) 546-7282

Page: 1

Fax: (817) 246-3361

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	64489	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Oct 27, 2014	11/26/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Suzie #9		
175.00	CEMENT MATERIALS	ASC Class A	23.50	4,112.50
875.00	CEMENT MATERIALS	Kol Seal	0.98	857.50
82.00	CEMENT MATERIALS	FL-160	18.90	1,549.80
44.00	CEMENT MATERIALS	Flo Seal	2.97	130.68
50.00	CEMENT MATERIALS	60/40/4% Gel Blend	18.92	946.00
280.97	CEMENT SERVICE	Cubic Feet Charge	2.48	696.81
180.82	CEMENT SERVICE	Ton Mileage Charge	2.75	497.26
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 Top 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 AFU Insert	335.00	335.00
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	CEMENT SUPERVISOR	Jake Heard		
1.00	EQUIPMENT OPERATOR	Justin Bower		
1.00	OPERATOR ASSISTANT	Wayne Rucker		

ENTERED

NOV 11 2014

GL# 9308

DESC. cement

prod sig, #9

WELL # Susie

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

\$ 2,469.26

ONLY IF PAID ON OR BEFORE

Nov 26, 2014

Subtotal	13,727.30
Sales Tax	641.89
Total Invoice Amount	14,369.19
Payment/Credit Applied	
TOTAL	14,369.19

- 2469.26
11,899.93

ALLIED OIL & GAS SERVICES, LLC 064489

Federal Tax I.D. # 20-8661475

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

SERVICE POINT: Medicine Lodge Ks

DATE <u>10-27-14</u>	SEC. <u>36</u>	TWP. <u>34s</u>	RANGE <u>11w</u>	CALLED OUT	ON LOCATION <u>ZIDDA</u>	JOB START <u>5:55A</u>	JOB FINISH <u>7:00A</u>
LEASE <u>Size</u>	WELL # <u>9</u>	LOCATION <u>781 + Hawkins Rd E past Rig</u>			COUNTY <u>Barber</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)				<u>South into</u>			

CONTRACTOR Duke 1

OWNER Lotus Operating

TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 5384
 CASING SIZE 5 1/2 15.5 DEPTH 5095.70
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 40.20
 CEMENT LEFT IN CSG. 40.20
 PERFS.
 DISPLACEMENT 120 Fresh

CEMENT
 AMOUNT ORDERED 175 sx Class A Asc +
5# Kalseal + .5 # FH6 + 1/4# Floseal
50 sx 60:40:4 # Gel

EQUIPMENT
 PUMP TRUCK CEMENTER Jake Heard
#548/545 HELPER Justin Bower
 BULK TRUCK
#381/252 DRIVER Wayne Rucker
 BULK TRUCK
 # DRIVER

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC A <u>175 sx</u>	@	<u>23.50</u>	<u>4112.50</u>
<u>Kalseal 875#</u>	@	<u>.98</u>	<u>857.50</u>
<u>FL-160 82#</u>	@	<u>18.90</u>	<u>1549.80</u>
<u>Floseal 44#</u>	@	<u>2.97</u>	<u>130.68</u>
	@		
<u>60:40:4 50 sx</u>	@	<u>18.92</u>	<u>946.00</u>
	@		
	@		
	@		
HANDLING	@		
MILEAGE			

REMARKS:
On Location Safety Meeting Rig up
Safety Meeting Pressure Test Pump
Spacer Mix + pump M+R Hole cmt
Go Downhole Mix + pump cmt
Stop Wash pump + lines Release plug
Displace Bump plug Float Head
Wash up pump

20% = 1519.30 TOTAL 7596.48

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

SERVICE

DEPTH OF JOB <u>5095.7</u>		
PUMP TRUCK CHARGE		<u>3099.25</u>
EXTRA FOOTAGE <u>L.V 15'</u>	@ <u>4.40</u>	<u>66.00</u>
MILEAGE <u>18</u>	@ <u>7.70</u>	<u>115.50</u>
MANIFOLD + Head	@	<u>275.00</u>
Handling <u>280.97 cu/ft</u>	@ <u>2.48</u>	<u>696.81</u>
Drayage <u>12.055/180.825</u>	@ <u>2.75</u>	<u>497.27</u>
20% = <u>949.97</u>		TOTAL <u>4749.83</u>

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.

PLUG & FLOAT EQUIPMENT

<u>1 Top Rubber plug</u>	@	<u>85.00</u>
<u>1 Reg Guide Shoe</u>	@	<u>281.00</u>
<u>1 AFD Insert</u>	@	<u>335.00</u>
<u>1 Basket</u>	@	<u>395.00</u>
<u>5 Centralizers</u>	@	<u>57.00</u>
		TOTAL <u>1381.00</u>

PRINTED NAME Robin Brown
 SIGNATURE Robin Brown

SALES TAX (If Any) _____
 TOTAL CHARGES 13727.31
 DISCOUNT (11258.04) IF PAID IN 30 DAYS

