

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242727
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: _____

1242727

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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PO Box 93999
Southlake, TX 76092

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

RECEIVED
FEB 2 2015

INVOICE

Invoice Number: 148323
Invoice Date: Jan 20, 2015
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 Lotus	Field Ticket # 65086	Payment Terms Net 30 Days	
Job Location KS1-02	Camp Location Medicine Lodge	Service Date Jan 20, 2015	Due Date 2/19/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Petrowsky SWD #2		
150.00	CEMENT MATERIALS	ASC		
50.00	CEMENT MATERIALS	60/40/4% Gel Blend	23.50	3,525.00
750.00	CEMENT MATERIALS	Kol Seal	18.92	946.00
70.50	CEMENT MATERIALS	FL-160	0.98	735.00
37.50	CEMENT MATERIALS	Flo Seal	18.90	1,332.45
248.40	CEMENT SERVICE	Cubic Feet Charge	2.97	111.38
458.00	CEMENT SERVICE	Ton Mileage Charge	2.48	616.03
1.00	CEMENT SERVICE	Production Casing	2.75	1,259.50
43.00	CEMENT SERVICE	Light Vehicle Mileage	2,765.75	2,765.75
43.00	CEMENT SERVICE	Pump Truck Mileage	4.40	189.20
1.00	CEMENT SERVICE	Manifold Rental	7.70	331.10
1.00	EQUIPMENT SALES	5-1/2 Triplex	275.00	275.00
1.00	EQUIPMENT SALES	5-1/2 Latch Down Plug & Baffle	1,340.00	1,340.00
5.00	EQUIPMENT SALES	5-1/2 Centralizer	660.00	660.00
1.00	CEMENT SUPERVISOR	Jake Heard	57.00	285.00
1.00	CEMENT SUPERVISOR	Justin Bower		
1.00	OPERATOR ASSISTANT	Robert Johnson		
1.00	OPERATOR ASSISTANT	Wayne Rucker		

ENTERED

FEB 04 2015

GL# 9308
DESC. Cement prod
CSG
#12
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

\$ 4,311.42

ONLY IF PAID ON OR BEFORE
Feb 19, 2015

Subtotal	
Sales Tax	14,371.41
Total Invoice Amount	
Payment/Credit Applied	14,371.41
TOTAL	14,371.41

- 4311.42

10,059.99

ALLIED OIL & GAS SERVICES, LLC 065086

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93992
SOUTHLAKE, TEXAS 76092

SERVICE POINT: medicine lake KS

DATE <u>1-20-15</u>	SEC <u>23</u>	TWP <u>26</u>	RANGE <u>14w</u>	CALLED OUT	ON LOCATION <u>10:00pm</u>	JOB START	JOB FINISH	
LEASE <u>Petrousky SW 2</u>			WELL # <u>2</u>		LOCATION <u>Byers's B/T west To 50th Ave</u>		COUNTY <u>Pratt</u>	STATE <u>K.S.</u>
OLD OR <u>NEW</u> (Circle one)			Y4 south East into					

CONTRACTOR Duke #1
 TYPE OF JOB production
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 DEPTH 4623.46
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 3,000 MINIMUM
 MEAS. LINE SHOE JOINT 42.10
 CEMENT LEFT IN CSG. 42.10
 PERFS.
 DISPLACEMENT 110 bbl
 EQUIPMENT
 PUMP TRUCK CEMENTER Sustine Brewer Jake Head
 # 994-302 HELPER Robert
 BULK TRUCK
 # 381-252 DRIVER Wayne
 BULK TRUCK
 # DRIVER

OWNER Lotus operating
 CEMENT
 AMOUNT ORDERED 50 SKS 100' 40' 4% seal
150 SKS ASC + 5# H01 seal + .5% E1160 +
1/4# flo seal
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC 150 x @ 23.50 3525.00
60:40 4# 50x @ 18.92 946.00
Koscal 750* @ 98 735.00
FL-160 70.5 # @ 18.90 1332.45
Flo seal 37.5 @ 2.97 111.37
 HANDLING @
 MILEAGE @
 TOTAL 6649.82
 30% = 1994.94

REMARKS:

SERVICE
 DEPTH OF JOB 4623.46
 PUMP TRUCK CHARGE 2765.75
 EXTRA FOOTAGE LV 43 @ 4.40 189.20
 MILEAGE 43 @ 7.70 331.10
 MANIFOLD @ 275.00
Handling 248.4 cuft @ 2.48 616.03
m. legs 458 to mi @ 2.75 1259.50
 30% = 1130.97
 TOTAL 5436.58

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

PLUG & FLOAT EQUIPMENT
 1 EA Triplex @ 1340.00
 1 EA 10' Plug BOP @ 660.00
 5 EA Centralizers @ 57.00 285.00
 30% = 685.50
 TOTAL 2285.00

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 14,371.40
 DISCOUNT _____ IF PAID IN 30 DAYS
Net \$10,059.98

PRINTED NAME X Robin
 SIGNATURE [Signature]

ALLIED

OIL & GAS SERVICES, LLC

PO Box 93999
Southlake, TX 76092

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

RECEIVED
JAN 26 2015

INVOICE

Invoice Number: 148208
Invoice Date: Jan 15, 2015
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 Lotus	Field Ticket # 64887	Payment Terms Net 30 Days	
Job Location KS1-01	Camp Location Medicine Lodge	Service Date Jan 15, 2015	Due Date 2/14/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Petrowsky SWD #2		
225.00	CEMENT MATERIALS	Class A Common		
635.00	CEMENT MATERIALS	Chloride	17.90	4,027.50
236.25	CEMENT SERVICE	Cubic Feet Charge	1.10	698.50
468.38	CEMENT SERVICE	Ton Mileage Charge	2.48	585.90
1.00	CEMENT SERVICE	Surface	2.75	1,288.05
43.00	CEMENT SERVICE	Light Vehicle Mileage	1,512.25	1,512.25
43.00	CEMENT SERVICE	Pump Truck Mileage	4.40	189.20
1.00	CEMENT SUPERVISOR	Jake Heard	7.70	331.10
1.00	OPERATOR ASSISTANT	Robert Johnson		
1.00	CEMENT SUPERVISOR	Jason Thimesch		

GL# 9208
DESC. Cement Surf
chg
#2
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

\$ 2,589.75

ONLY IF PAID ON OR BEFORE
Feb 14, 2015

Subtotal	
Sales Tax	8,632.50
Total Invoice Amount	
Payment/Credit Applied	8,632.50
TOTAL	8,632.50

ENTERED
JAN 27 2015

-2589.75
6042.75

ALLIED OIL & GAS SERVICES, LLC 066087

Federal Tax I.D. # 20-9651475

SERVICE POINT:

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

Medina Lodge 121

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
1-15-15	23	26S	14W		12:45 PM	1:45P	2:30P
LEASE <i>Petrovsky</i>				WELL # <i>2</i>		LOCATION <i>Byers KS LN 2E</i>	
OLD OR (NEW) (Circle one)				<i>1/15</i>		COUNTY <i>Pratt</i>	STATE <i>KS</i>

CONTRACTOR <i>Duke 7</i>	OWNER <i>Lotus Operating</i>
TYPE OF JOB <i>Surface</i>	CEMENT
HOLE SIZE <i>14 3/4</i> T.D.	AMOUNT ORDERED <i>225 sk Class A + 3' l.c.</i>
CASING SIZE <i>16 3/4</i> DEPTH	
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	
MEAS. LINE SHOE JOINT	
CEMENT LEFT IN CSG. <i>20'</i>	COMMON <i>225 sk A @ 17.90 4027.50</i>
PERFS.	POZMIX @
DISPLACEMENT <i>26.74</i>	GEL @
EQUIPMENT	CHLORIDE <i>6.35 # @ 1.10 698.50</i>
	ASC @
	@
	@
	@
	@
	@
	@
	@
	@
	HANDLING @
	MILEAGE @

PUMP TRUCK CEMENTER *Jake Beard*
894/300 HELPER *Robert Johnson*
BULK TRUCK
364 DRIVER *Jason Thimesch*
BULK TRUCK
DRIVER

REMARKS:

30% = 1417.80 TOTAL **4726.00**

SERVICE

DEPTH OF JOB <i>288'</i>	
PUMP TRUCK CHARGE	<i>1512.25</i>
EXTRA FOOTAGE <i>6.11 43 @ 4.40</i>	<i>189.20</i>
MILEAGE <i>.43 @ 7.70</i>	<i>331.10</i>
MANIFOLD @	
<i>Handling 236.25 @ 2.44</i>	<i>578.90</i>
<i>Drumage 10.89 / 468.38 @ 2.75</i>	<i>1287.05</i>

30% = 1176.95 TOTAL **3906.50**

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 **8632.50**

PRINTED NAME *Charles D Raul*
SIGNATURE *Charles D Raul*

DISCOUNT _____ IF PAID IN 30 DAYS
NET 6042.75