



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1248861  
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: \_\_\_\_\_



1248861

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Achenbach A 2
Doc ID	1248861

All Electric Logs Run

Dual Induction
Neutron Density
Microlog
Sonic



\*Total Water Volume sources may include fresh water, produced water, and/or recycled water  
\*\* Information is based on the maximum potential for concentration and thus the total may be over 100%

All component information listed was obtained from the supplier's Material Safety Data Sheets (MSDS). As such, the Operator is not responsible for inaccurate and/or incomplete information. Any questions regarding the content of the MSDS should be directed to the supplier who provided it. The Occupational Safety and Health Administration's (OSHA) regulations govern the criteria for the disclosure of this information. Please note that Federal Law protects "proprietary", "trade secret", and "confidential business information" and the criteria for how this information is reported on an MSDS is subject to 29 CFR 1910.1200(i) and Appendix D.



RECEIVED

DEC 08 2014

**INVOICE**

PO Box 93999  
Southlake, TX 76092

Invoice Number: 147366

Invoice Date: Nov 25, 2014

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

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

<b>Customer ID</b>	<b>Field Ticket #</b>	<b>Payment Terms</b>	
Lotus	64398	Net 30 Days	
<b>Job Location</b>	<b>Camp Location</b>	<b>Service Date</b>	<b>Due Date</b>
KS1-02	Medicine Lodge	Nov 25, 2014	12/25/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Achenbach #2-A		
175.00	CEMENT MATERIALS	ASC	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
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 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	EQUIPMENT SALES	5-1/2 Rubber Plug	85.00	85.00
1.00	CEMENT SUPERVISOR	Carl Balding		
1.00	OPERATOR ASSISTANT	Robert Johnson		
1.00	OPERATOR ASSISTANT	Kindel Holiman		

ENTERED

DEC 09 2014

GL# 9308  
DESC. Cement prod  
CS  
# 2  
WELL # Achenbach

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

\$ 2,493.47

ONLY IF PAID ON OR BEFORE

Dec 25, 2014

Subtotal	13,848.30
Sales Tax	641.89
Total Invoice Amount	14,490.19
Payment/Credit Applied	
<b>TOTAL</b>	<b>14,490.19</b>

- 2,493.47  
11,996.72

# ALLIED OIL & GAS SERVICES, LLC . 064398

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Medicine Lodge KS.

DATE <u>11/25/2014</u>	SEC. <u>2</u>	TWP. <u>35</u>	RANGE <u>13</u>	CALLED OUT <u>4:30 PM</u>	ON LOCATION <u>5:00 pm</u>	JOB START <u>10:00 am</u>	JOB FINISH <u>10:45 pm</u>
Achenbach LEASE		WELL # <u>2-A</u>		LOCATION <u>Hardtner, KS. 3 west</u>		COUNTY <u>Barber</u>	STATE <u>Kansas</u>
OLD OR NEW (Circle one) <u>NEW</u>				<u>3/4 North w/s</u>			

CONTRACTOR Duke #7  
 TYPE OF JOB Production  
 HOLE SIZE 7 7/8" T.D. 5300' +/-  
 CASING SIZE 5 1/2" DEPTH 5114'  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX 1350 MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT 42-15  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 120 Bbls Freshwater  
 EQUIPMENT \_\_\_\_\_

PUMP TRUCK CEMENTER Carl Balding  
 # 301-302 HELPER Robert Johnson  
 BULK TRUCK DRIVER Kindan Holliman  
 # 301-252  
 BULK TRUCK DRIVER \_\_\_\_\_  
 # \_\_\_\_\_

OWNER Lotus Oper, Co.

CEMENT AMOUNT ORDERED

<u>50 sk 60:40:4% Gel</u>		
<u>175 sk ASC + 5# Koseal + .5% Ft-160 + 1/4# Floseal</u>		
COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC <u>175 sk</u>	@	<u>23.50 4112.50</u>
<u>Koseal 875#</u>	@	<u>.98 857.50</u>
<u>Ft-160 82#</u>	@	<u>18.90 1549.80</u>
<u>Floseal 44#</u>	@	<u>2.97 130.68</u>
<u>60:40:4% Gel 50 sk</u>	@	<u>18.92 946.00</u>
	@	
	@	
	@	
HANDLING	@	
MILEAGE		
<u>20% = 1519.29</u>		<u>TOTAL 7596.48</u>

**REMARKS:**

Run 5114' 5 1/2" casing  
Drop ball for insert + Break  
circulation w/ Rig Plug Rtm  
with 50 sk 60:40:4% Gel  
on casing mix 175 sk lead cement  
wash pump + lines to pit. Release  
plug + Displace with 120 Bbls water  
Bump plug + float held.

**SERVICE**

DEPTH OF JOB <u>5114'</u>		
PUMP TRUCK CHARGE <u>3099.25</u>		
EXTRA FOOTAGE <u>LU 25</u>	@	<u>4.40 110.00</u>
MILEAGE <u>25</u>	@	<u>7.70 192.50</u>
MANIFOLD	@	<u>275.00</u>
<u>Handling 280.97</u>	@	<u>2.48 696.81</u>
<u>Mileage 12.055</u>	@	<u>2.75 497.27</u>
<u>20% = 974.16</u>		<u>TOTAL 4870.83</u>

CHARGE TO: Lotus Oper, Co.  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

(5 1/2)

<u>Guideshoe</u>	@	<u>281.00</u>
<u>AFU Insert</u>	@	<u>335.00</u>
<u>Basket</u>	@	<u>395.00</u>
<u>Centralizers (5)</u>	@	<u>57.00 285.00</u>
<u>Rubber plug</u>	@	<u>85.00</u>
		<u>TOTAL 1381.00</u>

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 13,848.31  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
NET 11,354.84

PRINTED NAME Alan D. Rauh  
 SIGNATURE Alan D. Rauh