



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1248879
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: _____



1248879

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Achenbach 4
Doc ID	1248879

All Electric Logs Run

Dual Induction
Neutron Density
Microlog
Sonic



PO Box 93999
Southlake, TX 76092

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

RECEIVED
DEC 08 2014

INVOICE

Invoice Number: 147354
Invoice Date: Nov 29, 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	63065	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Nov 29, 2014	12/29/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Achenbach #4		
225.00	CEMENT MATERIALS	40122	17.90	4,027.50
423.00	CEMENT MATERIALS	Gel	0.50	211.50
634.00	CEMENT MATERIALS	Chloride	1.10	697.40
243.29	CEMENT SERVICE	Cubic Feet Charge	2.48	603.36
277.59	CEMENT SERVICE	Ton Mileage Charge	2.75	763.37
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
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 SUPERVISOR	Jason Thimesch		
1.00	OPERATOR ASSISTANT	Robert Johnson		
1.00	OPERATOR ASSISTANT	Wayne Rucker		

ENTERED
DEC 09 2014

GL# 9208
DESC CEMENT SURF CS
#4
WELL # Achen

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

\$ 1,623.58

ONLY IF PAID ON OR BEFORE
Dec 29, 2014

Subtotal	8,117.88
Sales Tax	352.95
Total Invoice Amount	8,470.83
Payment/Credit Applied	
TOTAL	8,470.83

-1,623.58
6,847.25

ALLIED OIL & GAS SERVICES, LLC 063065

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>11-29-14</u>	SEC. <u>1</u>	TWP. <u>35s</u>	RANGE <u>13w</u>	CALLED OUT <u>1000PM</u>	ON LOCATION <u>230PM</u>	JOB START <u>400PM</u>	JOB FINISH <u>430PM</u>
LEASE <u>Achenbach</u>		WELL # <u>4</u>		LOCATION <u>Harbor KS, West to Gyp Hill, North</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)				<u>1/2 mi. East into</u>			

CONTRACTOR Duke 7
 TYPE OF JOB Surface
 HOLE SIZE 14 3/4 T.D. 270
 CASING SIZE 10 3/4 DEPTH 251
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 250 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 20ft
 PERFS. _____
 DISPLACEMENT 24 1/2 BBL Fresh H₂O

OWNER Lotus Operating
 CEMENT AMOUNT ORDERED 225 sk Class A + 3% et + 2% Gel

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thirreath
 # 894/302 HELPER Robert Johnson
 BULK TRUCK
 # 381/252 DRIVER Wayne Rucker
 BULK TRUCK
 # _____ DRIVER _____

COMMON <u>A 225</u>	@	<u>17.90</u>	<u>4027.50</u>
POZMIX _____	@	_____	_____
GEL <u>423 #</u>	@	<u>.50</u>	<u>211.50</u>
CHLORIDE <u>634 #</u>	@	<u>1.10</u>	<u>697.40</u>
ASC _____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
HANDLING _____	@	_____	_____
MILEAGE _____			
<u>20% 987.28</u>			
		TOTAL	<u>4936.40</u>

REMARKS:
Did circ cement

SERVICE

DEPTH OF JOB <u>251'</u>			
PUMP TRUCK CHARGE <u>1512.25</u>			
EXTRA FOOTAGE <u>LV 25</u>	@	<u>4.40</u>	<u>110.00</u>
MILEAGE <u>25</u>	@	<u>7.70</u>	<u>192.50</u>
MANIFOLD _____	@	_____	_____
<u>Handling 243.29</u>	@	<u>2.48</u>	<u>603.55</u>
<u>Mileage 11.10/25</u>	@	<u>2.75</u>	<u>763.38</u>
<u>20% = 636.29</u>			
		TOTAL	<u>3181.48</u>

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

PLUG & FLOAT EQUIPMENT

NA

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

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.

TOTAL _____
 SALES TAX (If Any) _____
 TOTAL CHARGES 8117.88
 DISCOUNT _____ IF PAID IN 30 DAYS
NET 6494.30

PRINTED NAME Gale D Runk
 SIGNATURE Gale D Runk



RECEIVED

DEC 15 2014

INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 147478

Invoice Date: Dec 5, 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

Customer ID	Field Ticket #	Payment Terms	
Lotus	64877	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Dec 5, 2014	1/4/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Achenbach #4		
175.00	CEMENT MATERIALS	ASC	23.50	4,112.50
50.00	CEMENT MATERIALS	60/40/4% Gel Blend	18.92	946.00
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
280.97	CEMENT SERVICE	Cubic Feet Charge	2.48	696.81
301.37	CEMENT SERVICE	Ton Mileage Charge	2.75	828.77
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 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	CEMENT SUPERVISOR	Justin Bower		
1.00	OPERATOR ASSISTANT	Wayne Rucker		

GL# 9308
 DESC. Cement pad
CSG #4
 WELL # Achen

Subtotal	14,179.81
Sales Tax	641.89
Total Invoice Amount	14,821.70
Payment/Credit Applied	
TOTAL	14,821.70

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

\$ 2,559.77

ONLY IF PAID ON OR BEFORE
Jan 4, 2015

ENTERED

DEC 17 2014

- 2559.77
12,261.93

