

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	GOOD 4
Doc ID	1509329

All Electric Logs Run

Dual Induction
Neutron Density w/ PE
Microlog
Fraclog
Sonic



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 18414 A

TMAH-32

DATE _____ TICKET NO. _____

DATE OF JOB 10-30-2019 DISTRICT _____		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.: _____							
CUSTOMER LOTUS OPERATING		LEASE GOOD WELL NO. 4							
ADDRESS _____		COUNTY BARBER STATE Ks							
CITY _____ STATE _____		SERVICE CREW LESLEY, McGRAW, FLORENCE (R.H.)							
AUTHORIZED BY _____		JOB TYPE: 242 5 1/2" L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19903/186779	4.5						10-30-19		8:00
						ARRIVED AT JOB		AM	11:00
						START OPERATION		PM	12:00
						FINISH OPERATION		PM	4:30
						RELEASED		PM	5:00
						MILES FROM STATION TO WELL			

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: X *Calvin D. Rouch*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
BC 145	AA-2 PREMIUM CEMENT	SK	170		3,230.00
BC 132	60/40 POZ	SK	50		1,350.00
CC 187	C-17	LB	80		1,920.00
CC 105	C-4IP	LB	80		320.00
CC 113	GYPSON	LB	160		160.00
CC 200	CEMENT GEL	LB	406		203.00
CC 201	GILSONITE	LB	850		850.00
CC 111	SALT	LB	926		463.00
CC 151	MUD FLUSH	GAL	500		750.00
CC 6	DEPTH CHARGE, 500'-1000'	HR	1		2,900.00
CE 504	PLUG CONTAINER CHARGE	EA	1		250.00
ME 101	LIGHT VEHICLE MILEAGE	MI	55		275.00
ME 102	HEAVY EQUIPMENT MILEAGE	MI	110		880.00
TN	TON MILEAGE	MI	558		1,674.00
CE 240	BLEND & MIX CHARGE	SK	220		308.00
CF 1251	AUTO FILL FLOAT SHADE, 5 1/2"	EA	1		360.00
CF 607	LATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400.00
CF 1901	BASKET, 5 1/2"	EA	1		290.00
CF 1051	TORBOLIZER, 5 1/2"	EA	5		550.00
BE 143	SERVICE SUPERVISOR	EA	1	75.00	
BE 140	CHIEF DRIVER CHARGE	EA	3	105.00	
				SUB TOTAL	17,313.00
				SERVICE & EQUIPMENT %TAX ON \$	
				MATERIALS %TAX ON \$	
				TOTAL	17,555.91

SERVICE REPRESENTATIVE: *Lesley* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Calvin D. Rouch*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

BASIC

energy services, L.P.

TREATMENT REPORT

Customer	LOTUS OPERATING	Lease No.		Date	10-30-2019
Lease	GOOD	Well #	4		
Field Order #	18414	Station	PRATT, KS.	County	BARBER
Type Job	5 1/2" C.S.	Formation	TD 5650'	State	KS
				Legal Description	1-355-13W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	CMT-	170SKS AA-2	RATE	PRESS	ISIP	
5 1/2" x 15.5"								
Depth 3079'	Depth	From	To	Pre Pad @ 1.48 CUFT	Max		5 Min.	
Volume 120 BBL	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 3070'	Packer Depth	From	To	Flush 120 BBL	Gas Volume		Total Load	

Customer Representative	GAVEN ROACH	Station Manager	J.W.	Treater	R. LESLEY
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Service Units	96817	19903	86779	19959	19862				
Driver Names	LESLEY	MELGARAY		FLORENCIO (R.H.)					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:00 AM					ON LOCATION - SAFETY MEETING
12:00 PM					RUN 121 JTS 5 1/2" x 15.5" CSG.
⚡					TURBO - 1, 5, 20, 25
⚡					BASKET - 10
2:00 PM					CSG ON BOTTOM / BREAK CIRC. W/ RIG
3:15 PM	400		10	6	H2O AHEAD
3:18 PM	400		12	6	MUD FLUSH
3:20 PM	400		10	6	H2O SPACER
3:23 PM	300		45	6	MIX 170 SKS AA-2 @ 14.8 PPG
3:30 PM					CLEAR PUMP & LINES / DROP L.D. PLUG
3:38 PM	0		0	6	START DISPLACEMENT
3:52 PM	500		83	5	START LIFT PRESSURE
3:58 PM	800		110	4	SLOW RATE
4:00 PM	1500		120	3	PLUG DOWN - HELD
					CIRC. TARD JOB
4:30 PM					PLUG R.H. & M.H.
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY

Cement Callsheet



Company	Lotus Operating			Service Point	Pratt, Kansas			
				Contact Person	Justin Westerman	Ph #	620.672.1201	
Well Type	New	Contractor	Duke 7		County	Barber	State	Kansas
Lease	Good		Well #	4	Sec	1	Twp	35S
							Range	13W

Directions:

Hardtner, Kansas - West to Gyp Hill Road, 11 1/3 North, East into

Job Type	5650' Production Casing			Casing Size	5 1/2	Thread	8 rd	Weight	15.5
Equipment				Tubing/Drill Pipe Size		Thread		Weight	
				Hole Size	7 7/8	Packer		Bridge Plug	
AFE #:				Plug Container	Yes	Squeeze Manifold		Field Bin	

5 1/2" Production Casing

CEMENT DATA

LEAD 1	Weight PPG	Type	Additives	
Sacks	Excess	Yield Ft/sk	Water Gal/sk	
TAIL 1	Weight PPG	Type	Additives	
BC145	14.80	AA-2 Premium Cement	6% Gyp Seal, + 10 % Salt, + 2% Gel, + 5 pps Gilsonite, + .5 Fluid Loss, + .5 Defoamer (Blend AA-2 With Class H Cement)	
Sacks	Excess	Yield Ft/sk	Water Gal/sk	
170	35%	1.48	6.53	
LEAD 2	Weight PPG	Type	Additives	
		19959/19862		
Sacks	Excess	Yield Ft/sk	Water Gal/sk	
TAIL 2	Weight PPG	Type	Additives	
Sacks	Excess	Yield Ft/sk	Water Gal/sk	
Mouse/Rat	Weight PPG	Type	Additives	
BC132	13.8	60/40 Poz	4% Gel	
Sacks	Excess	Yield Ft/sk	Water Gal/sk	
50		1.42	6.89	
Plugs	Weight PPG	Type	Additives	
Sacks	Excess	Yield Ft/sk	Water Gal/sk	

Float Equipment

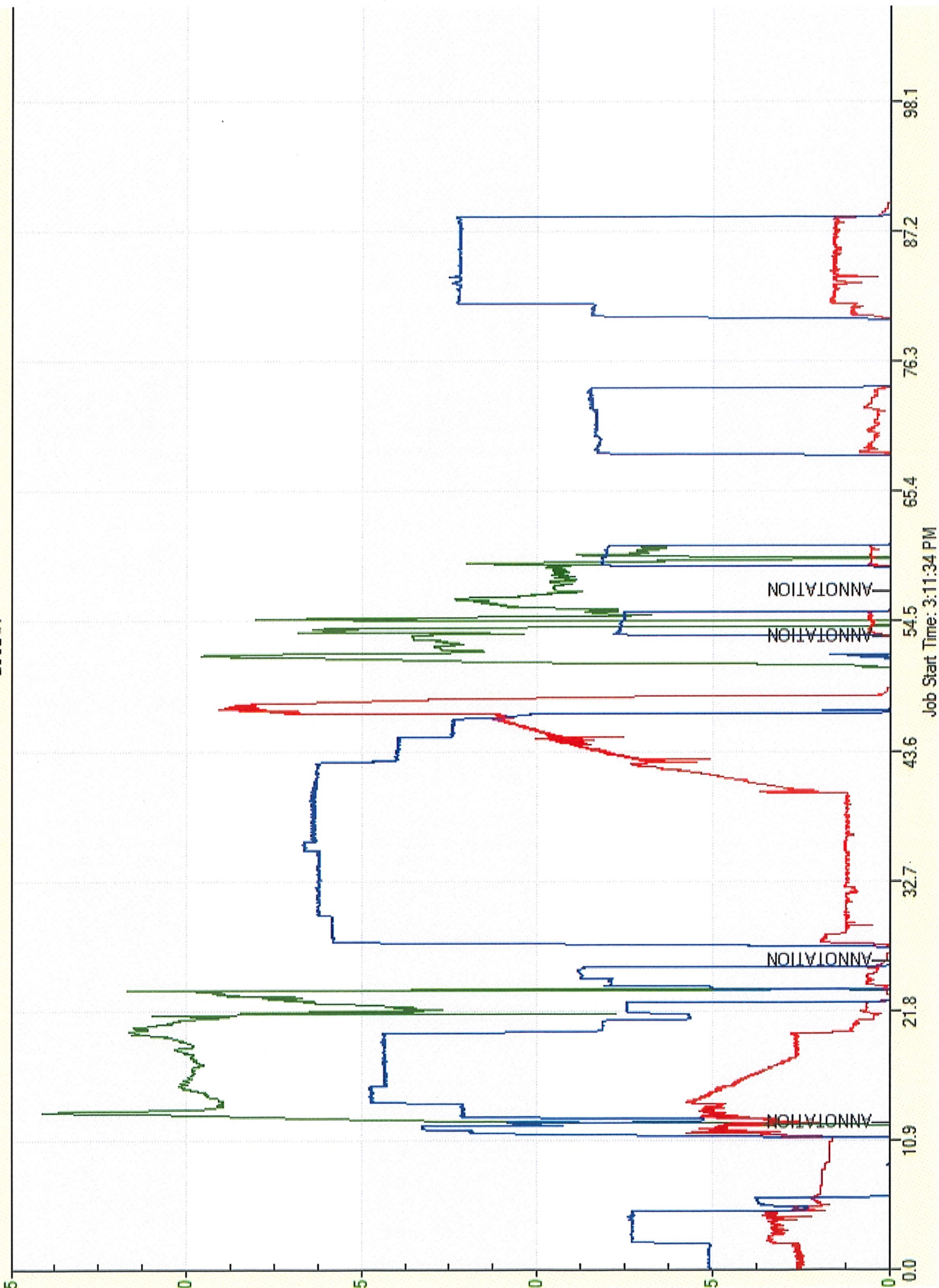
Part #	Quantity	Description	# Used	# Returned
CF1251	1	Auto Fill Float Shoe 5 1/2" (Blue)		
CF607	1	Latch Down Plug & Baffle, 5 1/2" (Blue)		
CF1901	1	5 1/2" Basket (Blue)		
CF1651	5	Turbolizer, 5 1/2" (Blue)		

Misc. Chemicals

CC151	500	Mud Flush		

Ordered By	Tim Hellman	Phone 316.262.1077	Fax	Date of Job
Call Taken By	Neal Rupp	Phone 316.323.2301	Email hellman@lotusoper	Time Ready
Operator or Driver Called	Galen Roach cell: 620-786-1728			Call Out Time

LOTUS
GOOD #4



Timothy D. Jellman
3410 W. Boyview
Wichita, Kansas 67204
CPG 1378

(316) 728-9188
(316) 268-1077

GEOLOGICAL REPORT

COMPANY: Lotus Operations, C.L.L.C.
LEASE: #4 Good
FIELD: #4 Good / 4522 F.W.E.C. / 13
LOCATION: 330' E 4522 F.W.E.C. / TWP 35 R 13
COUNTY: BARBER STATE KS
CONTRACTOR: Dale Corp
SPUD: 10/24/19
RIG: 5550 LTD 51527

NO. 1461
ELEVATIONS
CL 1480
CASSING
SUSP. 52 1/2" 2 1/2" 1 1/2" 1/2"
PROD. 52 1/2" 2 1/2" 1 1/2" 1/2"
ELECTRICAL SPRINGS
CMT. Electrical Insulator

DISPLACEMENT: 330' TYPE AND CHARACTER: Chemical
FORMATION TOPS & STRUCTURAL POSITION
W.P. - 14610
FORM. TOPS & STRUCTURAL POSITION

FORMATION	SAMPLE	TOP	LOG	STRUCTURAL POSITION	A	B	C
Lebanon	3854	3854	-2985				
Lawrence Ch.	4126	4126	-2985				
B/KC	4127	4127	-2985				
M/M/M	4128	4128	-2985				
Chick Sh.	4129	4129	-2985				
M/M/S	4130	4130	-2985				
Kind Sh.	4131	4131	-2985				
Viola	4132	4132	-2985				
Simple Sh.	4133	4133	-2985				
Chart	4134	4134	-2985				
Kind	4135	4135	-2985				
Field	4136	4136	-2985				
Kind	4137	4137	-2985				
Field	4138	4138	-2985				
Kind	4139	4139	-2985				
Field	4140	4140	-2985				
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Field	4142	4142	-2985				
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Field	4148	4148	-2985				
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Field	4152	4152	-2985				
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Field	4298	4298	-2985				
Kind	4299	4299	-2985				
Field	4300	4300	-2985				
Kind	4301	4301	-2985				
Field	4302	4302	-2985				
Kind	4303	4303	-2985				
Field	4304	4304	-2985				
Kind	4305	4305	-2985				
Field	4306	4306	-2985				
Kind	4307	4307	-2985				



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002427	1718	10/28/2019
INVOICE NUMBER			
93076423			

Pratt (620) 672-1201
 B LOTUS OPERATING CO. LLC
 I 100 S MAIN ST STE 420
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Good 4
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41193982	19918		Net - 30 days	11/27/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/25/2019 to 10/25/2019</i>				
0041193982				
171818484A Cement-New Well Casing/Pi 10/25/2019 Cement Surface Casing				
Class A Cement	40.00	SK	8.68	347.20 T
Calcium Chloride	113.00	LB	0.28	31.64 T
Light Vehicle Mileage	55.00	MI	1.40	77.00
Heavy Equipment Mileage	55.00	MI	2.24	123.20
Kill Truck, Psi Test & Well Kill Work	2.00	HR	42.00	84.00
Blending & Mixing Service Charge	40.00	SK	0.39	15.68
Service Supervisor Charge	1.00	EA	75.00	75.00
Driver Charge	3.00	EA	35.00	105.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	858.72
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	28.41
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	887.13
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

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



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

Susan K. Duffy, Chair
Shari Feist Albrecht, Commissioner
Dwight D. Keen, Commissioner

Laura Kelly, Governor

March 09, 2020

Tim Hellman
Lotus Operating Company, L.L.C.
100 S MAIN ST, STE 420
WICHITA, KS 67202-3737

Re: ACO-1
API 15-007-24362-00-00
GOOD 4
NW/4 Sec.01-35S-13W
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 10/22/2019 and the ACO-1 was received on March 06, 2020 (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



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002427	1718	10/25/2019
INVOICE NUMBER			
93075164			

Pratt (620) 672-1201
 B LOTUS OPERATING CO. LLC
 I 100 S MAIN ST STE 420
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Good 4
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41193819	86779		Net - 30 days	11/24/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 10/24/2019 to 10/24/2019				
0041193819				
171818412A Cement-New Well Casing/Pi 10/24/2019 Cement Surface				
60/40 Poz	170.00	SK	9.45	1,606.50 T
Celloflake	43.00	LB	1.60	68.80 T
Calcium Chloride	441.00	LB	0.40	176.40 T
Depth Charge, 0'-1000'	1.00	HR	480.00	480.00
Light Vehicle Mileage	55.00	MI	2.00	110.00
Heavy Equipment Mileage	110.00	MI	3.20	352.00
Ton Mileage	404.00	MI	1.20	484.80
Blending & Mixing Service Charge	170.00	SK	0.56	95.20
Service Supervisor Charge	1.00	EA	75.00	75.00
Driver Charge	3.00	EA	35.00	105.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,553.70
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	138.88
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,692.58
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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