

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	HASKARD C 4
Doc ID	1509331

All Electric Logs Run

Dual Induction
Neutron Density w/ PE
Micolog
Fraclog
Sonic

Timothy D. Helman

3410 W. SCENIC
WICHITA, KANSAS 67204

(316) 729-1838
(316) 526-1077

CRG 5978

GEOLOGICAL REPORT

COMPANY: Lotus Operating Co. LLC

LEASE: H4 Masward C

FIELD: Barber

LOCATION: 1455 FM 1155 SW

COUNTY: Barber

CONTRACTOR: Dole

SPUD: 10/31/19

RTD: 5430

DISPLACE: 3211

FORMATION TOPS & STRUCTURAL POSITIONS

FORMATION: HEBBARD, CHRS, MISS, MORA, VIOLE, MISSNER, WELSH, ARB, SIMP, MISSNER, VIOLE, ARB, SIMP

DEPTH: 3000, 3500, 4000, 4500, 5000, 5500, 6000

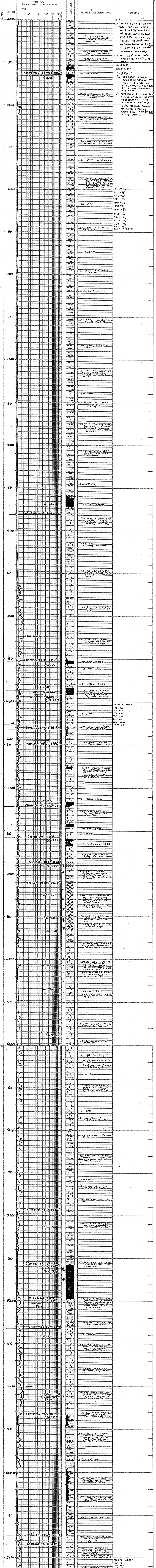
DRILLING TIME: 5, 10, 15, 20, 25

REMARKS: IT WAS RECOMMENDED THAT PIPE BE SET TO ELEV. TEST THE MISCER SD AND MISS LIME DUE TO STAINS AND CAL KICKS. THRU TO TEST THE MISS CHERT AND CHR. SD. DUE TO ELOS CALCULATIONS SHOWS AND GAS KICKS.

LEGEND: Anhydrite, Salt, Sandstone, Shale, Carb or Limestone, Oil. Lias, Chert, Dolomite

SCALE: 1" = 100'

DEPTH: 3000, 3500, 4000, 4500, 5000, 5500, 6000



COMPANY: Lotus Operating Co. LLC
 LEASE: H4 Masward C
 LOCATION: 1455 FM 1155 SW, TWP 35, RING 12W
 COUNTY: Barber STATE: KS
 ELEVATION: KB 1459
 MUD CO: 4600
 VIS: 50
 WT: 8.8
 WL: 8.8
 PH: 11.0
 SOL: 6.9
 CHL: 4000
 LCM: 0.4
 MUD CO: 5630
 VIS: 47
 WT: 9.6
 WL: 8.8
 PH: 11.0
 SOL: 6.9
 CHL: 3000
 LCM: 5.5



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002427	1718	11/01/2019
INVOICE NUMBER			
93080138			

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 Haskard 4C
 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
41194363	86779		Net - 30 days	12/01/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/31/2019 to 10/31/2019</i>				
0041194363				
<i>Surface</i>				
171818416A Cement-New Well Casing/Pi 10/31/2019				
Cement Surface				
60/40 Poz	170.00	SK	9.45	1,606.50
Celloflake	43.00	LB	1.60	68.80
Calcium Chloride	441.00	LB	0.40	176.40
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:		
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	SUB TOTAL	3,553.70
PO BOX 841903	801 CHERRY ST, STE 2100	TAX	138.88
DALLAS, TX 75284-1903	FORT WORTH, TX 76102	INVOICE TOTAL	3,692.58



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 18416 A

TAMH-24

DATE _____ TICKET NO. _____

DATE OF JOB: 10/11/11 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: HASKARD		WELL NO: 4C						
ADDRESS: _____		COUNTY: BARTER		STATE: Ks						
CITY: _____ STATE: _____		SERVICE CREW: C. S. MCFARLANE, D. W. DOLZ								
AUTHORIZED BY: _____		JOB TYPE: 742 2 1/4 S.P.								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19903/100777	1									5:00
						ARRIVED AT JOB				5:00
						START OPERATION				11:00
						FINISH OPERATION				11:00
						RELEASED				11:45
						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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CC 132	WELDER 2	SK	170		45700	
CC 102	CEMENT	CB	43		1720	
CC 107	CEMENT CHLORIDE	CB	441		48100	
CC 1	DEPTH CHARGE C. KEE	1R	1		1,200	
ME 101	LIGHT WELDER MILEAGE	ME	55		2750	
ME 102	HEAVY WELDER MILEAGE	ME	110		5500	
ME 101	LIGHT WELDER MILEAGE	ME	544		27200	
CC 210	BLEND MIX S.W.K.F.	SK	170		23800	
CC 215	SUBJECTIVE	CB	1		3500	
CC 214	DRILLER CHARGE	CA	3		1050	
					SUB TOTAL	11180

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL		11180	11180

SERVICE REPRESENTATIVE: _____	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
-------------------------------	---

FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002427	1718	11/07/2019
INVOICE NUMBER			
93083842			

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 Haskard 4C
 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
41194939	86779		Net - 30 days	12/07/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 11/06/2019 to 11/06/2019</i>				
0041194939				
171818419A Cement-New Well Casing/Pi 11/06/2019				
Cement Long Stream				
AA2 Premium Cement	170.00	SK	8.17	1,388.90 T
60/40 Poz	50.00	SK	11.61	580.50 T
C-17	80.00	LB	10.32	825.60 T
C-41P	80.00	LB	1.72	137.60 T
Gypsum	160.00	LB	0.43	68.80 T
Cement Gel	406.00	LB	0.22	89.32 T
Gilsonite	850.00	LB	0.43	365.50 T
Salt	926.00	LB	0.22	203.72 T
Mud Flush	500.00	GAL	0.65	325.00 T
Depth Charge, 5001-6000'	1.00	HR	1,247.00	1,247.00
Plug Container Utilization Charge	1.00	EA	107.50	107.50
Light Vehicle Mileage	55.00	MI	2.15	118.25
Heavy Equipment Mileage	110.00	MI	3.44	378.40
Ton Mileage	558.00	MI	1.29	719.82
Blending & Mixing Service Charge	220.00	SK	0.60	132.00
Auto Fill Float Shoe 5 1/2" (Blue)	1.00	EA	154.80	154.80
Latch Down Plug & Baffle, 5 1/2" (Blue)	1.00	EA	172.00	172.00
5 1/2" Basket (Blue)	1.00	EA	124.70	124.70
Turbolizer, 5 1/2" (Blue)	5.00	EA	47.30	236.50
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	7,555.91
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	298.87
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,854.78
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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

FIELD SERVICE TICKET
1718 18419 A

TMH-40

DATE _____ TICKET NO. _____

DATE OF JOB 11-6-2019 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 HASKARD		WELL NO: 4C					
ADDRESS _____		COUNTY BARBER		STATE Ks.					
CITY _____ STATE _____		SERVICE CREW LESLEY, McGRADY, DARIEN (R.H.)							
AUTHORIZED BY _____		JOB TYPE: 242 5 1/2" L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
77626/86779	2					11-6-19	11-6-19	AM	6:00
19959/19862	2							AM	7:00
								AM	10:00
								PM	12:00
								PM	12:30
						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 Robin
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
BC 145	AA2 PREMIUM CMT.	SK	170		3230.00	
BC 132	60/40 POZ	SK	50		1350.00	
CC 187	C-17	LB	80		1920.00	
CC 105	C-4IP	LB	80		320.00	
CC 113	GYP SUM	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, 5001'-6000'	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	
TM	TON MILEAGE	MI	558		1,674.00	
CE 240	BLEND & MIX CHARGE	SK	220		308.00	
CF 1251	AUTO FILL FLOAT SHOE, 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 1651	TURBOLIZER, 5 1/2"	EA	5		550.00	
BE 143	SERVICE SUPERVISOR	EA	1	75.00		
BE 144	CHEMICAL TAGID DATA: BRIDGE CHARGE	EA	3	105.00		
					SUB TOTAL	17,313.00
SERVICE & EQUIPMENT			%TAX ON \$			
MATERIALS			%TAX ON \$			
TOTAL					7,555.91	

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>X Robin</u>
FIELD SERVICE ORDER NO. _____	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



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 18419 A

T114-40

DATE _____ TICKET NO. _____

DATE OF JOB 11-6-2011		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 CREATING				LEASE HASKARD				WELL NO. 10		
ADDRESS				COUNTY BARBER		STATE KS.				
CITY				STATE		SERVICE CREW LESLEY McBRIDE, DARRYL (P. 11)				
AUTHORIZED BY				JOB TYPE: 242 5 1/2" I.S.						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
17146/16779	2					11-6-11				6:00
17159/19862	2									7:00
										1:00
										12:30

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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
BC 195	MA2 PREMIUM CMT.	SK	170		3230.00
BC 132	60/40 Pr. 2	SK	50		1350.00
CC 187	C-17	LB	80		1720.00
CC 105	C-41P	LB	80		320.00
CC 113	44PSM	LB	160		1600.00
CC 200	CEMENT GEL	LB	416		2032.00
CC 201	GILSONITE	LB	850		6800.00
CC 111	SALT	LB	726		4638.00
CC 151	MUD FLUSH	SK	500		7500.00
CC 6	DEPTH CHARGE, 5001-6000'	HR	1		2700.00
CC 54	FRIG. STORAGE CHARGE	EA	1		2500.00
ME 101	LIGHT VEHICLE MILEAGE	MI	55		275.00
ME 102	HEAVY EQUIPMENT MILEAGE	MI	110		1800.00
TM	TON MILEAGE	MI	538		1674.00
CF 240	BLENDE MIX CHARGE	SK	220		280.00
CF 1251	AUTO FILL FLUIT SNGE 5 1/2"	EA	7		360.00
CF 607	LATCH TYPON PLUG - SNGE 5 1/2"	EA	7		400.00
CF 1901	BASKET, 5 1/2"	EA	1		210.00
CF 1651	TORQUELIZER, 5 1/2"	EA	5		550.00
FE 143	SERVICE SUPERVISOR	EA	1	75	75.00
FE 144	CHARGE	EA	3	40	120.00
					17,315
					SUB TOTAL
					SERVICE & EQUIPMENT %TAX ON \$
					MATERIALS %TAX ON \$
					TOTAL

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

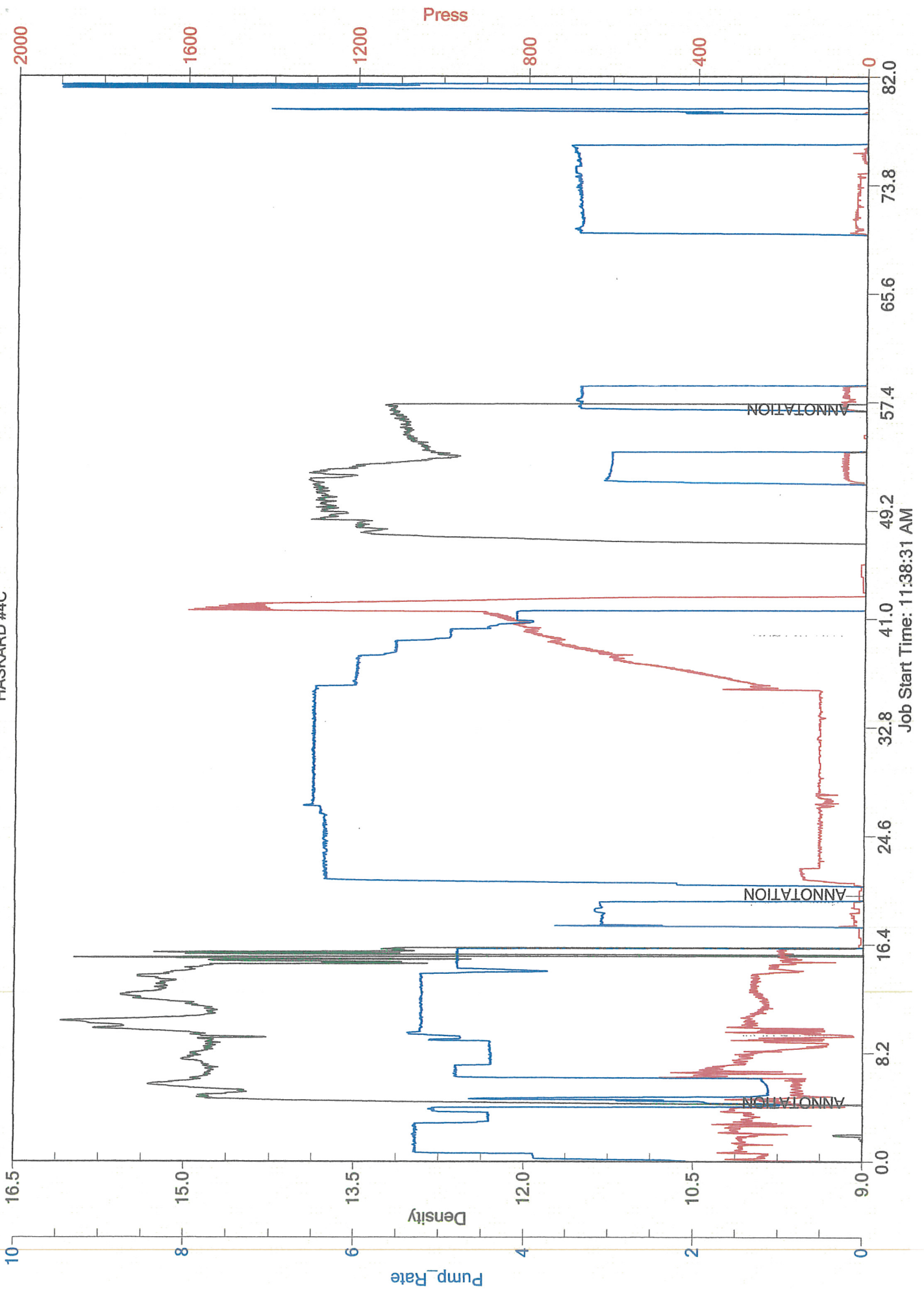
Customer <i>LOTUS OPERATING</i>	Lease No.	Date <i>11-10-2019</i>	
Lease <i>HASKARD</i>	Well # <i>4/C</i>		
Field Order # <i>10417</i>	Station <i>PRATT, KS.</i>	Casing <i>3 1/2"</i>	Depth <i>TD</i>
Type Job <i>5 1/2" LONG STRING</i>	Formation	County <i>BARBER</i>	State <i>Ks</i>
		Legal Description <i>7-355-12W</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2" x 14 3/8"</i>	Tubing Size	Shots/Ft <i>170 SKS</i>		Acid <i>AA2 PREMIUM</i>		RATE	PRESS	ISIP
Depth <i>5380.33</i>	Depth	From	To	Pre Pad <i>@ 1.4 BCUFT</i>		Max		5 Min.
Volume <i>131 BBL</i>	Volume	From	To	Pad		Min		10 Min.
Max Press <i>2000</i>	Max Press	From	To	Frac		Avg		15 Min.
Well Connection <i>P.C.</i>	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth <i>2336'</i>	Packer Depth	From	To	Flush <i>130 BBL</i>		Gas Volume		Total Load

Customer Representative <i>RUBIN BROWN</i>	Station Manager <i>J. WESTERMAN</i>	Treater <i>K. LESLEY</i>
Service Units <i>96817 77684 F6779</i>		
Driver Names <i>LESLEY MCGRAW</i>	<i>DARIAN (R.H.)</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>7:00 AM</i>					<i>ON LOCATION - SAFETY MEETING</i>
<i>7:15 AM</i>					<i>RUN 27 JTS. 5 1/2" x 14 3/8" CSG: USED</i>
<i>7:30 AM</i>					<i>TURBO - 1, 5, 10, 15, 20</i>
<i>7:45 AM</i>					<i>BASKET - 16</i>
<i>10:00 AM</i>					<i>CSG. ON BOTTOM/BREAK CIRC. W/ RIG PLAT</i>
<i>10:35 AM</i>	<i>250</i>		<i>10</i>	<i>6</i>	<i>H2O AHEAD</i>
<i>10:36 AM</i>	<i>250</i>		<i>12</i>	<i>6</i>	<i>MUD FLUSH</i>
<i>10:37 AM</i>	<i>250</i>		<i>5</i>	<i>6</i>	<i>H2O SPACER</i>
<i>10:40 AM</i>	<i>250</i>		<i>45</i>	<i>6</i>	<i>MIX 170 SKS @ 14.8 BCUFT</i>
<i>10:55 AM</i>					<i>CLEAR PUMP & LINE/DROP L.D. PLUG</i>
<i>11:00 AM</i>	<i>0</i>		<i>0</i>	<i>6</i>	<i>START DISPLACEMENT</i>
<i>11:20 AM</i>	<i>250</i>		<i>15</i>	<i>5</i>	<i>LIFT PRESSURE</i>
<i>11:25 AM</i>	<i>400</i>		<i>110</i>	<i>4</i>	<i>SLOW RATE</i>
<i>11:30 AM</i>	<i>1500</i>		<i>130</i>	<i>3</i>	<i>PLUG DOWN! - HELD</i>
					<i>CIRC. THRU JOB</i>
<i>11:45 AM</i>			<i>7.5</i>	<i>2</i>	<i>PLUG R.H. & D.H.</i>
					<i>JOB COMPLETE.</i>
					<i>THANKS -</i>
					<i>KEVIN LESLEY</i>

LOTUS OPERATING
HASKARD #4C



Fracture Start Date Time	12/18/19 11:48
Fracture End Date Time	12/18/19 13:21
State	Kansas
County	Barber
API Number	
Operator Number	
Well Name	44 Haskard C
Federal Well	No
Tribal Well	No
Longitude	
Latitude	
Long Lat Projection	NAD83
True Vertical Depth (TVD)	
Total Clean Fluid Volume (gall)	384,754



Ingredients Section:

Total Slurry Mass (Lbs)
3,528,096

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Mass per Component (LBS)	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments	Claimant Company	Claimant First Name	Claimant Last Name	Claimant Email	Claimant Phone (nnn-xxx-xxxx)
Water	Lotus Operating	Carrier/Base Fluid	Water	7732-18-5	100.00%	3,216,772	91.06579%						
30/50 Sand	Basic Energy Services	Propping Agent	Listed Below										
16/30 Sand	Basic Energy Services	Propping Agent	Listed Below										
16/30 Resin Coat Sand	Basic Energy Services	Propping Agent	Listed Below										
FRA-1 Friction Reducer (Ad)	Chemplex	Friction Reducer	Listed Below										
PB-1 FR Breaker	EIS	Polymer Breaker	Listed Below										
LG-1 Liquid Gel	Moson Chemical	Gellant	Listed Below										
KCL-LC Liquid KCl Substit	Innospec	Temporary Clay Stabilizer	Listed Below										
W-11 NE/Surfactant	Innospec	NE-Surfactant	Listed Below										
LB-1 Liquid Biocide	Innospec	Biocide	Listed Below										
Breaker LE	Innospec	Liquid Enzyme Breaker	Listed Below										
			Crystalline Silica	14808-60-7	100.00%	131,099	3.71560%						
			Crystalline Silica	14808-60-7	100.00%	134,550	3.81267%						
			Crystalline Silica	14808-60-7	99.00%	39,263	1.1288%						
			Polyurethane Resin (Nuisance Dust)	57029-46-6	2.00%	793	0.02248%						
			Distillates (Petroleum), Hydrotreated light	64742-47-8	30.00%	929	0.02633%						
			Citric Acid	77-92-9	5.00%	155	0.00439%						
			Alcohols, C10-16, Ethoxylated	68802-97-1	5.00%	155	0.00439%						
			Alcohols, C12-14, Ethoxylated	68439-50-9	5.00%	155	0.00439%						
			Alcohols, C12-16, Ethoxylated	68551-12-2	5.00%	155	0.00439%						
			Water	7732-18-5	50.00%	1,548	0.04388%						
			Sodium chlorite	7738-19-2	10.00%	54	0.00153%						
			Water	7732-18-5	90.00%	487	0.01381%						
			Petroleum distillates	64742-47-8	50.00%	1,671	0.04735%						
			Organophilic Clay	71011-26-2	2.00%	67	0.00189%						
			Crystalline Silica	14808-60-7	0.06%	2	0.00006%						
			Alcohol ethoxylate	34398-01-1	1.00%	33	0.00095%						
			Gum	9000-30-0	50.00%	1,671	0.04735%						
			Ethaniminium 2-hydroxy-N,N,N-trimethyl-, chloride	67-48-1	50.00%	1,721	0.04879%						
			Water	7732-18-5	50.00%	1,721	0.04879%						
			Methanol	67-56-1	30.00%	313	0.00887%						
			Nonyl Phenol Ethoxylated	127087-87-0	30.00%	313	0.00887%						
			Water	7732-18-5	40.00%	417	0.01183%						
			Glutaraldehyde	111-30-8	20.00%	101	0.00286%						
			Dioctylmethyl ammonium chloride	7173-51-5	3.00%	15	0.00043%						
			Alkyl (C12-16) dimethylbenzyl ammonium chloride	68424-85-1	3.00%	15	0.00043%						
			Mixture	Not Assigned	74.00%	373	0.01058%		Innospec Oilfield Service	Bryce	Hosington	sdsinfo@innospecinc.com	713-936-4339
			Non-Hazardous Ingredients	Not Assigned	100.00%	55	0.00156%		Innospec Oilfield Service	Bryce	Hosington	sdsinfo@innospecinc.com	713-936-4339

*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

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 11, 2020

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

Re: ACO-1
API 15-007-24363-00-00
HASKARD C 4
NW/4 Sec.07-35S-12W
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 10/31/2019 and the ACO-1 was received on March 11, 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