

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 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) (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	BERGNER 2
Doc ID	1401963

All Electric Logs Run

Dual Induction
Neutron Density
Microlog
Fraclog
Sonic



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002427	1718	03/01/2018
INVOICE NUMBER			
92648284			

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 Bergner #2
 O LOCATION
 B COUNTY Pratt
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
.41090786	19843		Net - 30 days	03/31/2018

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 02/26/2018 to 02/26/2018</i>				
0041090786				
171816337A Cement-New Well Casing/Pi 02/26/2018 Cement Long String				
AA2 Cement	175.00	EA	9.69	1,695.75 T
60/40 POZ	50.00	EA	6.84	342.00 T
C-41P	83.00	EA	2.28	189.24 T
Salt	1,012.00	EA	0.29	288.42 T
Gypsum	165.00	EA	0.43	70.54 T
Cement Gel	249.00	EA	0.14	35.48 T
Gilsonite	878.00	EA	0.38	335.31 T
C-17	99.00	EA	11.40	1,128.60 T
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	205.20	205.20
"Latch Down Plug & Baffle, 5 1/2" (Blue)"	1.00	EA	228.00	228.00
"Turbolizer, 5 1/2" (Blue)"	4.00	EA	62.70	250.80
"5 1/2" Basket (Blue)"	1.00	EA	165.30	165.30
KB PreFlush	500.00	EA	0.86	427.50 T
"Unit Mileage Chg (PU, cars one way)"	15.00	MI	2.56	38.47
Heavy Equipment Mileage	30.00	MI	4.28	128.25
155----Propp & Bulk Del.Chgs.per ton mil	1.00	EA	221.23	221.23
Depth Charge; 4001'-5000'	1.00	EA	1,436.40	1,436.40
Blending & Mixing Service Charge	225.00	BAG	0.80	179.55
Plug Container Util. Chg.	1.00	EA	142.50	142.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	99.75	99.75

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,608.29
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	372.31
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,980.60
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

TTHH
35

FIELD SERVICE TICKET
1718 16337 A

DATE _____ TICKET NO. _____

DATE OF JOB: 2-26-18 DISTRICT: Pratt		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: LOTS OPERATING CO LLC		LEASE: Beigner WELL NO. 2							
ADDRESS:		COUNTY: Pratt STATE: KS							
CITY: STATE:		SERVICE CREW: MATTAI KRANKIA CLYMER							
AUTHORIZED BY:		JOB TYPE: 2-42 5 1/2" long string							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	2-25-18	AM	7:45
19843	1					ARRIVED AT JOB		AM	11:45
21010	05					START OPERATION	2-26-18	AM	3:42
						FINISH OPERATION		AM	4:45
						RELEASED		AM	5:45
						MILES FROM STATION TO WELL	15		

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: Robin Brown
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

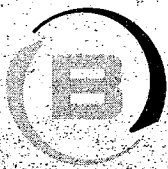
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP105	AA-2 CMT	SK	175		2,975.00	
CP103	60/40 P02	SK	50		600.00	
CC 105	C-41P	1B	83		332.00	
CC 111	SALT	1B	1012		506.00	
CC 113	GYPsum	1B	165		123.75	
CC 200	CMT 501	1B	249		62.25	
CC 201	Gilsonite	1B	878		588.26	
CC 148	C-17	1B	99		1,980.00	
CF 1251	AUTO KILL FLOW 5/8"	EA	1		360.00	
CF 607	LATCH DOWN Plug + BAFAC 5/8"	EA	1		400.00	
CF 1651	Turbolizer 5/8"	EA	4		440.00	
CF 1901	BASMT 5/8"	EA	1		290.00	
CC 167	KB Prof Plug	SAL	500		750.00	
E100	P.U. mi	MI	15		67.50	
E101	heavy eq mi	MI	30		225.00	
E113	Prof + bulk del	FM	155		388.13	
CE 205	depth charge 4000-5000'	4hr	1		2,520.00	
CE 240	blend + mix charge	SK	225		315.00	
CE 504	Plug cost	JOB	1		250.00	
5003	Supervisor	EA	1		175.00	
					SUB TOTAL	13,847.89

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		7,608.29

SERVICE REPRESENTATIVE: <u>Mike Mattai</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Robin Brown</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

35

FIELD SERVICE TICKET
1718 16337 A

DATE TICKET NO.

DATE OF JOB	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	LEASE	WELL NO.							
ADDRESS	COUNTY	STATE							
CITY	STATE	SERVICE CREW							
AUTHORIZED BY	JOB TYPE: 2 4 5" long								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
1754	1								7:00
						ARRIVED AT JOB		AM PM	11:4
						START OPERATION	2:00	AM PM	
						FINISH OPERATION		AM PM	
						RELEASED		AM PM	
						MILES FROM STATION TO WELL			15

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

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CC 101	...	17	17		2,915.00
CC 102	...	50	50		600.00
CC 103	...	11	11		332.00
CC 104	...	11	11		506.00
CC 105	...	11	11		123.75
CC 106	...	11	11		62.25
CC 107	...	11	11		588.26
CC 108	...	11	11		1,980.00
CC 109	...	1	1		360.00
CC 110	...	1	1		400.00
CC 111	...	1	1		440.00
CC 112	...	1	1		290.00
CC 113	...	1	1		750.00
CC 114	...	1	1		67.50
CC 115	...	1	1		225.00
CC 116	...	1	1		388.13
CC 117	...	1	1		2,520.00
CC 118	...	1	1		315.00
CC 119	...	1	1		25.00
SUB TOTAL					17,347.81

CHEMICAL / ACID DATA			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		7,600.00

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

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

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>Lodges Operating</i>		Lease No.		Date	
Lease <i>Beigner #2</i>		Well # <i>2</i>		2/16/15	
Field Order #	Station	Casing <i>8 5/8</i>	Depth	County <i>Pratt</i>	State <i>KS</i>
Type Job <i>Surface Pump</i>			Formation	Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>8 5/8</i>				Pre Pad		Max		5 Min.
Depth	Depth	From	To	Pad		Min		10 Min.
Volume	Volume	From	To	Frac		Avg		15 Min.
Max Press	Max Press	From	To			HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush		Gas Volume		Total Load
Plug Depth	Packer Depth	From	To					

Customer Representative				Station Manager <i>Justin Westerman</i>				Treater <i>Scott C.</i>			
Service Units	<i>96917</i>	<i>82892</i>	<i>5678</i>	<i>19006</i>	<i>19915</i>						
Driver Names	<i>Scott Mc...</i>			<i>D...</i>							

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:45	2105				On Location Safety Meeting
2/16 1:45					Break Circulation
11:54	160			4.5	Pump 1100 Spool
11:55	140		5	4.5	Start 2000 PPG 118 PPG
2:07	0		51.77	0	Shut down
2:08	0				Release Plug
2:09	120			4	Start Displacement
2:15	230		216	0	Shut down Spool Head
					Tell Complete
					Circulated 3000 to P1



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002427	1718	02/23/2018
INVOICE NUMBER			
92642995			

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 Bergner 2
 O LOCATION
 B COUNTY Pratt
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41089379	86779		Net - 30 days	03/25/2018

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 02/16/2018 to 02/16/2018</i>				
0041089379				
171816374A Cement-New Well Casing/Pi 02/16/2018 Cement Surface				
Common Cement	110.00	EA	9.12	1,003.20 T
Calcium Chloride	208.00	EA	0.60	124.49 T
"Unit Mileage Chg (PU, cars one way)"	15.00	MI	2.56	38.47
Heavy Equipment Mileage	30.00	MI	4.28	128.25
Proppant & Bulk Del. Chgs., per ton mil	78.00	EA	1.43	111.15
Blending & Mixing Service Charge	110.00	BAG	0.80	87.78
Depth Charge; 0-500'	1.00	EA	570.00	570.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	99.75	99.75

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	2,163.09
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	93.03
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	2,256.12
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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

TTMH 36
FIELD SERVICE TICKET
1718 16374 A

DATE _____ TICKET NO. _____

DATE OF JOB: 2/16/18 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 Co LLC		LEASE: Beigner		WELL NO. 2						
ADDRESS _____		COUNTY: Pratt		STATE: Ks						
CITY _____ STATE _____		SERVICE CREW: Scott, Chuck, Riley, Trevino								
AUTHORIZED BY: Robin Brown		JOB TYPE: Top off Surface Pipe 242								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
86778	.3									
19918	.3									
						ARRIVED AT JOB	2/16/18			9:15
						START OPERATION	2/16/18			9:50
						FINISH OPERATION	2/16/18			10:15
						RELEASED	2/16/18			10:45
						MILES FROM STATION TO WELL _____				

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SIGNED: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP100C	Common Cement	SK	110		1760.00	
CC109	Calcium Chloride	lb	208		218.40	
E100	Unit Mileage Pickup	MI	15		67.50	
E101	Heavy Equipment Mileage	MI	30		225.00	
E113	Prop + Salt Delivery	TM	78		195.00	
CE200	Depth Charge 0-500	4hr	1		1000.00	
CE240	Blending Mixing Charge	SK	110		154.00	
5003	Service Supervisor	CG	1		175.00	
					SUB TOTAL	3794.90
					SERVICE & EQUIPMENT	%TAX ON \$
					MATERIALS	%TAX ON \$
					TOTAL	2163.09

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: *[Signature]* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer <i>Lotus Operating Co</i>		Lease No.		Date <i>2/16/15</i>	
Lease <i>Pratt</i>		Well # <i>2</i>			
Field Order # <i>16374</i>	Station <i>Pratt</i>	Casing	Depth	County <i>Pratt</i>	State <i>KS</i>
Type Job <i>Top off surface Pp</i>			Formation	Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <i>Timothy Westerman</i>	Treater <i>Scott K</i>
-------------------------	---	---------------------------

Service Units <i>915177 76957 51275</i>									
Driver Names <i>Scott Mack - Riley - Trevino</i>									

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>9:55</i>	<i>0</i>			<i>1.2</i>	<i>On location Safety Meeting P.g up</i>
<i>10:15</i>	<i>0</i>		<i>23.5</i>	<i>0</i>	<i>Start Cement Column 3% cc 15.60</i>
					<i>Shut down collar full</i>
					<i>Washup equipment</i>
					<i>Job Complete</i>
					<i>110515 Column 3% cc</i>



DRILL STEM TEST REPORT

Prepared For: **Lotus Operating Company, LLC**

100 S. Main St. Ste. 420
Wichita, KS 67202

ATTN: Tim Hellman

Bergner #2

7-29S-14W Pratt,KS

Start Date: 2018.02.22 @ 09:50:28

End Date: 2018.02.22 @ 23:26:48

Job Ticket #: 63408 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Printed: 2018.02.28 @ 14:54:38



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Lotus Operating Company, LLC

7-29S-14W Pratt,KS

100 S. Main St. Ste. 420
Wichita, KS 67202

Bergner #2

Job Ticket: 63408

DST#: 1

ATTN: Tim Hellman

Test Start: 2018.02.22 @ 09:50:28

GENERAL INFORMATION:

Formation: **Hertha**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 14:15:04

Time Test Ended: 23:26:48

Test Type: Conventional Bottom Hole (Initial)

Tester: Brannan Lonsdale

Unit No: 73

Interval: 4360.00 ft (KB) To 4385.00 ft (KB) (TVD)

Reference Elevations: 2031.00 ft (KB)

Total Depth: 4385.00 ft (KB) (TVD)

2018.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 13.00 ft

Serial #: 8524 Outside

Press@RunDepth: 841.65 psig @ 4382.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2018.02.22

End Date:

2018.02.22

Last Calib.:

2018.02.22

Start Time: 09:50:29

End Time:

23:26:48

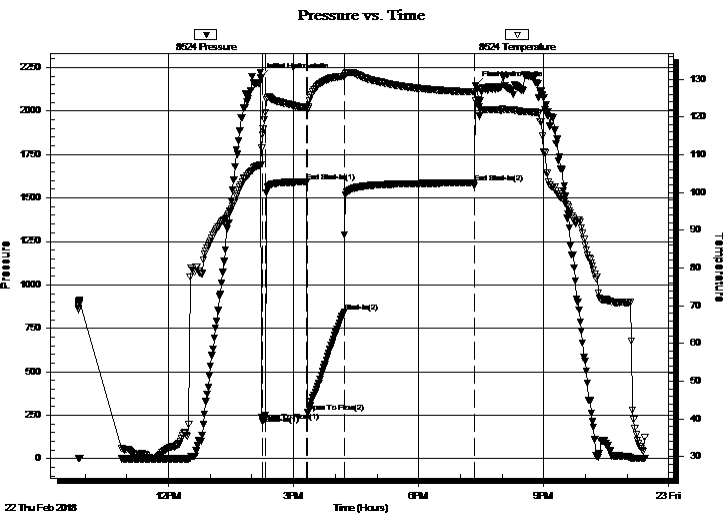
Time On Btm:

2018.02.22 @ 14:12:49

Time Off Btm:

2018.02.22 @ 19:22:03

TEST COMMENT: 005- IF- BOB 12 secs. Gas to surface 5 mins
060- IS- Would not bleed off
055- FF- BOB instantly. Flow ed oil at 49 mins
120- FS- Would not bleed off



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2190.41	107.38	Initial Hydro-static
3	213.06	115.29	Open To Flow (1)
7	248.36	121.09	Shut-In(1)
66	1592.15	122.35	End Shut-In(1)
68	265.08	122.10	Open To Flow (2)
120	841.65	130.78	Shut-In(2)
308	1586.96	126.62	End Shut-In(2)
310	2143.78	124.17	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	20bbls CGO, 35%G 65%O	0.00
0.00	Gas to surface 5 mins	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	1.00	18.00	931.46
Last Gas Rate	1.00	2.80	494.48
Max. Gas Rate	1.00	18.00	931.46



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lotus Operating Company, LLC

7-29S-14W Pratt,KS

100 S. Main St. Ste. 420
Wichita, KS 67202

Bergner #2

Job Ticket: 63408

DST#: 1

ATTN: Tim Hellman

Test Start: 2018.02.22 @ 09:50:28

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

40 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.77 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5500.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	20bbbls CGO, 35%G 65%O	0.000
0.00	Gas to surface 5 mins	0.000

Total Length: ft Total Volume: bbl

Num Fluid Samples: 0

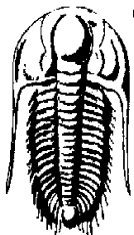
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Oil to surface 49 mins



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Lotus Operating Company, LLC

7-29S-14W Pratt,KS

100 S. Main St. Ste. 420
Wichita, KS 67202

Bergner #2

Job Ticket: 63408

DST#: 1

ATTN: Tim Hellman

Test Start: 2018.02.22 @ 09:50:28

Gas Rates Information

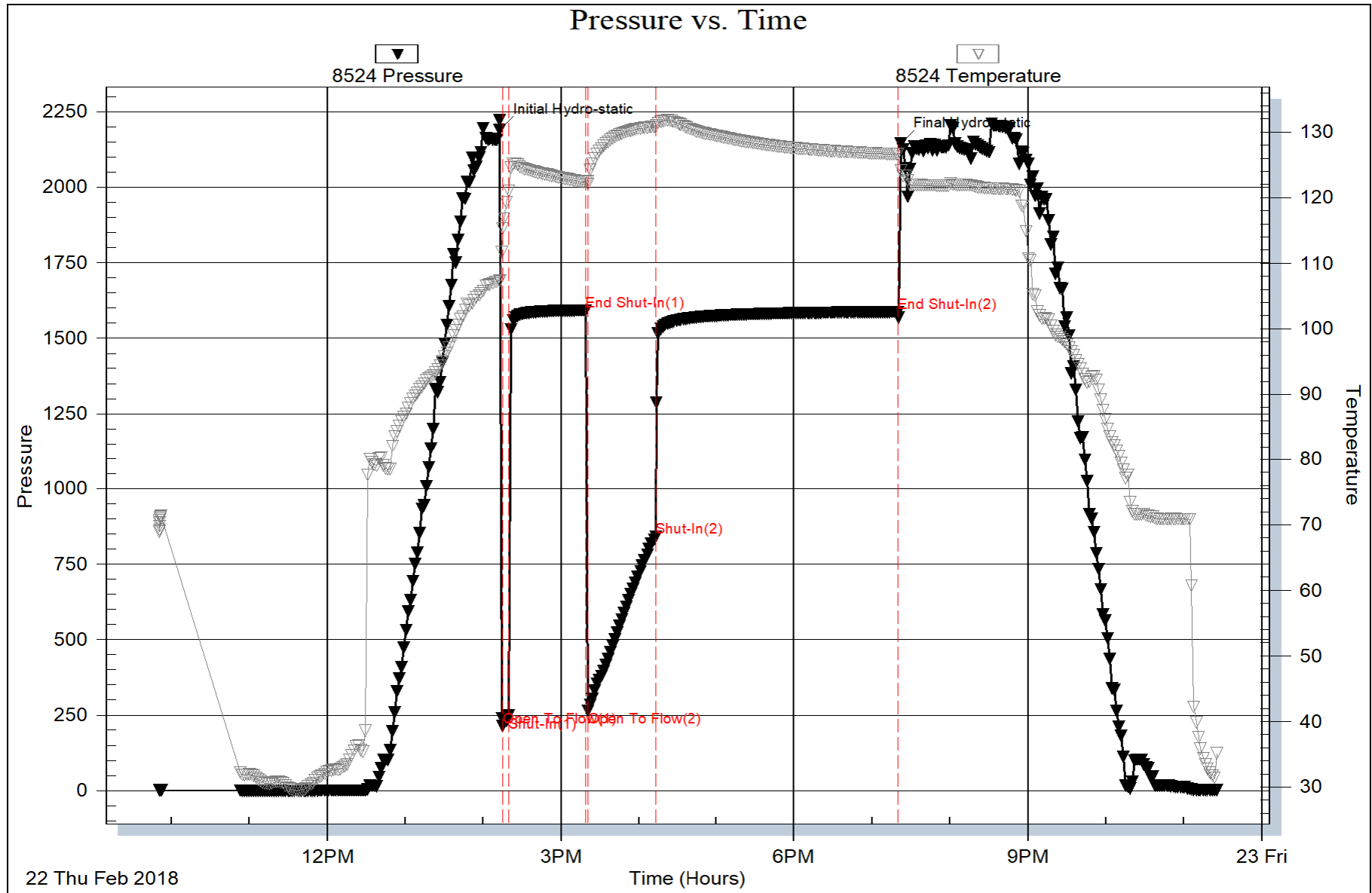
Temperature: 59 (deg F)

Relative Density: 0.65

Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
2	5	1.00	18.00	931.46
2	10	1.00	15.00	845.22
2	15	1.00	0.10	416.86
2	20	1.00	0.05	415.42
2	25	1.00	0.02	414.56
2	30	1.00	0.02	414.56
2	35	1.00	0.02	414.56
2	40	1.00	0.03	414.85
2	45	1.00	2.80	494.48





DRILL STEM TEST REPORT

Prepared For: **Lotus Operating Company, LLC**

100 S. Main St. Ste. 420
Wichita, KS 67202

ATTN: Tim Hellman

Bergner #2

7-29S-14W Pratt,KS

Start Date: 2018.02.24 @ 01:32:19

End Date: 2018.02.24 @ 10:43:24

Job Ticket #: 63409 DST #: 2

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2018.02.28 @ 14:53:53



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Lotus Operating Company, LLC

7-29S-14W Pratt,KS

100 S. Main St. Ste. 420
Wichita, KS 67202

Bergner #2

Job Ticket: 63409

DST#: 2

ATTN: Tim Hellman

Test Start: 2018.02.24 @ 01:32:19

GENERAL INFORMATION:

Formation: **Viola**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 05:16:10

Time Test Ended: 10:43:24

Test Type: Conventional Bottom Hole (Reset)

Tester: Brannan Lonsdale

Unit No: 73

Interval: 4528.00 ft (KB) To 4610.00 ft (KB) (TVD)

Reference Elevations: 2031.00 ft (KB)

Total Depth: 4610.00 ft (KB) (TVD)

2018.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 13.00 ft

Serial #: 8524 Outside

Press@RunDepth: 47.69 psig @ 4533.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2018.02.24

End Date:

2018.02.24

Last Calib.:

2018.02.24

Start Time: 01:32:20

End Time:

10:43:24

Time On Btm:

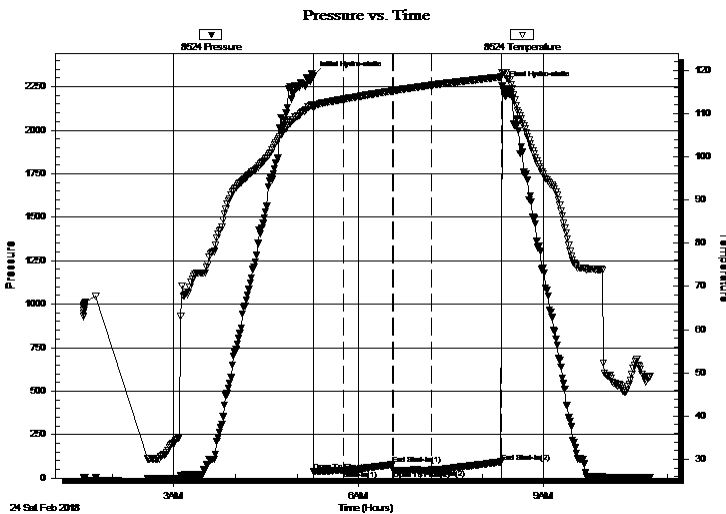
2018.02.24 @ 05:15:55

Time Off Btm:

2018.02.24 @ 08:19:25

TEST COMMENT: 30- IF- Weak blow built slow ly to 1 3/4"
45- IS- No blow
45- FF- Weak blow built slow ly to 1 1/2"
60- FSI- No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2317.68	112.06	Initial Hydro-static
1	39.16	111.35	Open To Flow (1)
29	44.59	113.28	Shut-In(1)
77	78.16	115.20	End Shut-In(1)
79	42.78	115.25	Open To Flow (2)
116	47.69	116.56	Shut-In(2)
183	93.06	118.42	End Shut-In(2)
184	2253.58	119.43	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	M	0.07
0.00	45' GIP	0.00

* Recovery from multiple tests

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lotus Operating Company, LLC

7-29S-14W Pratt,KS

100 S. Main St. Ste. 420
Wichita, KS 67202

Bergner #2

Job Ticket: 63409

DST#: 2

ATTN: Tim Hellman

Test Start: 2018.02.24 @ 01:32:19

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.98 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 8000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	M	0.074
0.00	45' GIP	0.000

Total Length: 15.00 ft Total Volume: 0.074 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

