

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) (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	HASKARD B 3
Doc ID	1456970

All Electric Logs Run

Dual Induction
Neutron/Density
Microlog
Frac log
Sonic



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002427	1718	03/22/2019
INVOICE NUMBER			
92935232			

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 B #3
 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
41166901			Net - 30 days	04/21/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 03/22/2019 to 03/22/2019</i>				
0041166901				
171817763A Cement-New Well Casing/Pi 03/22/2019 Surface Casing				
60/40 POZ	170.00	EA	6.60	1,122.00 T
441 Lb. -Calcium Chloride	1.00	LB	254.68	254.68 T
43 Lb. - Celloflake	1.00	LB	87.51	87.51 T
55 Mles - Unit Mileage Chg	1.00	MI	136.13	136.13
110 Miles - Heavy Equipment Mileage	1.00	MI	453.75	453.75
404 Tn/Mi-Proppant & Bulk Del. Chgs	1.00	EA	555.83	555.83
Depth Charge; 0-500'	1.00	EA	550.00	550.00
Blending & Mixing Service Charge	170.00	BAG	0.77	130.90
"Service Supervisor, first 8 hrs on loc.	1.00	EA	96.25	96.25

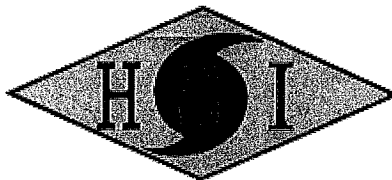
PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,387.05
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	109.81
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,496.86
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Customer <i>LOTUS OPERATING</i>	Lease No.	Date <i>3-22-19</i>
Lease <i>HASKARD B</i>	Well # <i>3</i>	
Field Order # <i>17763</i>	Station	Casing <i>8.625</i>
		Depth <i>270.87</i>
Type Job <i>8.625 SURFACE PIPE</i>	Formation	County <i>Barber</i>
		State <i>KS</i>
		Legal Description <i>12-35E-13W</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>8.625</i>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>270.87</i>	Depth	From	To	Pre Pad				5 Min.
Volume <i>17</i>	Volume	From	To	Pad				10 Min.
Max Press <i>500</i>	Max Press	From	To	Frac				15 Min.
Well Connection <i>2 1/2"</i>	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative <i>Galen Roach</i>	Station Manager <i>Justin Westerman</i>	Treater <i>Fernis Gardner</i>
Service Units <i>78866, 77686, 86779, 19903, 19862</i>		
Driver Names <i>Fernis, Mike, Mike, Ron, Ron</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0600</i>					<i>Arrived on location / Safety Meeting</i>
<i>0615</i>					<i>Rig up equipment</i>
					<i>TOTAL P.P.C RAN - 270.87' shoe - 20'</i>
<i>0155</i>	<i>90</i>		<i>5</i>	<i>5</i>	<i>Pump 1/2 spacer</i>
<i>0158</i>	<i>110</i>		<i>0</i>	<i>5</i>	<i>Start 60/40 Puz @ 14.8pphr</i>
<i>0203</i>	<i>180</i>		<i>16.5</i>	<i>5</i>	<i>85' 60/40 Puz away @ 14.8pphr</i>
<i>0210</i>	<i>120</i>		<i>37</i>	<i>5</i>	<i>170' 60/40 Puz away @ 14.8pphr</i>
<i>0211</i>	<i>120</i>		<i>0</i>	<i>3</i>	<i>Start displacement</i>
<i>0212</i>	<i>110</i>		<i>10</i>	<i>5</i>	<i>same cement @ surface</i>
<i>0215</i>	<i>100</i>		<i>16</i>	<i>5</i>	<i>End displacement shut in casing @ 100psi</i>
<i>0300</i>					<i>Rig down / leave location</i>
					<i>GRBIS / 28' TO P.4</i>
					<i>WOC - 270.87' TOC - SURFACE</i>
					<i>Thank you!!!</i>
					<i>Fernis Gardner</i>



HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:

LOTUS OPERATING COMPANY, LLC
100 S. MAIN, STE 420
WICHITA, KS 67202

Invoice Date: 3/28/2019
Invoice #: 0341035
Lease Name: Haskard B
Well #: 3 (New)
County: Barber
Job Number: ICT1872

Date/Description	HRS/QTY	Rate	Total
Longstring	0.000	0.000	0.00
Heavy Eq Mileage	55.000	3.400	187.00
Ton Mileage	868.000	1.275	1,106.70
Cement pump #231	1.000	1,275.000	1,275.00
Cement plug container	1.000	225.000	225.00
HSC Blend	240.000	20.400	4,896.00
H-Plug	50.000	11.050	552.50
Mud flush	500.000	0.250	125.00
Centralizers 5 1/2"	5.000	51.000	255.00
Cement baskets 5 1/2"	1.000	255.000	255.00
5 1/2" Floatshoe-Flapper AFU	1.000	318.750	318.75
5 1/2" LD Plug & Baffle	1.000	297.500	297.50

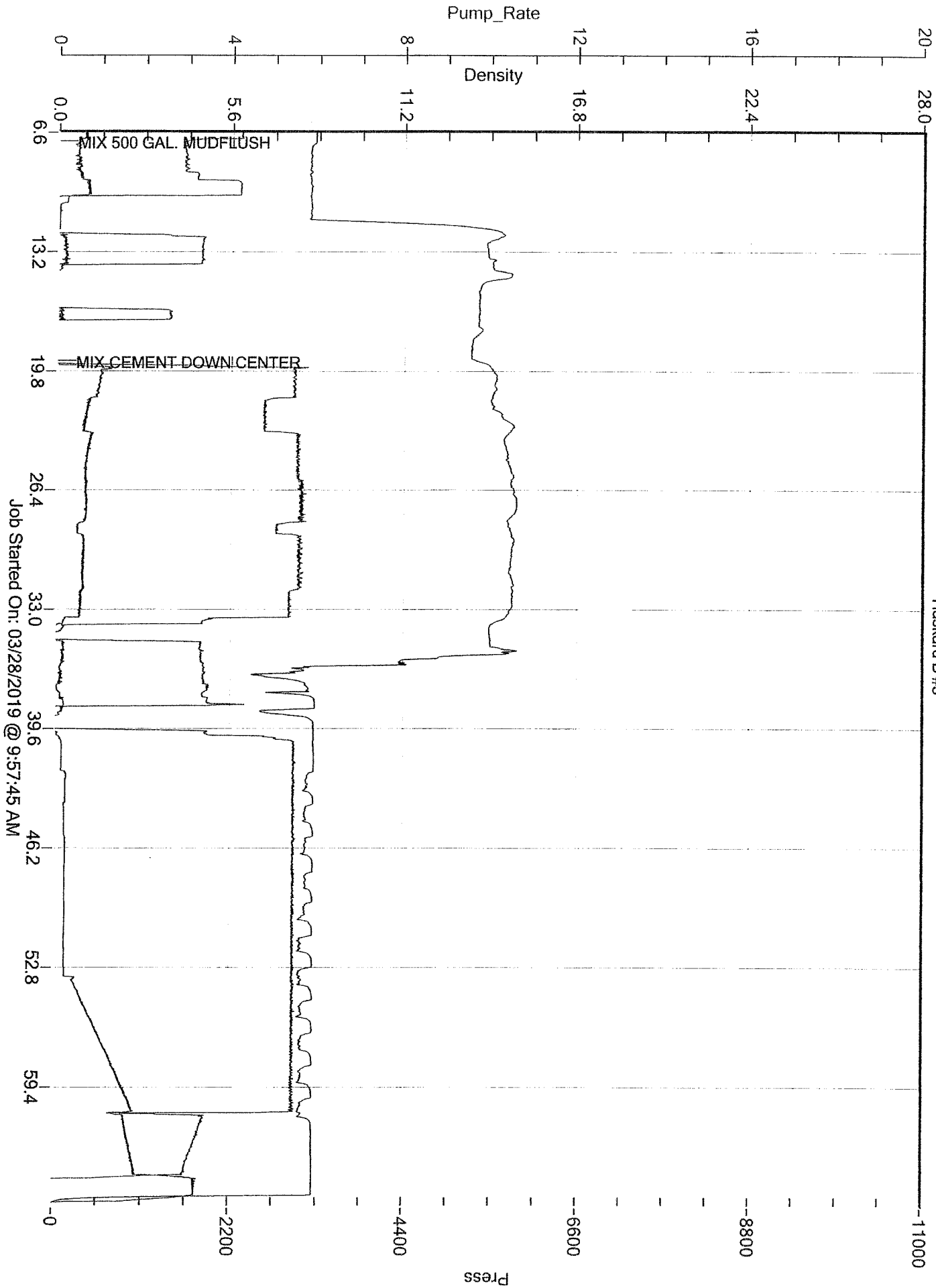
Total 9,493.45

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!

Lotus Operating
Haskard B #3



Timothy D. Heilman

3410 W. Downey
MICHIGAN, KANSAS 67204

(316) 722-9185
(316) 282-1077

CR# 8978

GEOLOGICAL REPORT

LOTUS OPERATIONS CO. LLC
3 HASKARD "B"
NE 1/4 - 35E
RANGE 13E
TWP 35S
COUNTY BARBER STATE KS

CONTRACTOR DICKENS
RD 5121/19
RD 5120

DISPLACEMENT TYPE MUD CHEMICAL
FORMATION TOPS & STRUCTURAL POSITION

FORMATION NEWMARK
K 1
K 2
K 3
K 4
K 5
K 6
K 7
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FORMATION TOPS & STRUCTURAL POSITION

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ELEVATIONS
KB 1490

GL 1477

GL 1477

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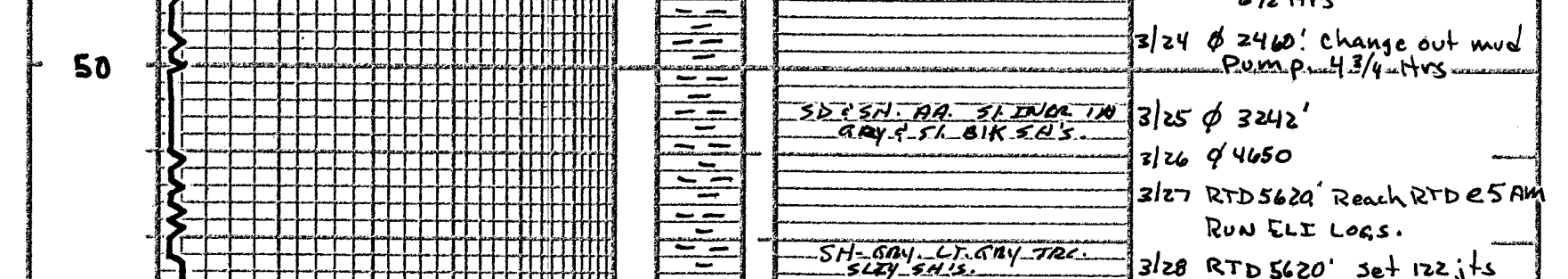
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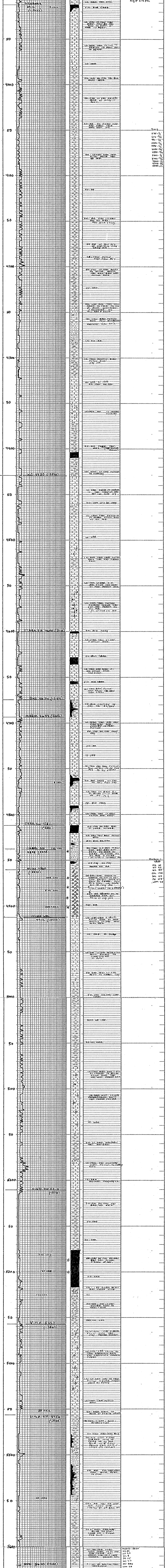
GL 1477

REMARKS: DUE TO THE POSITIVE STRUCTURAL POSITION, OIL & GAS SHOWS AND ELONG. ORAL CUMULATIONS, IT WAS DECIDED TO DRILL TO PRODUCTION CASING TO ENHANCE THE PERMEABILITY AND MISS THROUGH PERFORATIONS AND NECESSARY ACID & PAC STIMULATIONS.

LEGEND



SCALE: 1" = 100'



COMPANY: LOTUS OPERATIONS CO. LLC
LEASE: 3 HASKARD "B"
LOCATION: NE 1/4 - 35E SEC 12, TWP 35S, RANG 13E
COUNTY: BARBER STATE: KS
ELEVATION: KB 1490