



**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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1048271

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

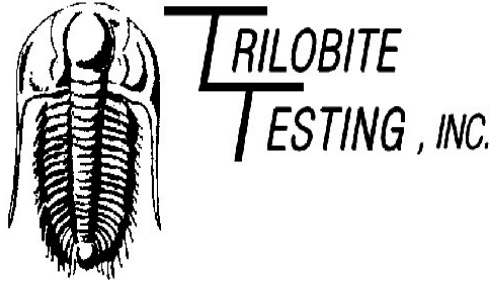
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing    Pumping    Gas Lift    Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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## DRILL STEM TEST REPORT

Prepared For: **Lotus Operating Company LLC**

100 S. Main  
Ste.420  
Wichita Ks 67202-3737

ATTN: Tim Hellman

**18-31s-3e Cowley**

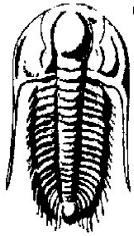
**Blankenship #1**

Start Date: 2010.03.12 @ 17:33:39

End Date: 2010.03.12 @ 23:45:03

Job Ticket #: 38205                      DST #: 1

Trilobite Testing, Inc  
PO Box 1733 Hays, KS 67601  
ph: 785-625-4778 fax: 785-625-5620



**TRILOBITE TESTING, INC**

# DRILL STEM TEST REPORT

Lotus Operating Company LLC

**Blankenship #1**

100 S. Main  
Ste.420  
Wichita Ks 67202-3737  
ATTN: Tim Hellman

**18-31s-3e Cowley**

Job Ticket: 38205 **DST#: 1**

Test Start: 2010.03.12 @ 17:33:39

## GENERAL INFORMATION:

Formation: **LKC**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 19:32:04

Time Test Ended: 23:45:03

Test Type: Conventional Bottom Hole

Tester: Ray Schwager

Unit No: 42

**Interval: 2386.00 ft (KB) To 2488.00 ft (KB) (TVD)**

Reference Elevations: 1213.00 ft (KB)

Total Depth: 2486.00 ft (KB) (TVD)

1205.00 ft (CF)

Hole Diameter: 7.85 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

**Serial #: 8365 Inside**

Press@RunDepth: 36.69 psig @ 2395.01 ft (KB)

Capacity: 8000.00 psig

Start Date: 2010.03.12 End Date: 2010.03.12

Last Calib.: 2010.03.12

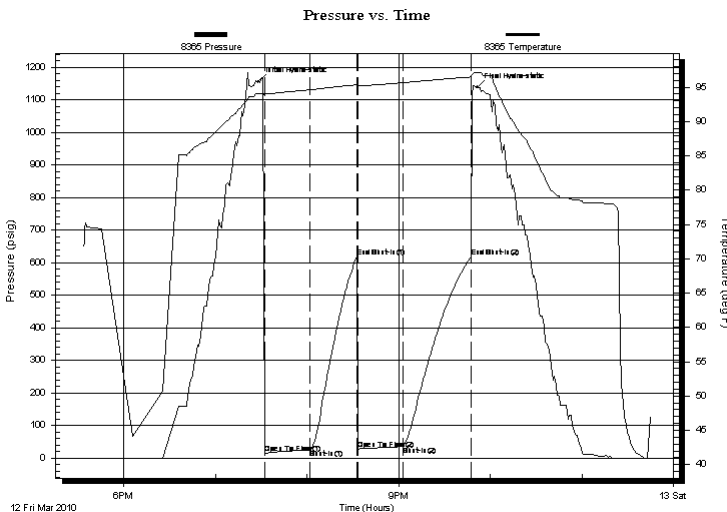
Start Time: 17:33:39 End Time: 23:45:03

Time On Btm: 2010.03.12 @ 19:28:04

Time Off Btm: 2010.03.12 @ 21:51:33

**TEST COMMENT:** IFP-w k bl thru-out  
FFP-surface bl thru-out  
Times 30-30-30-45

## PRESSURE SUMMARY



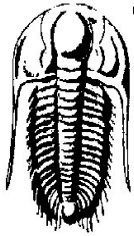
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1155.56	94.10	Initial Hydro-static
4	14.99	93.72	Open To Flow (1)
34	25.62	94.63	Shut-In(1)
65	617.45	95.35	End Shut-In(1)
65	28.47	94.96	Open To Flow (2)
95	36.69	95.65	Shut-In(2)
140	618.34	96.50	End Shut-In(2)
144	1138.39	97.12	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
30.00	Mud	0.15

## Gas Rates

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



**TRILOBITE**  
**TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Lotus Operating Company LLC

**Blankenship #1**

100 S. Main  
Ste.420  
Wichita Ks 67202-3737  
ATTN: Tim Hellman

**18-31s-3e Cowley**

Job Ticket: 38205

**DST#: 1**

Test Start: 2010.03.12 @ 17:33:39

## 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: 47.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.17 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1900.00 ppm

Filter Cake: 1.00 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
30.00	Mud	0.148

Total Length: 30.00 ft      Total Volume: 0.148 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

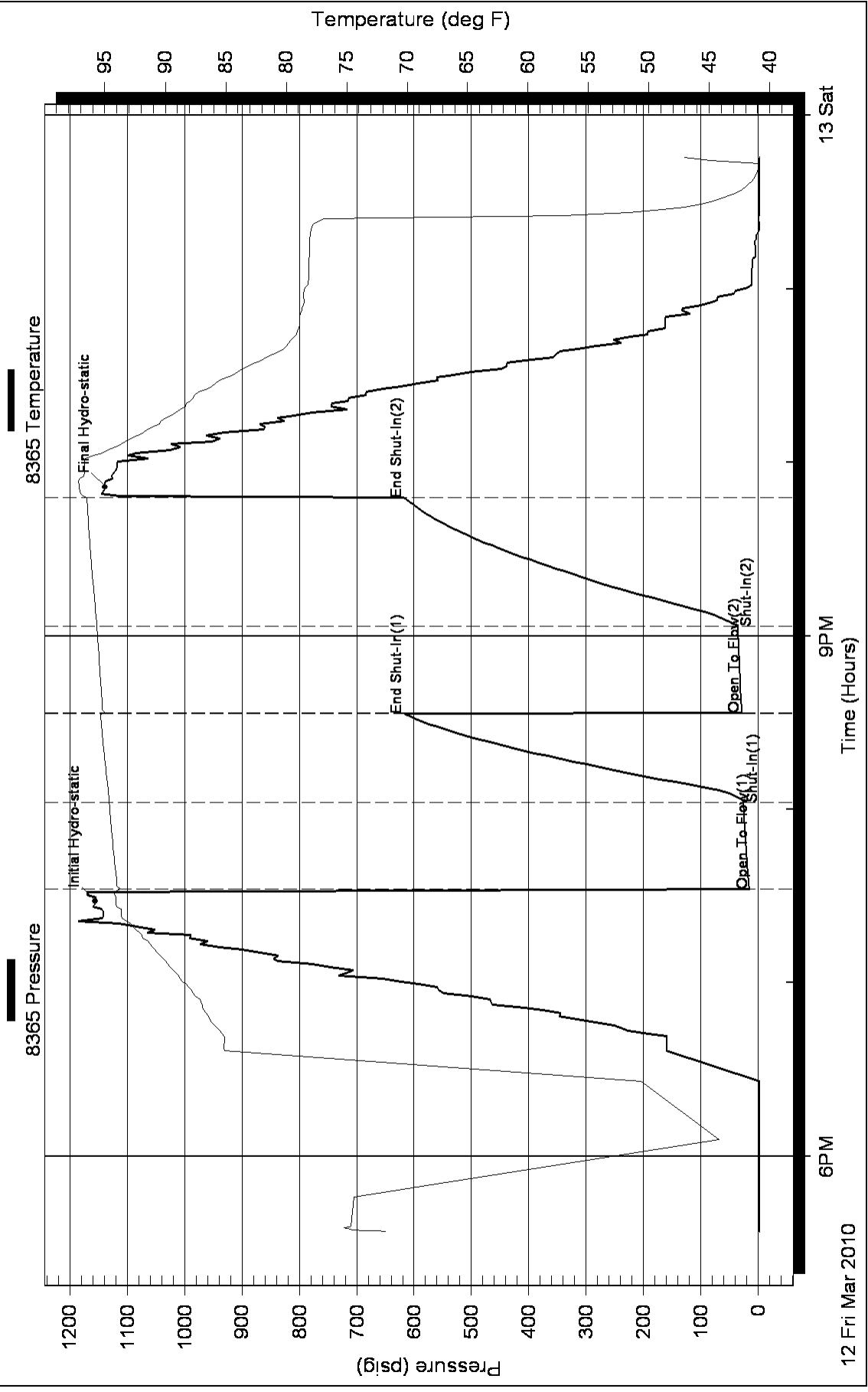
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

# Pressure vs. Time





## DRILL STEM TEST REPORT

Prepared For: **Lotus Operating Company LLC**

100 S. Main  
Ste.420  
Wichita Ks 67202-3737

ATTN: Tim Hellman

**18-31s-3e Cowley**

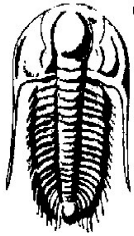
**Blankenship #1**

Start Date: 2010.03.14 @ 05:24:21

End Date: 2010.03.14 @ 11:17:45

Job Ticket #: 38206                      DST #: 2

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



**TRILOBITE TESTING, INC**

# DRILL STEM TEST REPORT

Lotus Operating Company LLC

**Blankenship #1**

100 S. Main  
Ste.420  
Wichita Ks 67202-3737  
ATTN: Tim Hellman

**18-31s-3e Cowley**

Job Ticket: 38206 **DST#: 2**  
Test Start: 2010.03.14 @ 05:24:21

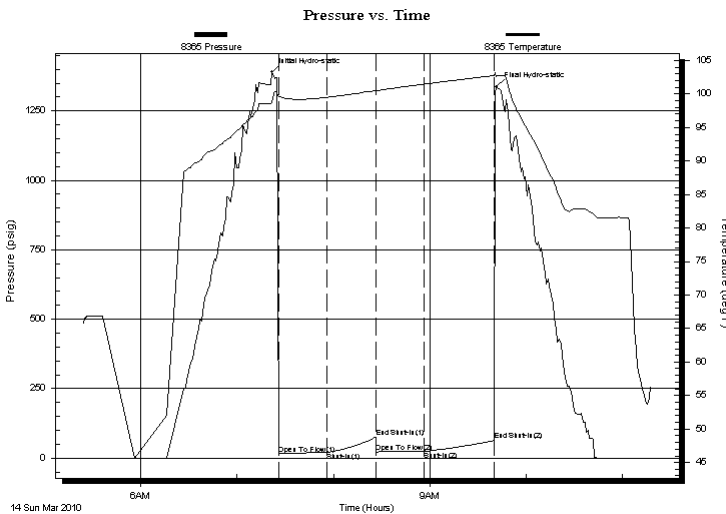
## GENERAL INFORMATION:

Formation: **Arbuckle**  
 Deviated: No Whipstock: ft (KB)  
 Time Tool Opened: 07:25:46  
 Time Test Ended: 11:17:45  
 Interval: **2806.00 ft (KB) To 2843.00 ft (KB) (TVD)**  
 Total Depth: 2843.00 ft (KB) (TVD)  
 Hole Diameter: 7.85 inches Hole Condition: Fair  
 Test Type: Conventional Bottom Hole  
 Tester: Ray Schwager  
 Unit No: 42  
 Reference Elevations: 1213.00 ft (KB)  
 1205.00 ft (CF)  
 KB to GR/CF: 8.00 ft

**Serial #: 8365 Inside**  
 Press@RunDepth: 24.30 psig @ 2815.01 ft (KB) Capacity: 8000.00 psig  
 Start Date: 2010.03.14 End Date: 2010.03.14 Last Calib.: 2010.03.14  
 Start Time: 05:24:21 End Time: 11:17:45 Time On Btm: 2010.03.14 @ 07:21:46  
 Time Off Btm: 2010.03.14 @ 09:41:45

**TEST COMMENT:** IFP-surface bl thru-out  
 FFP-surface bl thru-out  
 Times 30-30-30-45

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1389.07	98.69	Initial Hydro-static
4	14.94	99.55	Open To Flow (1)
34	20.31	99.49	Shut-In(1)
65	73.56	100.50	End Shut-In(1)
65	22.17	100.50	Open To Flow (2)
95	24.30	101.46	Shut-In(2)
139	63.93	102.75	End Shut-In(2)
140	1336.67	102.62	Final Hydro-static

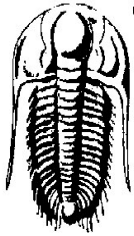
## Recovery

Length (ft)	Description	Volume (bbl)
5.00	OCM 10%O90%M	0.02

## Gas Rates

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





**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Lotus Operating Company LLC

**Blankenship #1**

100 S. Main  
Ste.420  
Wichita Ks 67202-3737  
ATTN: Tim Hellman

**18-31s-3e Cowley**

Job Ticket: 38206

**DST#: 2**

Test Start: 2010.03.14 @ 05:24:21

## 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: 47.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.13 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1900.00 ppm

Filter Cake: 1.00 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	OCM 10%O90%M	0.025

Total Length: 5.00 ft      Total Volume: 0.025 bbl

Num Fluid Samples: 0

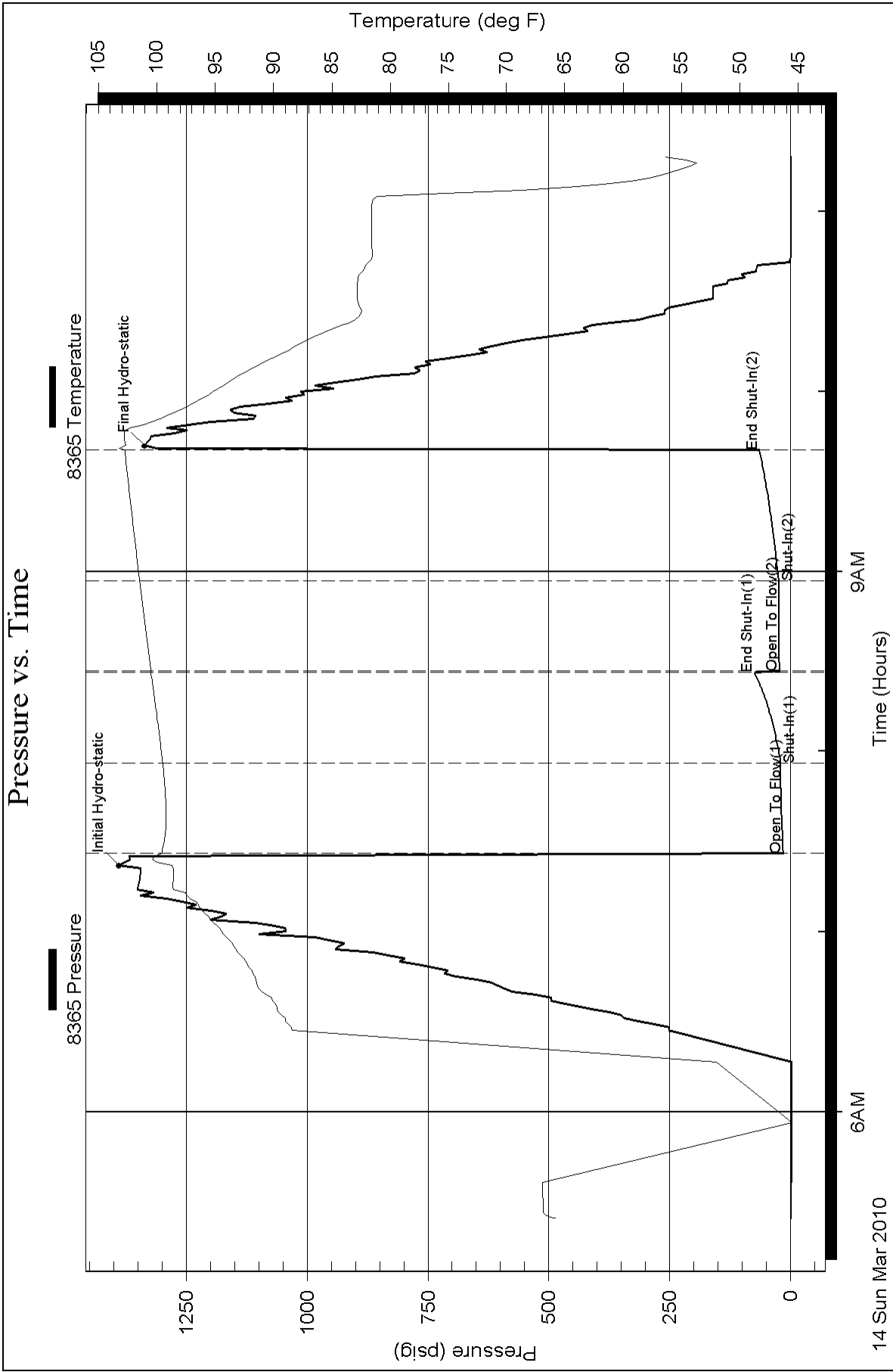
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**CONSOLIDATED**  
Oil Well Services, LLC  
**RECEIVED**

MAR 12 2009

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 233254

Invoice Date: 03/10/2010 Terms:

Page 1

LOTUS OPERATING  
100 S. MAIN SUITE 420  
WICHITA KS 67202  
(316)262-1077

BLANKENSHIP #1  
23985  
03-08-10

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	175.00	13.1000	2292.50
1102	CALCIUM CHLORIDE (50#)	495.00	.7300	361.35
1118A	S-5 GEL/ BENTONITE (50#)	330.00	.1700	56.10
1107	FLO-SEAL (25#)	88.00	2.0000	176.00
4106	8 5/8" CEMENT BASKET	1.00	300.0000	300.00

Description	Hours	Unit Price	Total
463 CEMENT PUMP (SURFACE)	1.00	700.00	700.00
463 EQUIPMENT MILEAGE (ONE WAY)	70.00	3.55	248.50
479 TON MILEAGE DELIVERY	576.10	1.20	691.32

GL# 9208  
DESC. Cement surface  
pipe  
Blanken  
WELL # Blanken

ENTERED

MAR - 8 2010

Parts:	3185.95	Freight:	.00	Tax:	184.79	AR	5010.56
Labor:	.00	Misc:	.00	Total:	5010.56		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

ELDORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

GILLETTE, WY  
307/686-4914

MCALISTER, OK  
918/426-7667

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

WORLAND, WY  
307/347-4577



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884-  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 233316

Invoice Date: 03/16/2010 Terms:

Page 1

LOTUS OPERATING  
100 S. MAIN SUITE 420  
WICHITA KS 67202  
(316)262-1077

BLANKENSHIP #1  
24019  
03-15-10

RECEIVED

MAR 18 2010

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	110.00	11.0000	1210.00
1118A	S-5 GEL/ BENTONITE (50#)	375.00	.1700	63.75
Description	Hours	Unit Price	Total	
445 P & A NEW WELL	1.00	900.00	900.00	
445 EQUIPMENT MILEAGE (ONE WAY)	70.00	3.55	248.50	
479 TON MILEAGE DELIVERY	331.10	1.20	397.32	

GL# 9255  
DESC. Plug well  
  
  
WELL # Blankenship

ENTERED

MAR 19 2010

Parts: 1273.75 Freight: .00 Tax: 73.88 AR 2893.45  
Labor: .00 Misc: .00 Total: 2893.45  
Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_ Date \_\_\_\_\_

