



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: _____



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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Wetz B 4
Doc ID	1048403

All Electric Logs Run

Dual Induction
Neutron Density w/PE
Micro
Sonic



PO BOX 31 Russell, KS 67665

Voice: (785) 483-3887
 Fax: (785) 483-5566

RECEIVED

SEP 23 2010

INVOICE

Invoice Number: 124521

Invoice Date: Sep 13, 2010

Page: 1

Bill To:
Lotus Operating Co., LLC Lotus Exploration Co. 100 S. Main, STE 420 Wichita, KS 67202

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Wetz B #4	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Sep 13, 2010	10/13/10

Quantity	Item	Description	Unit Price	Amount
135.00	MAT	Class A Common	15.45	2,085.75
90.00	MAT	Pozmix	8.00	720.00
6.00	MAT	Gel	20.80	124.80
11.00	MAT	Chloride	58.20	640.20
242.00	SER	Handling	2.40	580.80
15.00	SER	Mileage 242 sx @ .10 per sk per mi	24.20	363.00
1.00	SER	Surface	1,018.00	1,018.00
15.00	SER	Pump Truck Mileage	7.00	105.00

ENTERED
 SEP 24 2010

GL# 9208
 DESC. cement 10 3/4"
Surface casing
w/ 250 sx #4B
 WELL # Wetz B

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 1127.51

ONLY IF PAID ON OR BEFORE
Oct 8, 2010

Subtotal	5,637.55
Sales Tax	260.66
Total Invoice Amount	5,898.21
Payment/Credit Applied	
TOTAL	5,898.21

-1127.51
 4,770.70

ALLIED CEMENTING CO., LLC. 037056

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lake Ks

DATE <u>9-13-2010</u>	SEC <u>36</u>	TWP. <u>34s</u>	RANGE <u>12 W</u>	CALLED OUT <u>4:00 pm</u>	ON LOCATION <u>4:30 pm</u>	JOB START <u>6:00 pm</u>	JOB FINISH <u>6:30 pm</u>
LEASE <u>Wet 2 B</u>	WELL # <u>4</u>	LOCATION <u>Medicine Lake Ks South</u>			COUNTY <u>Baker</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)			<u>to Rattle Snake Rd, 1/4 West, S into</u>				

CONTRACTOR Duke #2

TYPE OF JOB Surface

HOLE SIZE 14 3/4 T.D. 268

CASING SIZE 10 3/4 DEPTH 254

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 20'

PERFS. _____

DISPLACEMENT 24 bbls of fresh water

OWNER Lotus Operating

CEMENT

AMOUNT ORDERED 225 sq 60' 40' 2 1/2 Gal
390cc

COMMON	<u>A</u>	<u>135 SY @ 15.45</u>	<u>2085</u>	<u>7.00</u>
POZMIX	<u>90 SY @ 8.00</u>	<u>720</u>	<u>0.00</u>	
GEL	<u>6 SY @ 20.00</u>	<u>124</u>	<u>0.00</u>	
CHLORIDE	<u>11 SY @ 58.00</u>	<u>640</u>	<u>0.00</u>	
ASC	@			
	@			
	@			
	@			
	@			
	@			
	@			
	@			
	@			
	@			
HANDLING	<u>242</u>	@ <u>240</u>	<u>580</u>	<u>0.00</u>
MILEAGE	<u>242/15/-10</u>		<u>363</u>	<u>0.00</u>
			TOTAL	<u>4514</u>

EQUIPMENT

PUMP TRUCK CEMENTER Darin F

360-265 HELPER Matt T.

BULK TRUCK

364 DRIVER Jason T.

BULK TRUCK

_____ DRIVER _____

REMARKS:

Pipe on bottom & break circuit on
pump 3 bbls ahead, mix 225 sq of
Cement, Displace 24 bbls of fresh
water, Shut in, Cement &
Circulate

SERVICE

DEPTH OF JOB	<u>254'</u>		
PUMP TRUCK CHARGE	<u>1018</u>	<u>0.00</u>	
EXTRA FOOTAGE	@		
MILEAGE	<u>15</u>	@ <u>7.00</u>	<u>105</u>
MANIFOLD	@		
<u>Shaded blue</u>	@		
	@		
			TOTAL <u>1123</u>

CHARGE TO: Lotus Operating

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

None

@ _____

@ _____

@ _____

@ _____

@ _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X

SIGNATURE [Signature]
Thank You!!!

SALES TAX (If Any) _____

TOTAL CHARGES [scribble]

DISCOUNT _____ IF PAID IN 30 DAYS

[scribble]



PO BOX 31 Russell, KS 67665

RECEIVED

SEP 23 2010

INVOICE

Invoice Number: 124468

Invoice Date: Sep 13, 2010

Page: 1

Voice: (785) 483-3887
 Fax: (785) 483-5566

Bill To:

Lotus Operating Co., LLC
 Lotus Exploration Co.
 100 S. Main, STE 420
 Wichita, KS 67202

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Wetz #4 B	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Sep 11, 2010	10/13/10

Quantity	Item	Description	Unit Price	Amount
18.00	MAT	Class A Common	15.45	278.10
12.00	MAT	Pozmix	8.00	96.00
1.00	MAT	Gel	20.80	20.80
200.00	MAT	ASC Class A	18.60	3,720.00
1,000.00	MAT	Kol Seal	0.89	890.00
94.00	MAT	FL-160	13.30	1,250.20
50.00	MAT	Flo Seal	2.50	125.00
255.00	SER	Handling	2.40	612.00
15.00	SER	Mileage 255 sx @.10 per sk per mi	25.50	382.50
1.00	SER	Production Casing	2,092.00	2,092.00
15.00	SER	Pump Truck Mileage	7.00	105.00
1.00	EQP	5.5 Guide Shoe	100.80	100.80
1.00	EQP	AFU Insert	112.00	112.00
1.00	EQP	Basket	161.00	161.00
6.00	EQP	5.5 Centralizer	32.20	193.20

Subtotal	10,138.60
Sales Tax	507.14
Total Invoice Amount	10,645.74
Payment/Credit Applied	
TOTAL	10,645.74

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 2027.72

ONLY IF PAID ON OR BEFORE
 Oct 8, 2010

GL# 9308
 DESC. Cement in
5 1/2" Prod. Casing #4B
 WELL # Wetz B

ENTERED
 SEP 24 2010

2027.72
 \$ 8,618.02

ALLIED CEMENTING CO., LLC. 037054

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Medicine Lodge, KS

DATE 9-11-10	SEC 36	TWP. 34S	RANGE 12W	CALLED OUT 5:00 pm	ON LOCATION 7:30 pm	JOB START 11:30 am	JOB FINISH 12:30 pm
LEASE Wet 2	WELL # 4	LOCATION Medicine Lodge, KS South			COUNTY Barber	STATE KS	
OLD OR NEW (Circle one)			to R. 1st & Snake Rd, 1/4 way S. line				

CONTRACTOR Duke #2

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 5216'

CASING SIZE 5 1/2 DEPTH 5016'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 40'

CEMENT LEFT IN CSG. _____

OWNER Lotus Operating

CEMENT

AMOUNT ORDERED 30 sk 60540' 4010601

200 sk Class A ASC + 5# Kalseal

50% FL-160 + 1/4 # Floseal

PERFS. _____

DISPLACEMENT 123 bbls of fresh water

COMMON	<u>A 18 sk</u>	@ <u>15.45</u>	<u>278</u>	<u>10</u>
POZMIX	<u>12 sk</u>	@ <u>8</u>	<u>96</u>	<u>00</u>
GEL	<u>1 sk</u>	@ <u>20</u>	<u>20</u>	<u>00</u>
CHLORIDE	_____	@ _____	_____	_____
ASC	<u>200 sk</u>	@ <u>18</u>	<u>3720</u>	<u>00</u>
	<u>Kalseal 1000</u>	@ <u>-89</u>	<u>890</u>	<u>00</u>
	<u>FL-160 94</u>	@ <u>13</u>	<u>1250</u>	<u>00</u>
	<u>Floseal 50</u>	@ <u>2.50</u>	<u>125</u>	<u>00</u>
	_____	@ _____	_____	_____
	_____	@ _____	_____	_____
	_____	@ _____	_____	_____
	_____	@ _____	_____	_____
HANDLING	<u>255</u>	@ <u>2.40</u>	<u>612</u>	<u>00</u>
MILEAGE	<u>255 / 10 / 15</u>	_____	<u>382</u>	<u>00</u>
TOTAL	_____	_____	<u>7374</u>	<u>00</u>

EQUIPMENT

PUMP TRUCK CEMENTER Derin F

471-302 HELPER Ron G.

BULK TRUCK

364 DRIVER Jason T

BULK TRUCK

_____ DRIVER _____

REMARKS:

Pipe on bottom & break circulation
mix 30 sk of cement for R&H hole
mix 200 sk of cement, shut down
wash pump & lines, Release plug, start
displacement, lift pressure 92 85
bbls, slow rate to 3 bpm 92 110 bbls
Bump plug 92 123 bbls, 1000-1500 psi
Flow die hold

SERVICE

DEPTH OF JOB 5016'

PUMP TRUCK CHARGE 2092

EXTRA FOOTAGE @ _____

MILEAGE 15 @ 7 = 105

MANIFOLD @ _____

Head rental @ _____

TOTAL 2197

CHARGE TO: Lotus Operating

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>5 1/2</u>	_____	_____	_____
1- Guide Shoe	@	<u>100</u>	<u>00</u>
1- PFU Insert	@	<u>112</u>	<u>00</u>
1- Basket	@	<u>161</u>	<u>00</u>
6- Centralizers	@ <u>32</u>	<u>193</u>	<u>00</u>
	@ _____	_____	_____

TOTAL 567

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____

TOTAL CHARGES ~~_____~~

DISCOUNT _____ IE PAID IN 30 DAYS

PRINTED NAME X JOHN J. ARMBRUSTER

SIGNATURE X John J. Armbruster

Thank you!!!



*Mark Parkinson, Governor
Thomas E. Wright, Chairman
Joseph F. Harkins, Commissioner
Ward Loyd, Commissioner*

December 27, 2010

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

Re: ACO1
API 15-007-23588-00-00
Wetz B 4
SE/4 Sec.36-34S-12W
Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Tim Hellman