



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: _____



1048752

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Wetz B 5
Doc ID	1048752

All Electric Logs Run

DUAL INDUCTION
NEUTRON DENSITY W/PE
MICRO
SONIC

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Wetz B 5
Doc ID	1048752

Tops

Name	Top	Datum
Heebner	3756	-2385
KC	4282	-2911
BKC	4516	-3145
Miss	4702	-3331
Kind	4946	-3575
Viola	5105	-3734
Simp sd	5210	-3839
LTD	5262	-3891



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 #45	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 #SB#SB
 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



PO BOX 31 Russell, KS 67665

RECEIVED

SEP 30 2010

INVOICE

Invoice Number: 124606

Invoice Date: Sep 20, 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 B #5	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Sep 20, 2010	10/20/10

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
225.00	MAT	ASC Class A	18.60	4,185.00
56.00	MAT	Flo Seal	2.50	140.00
1,125.00	MAT	Kol Seal	0.89	1,001.25
105.75	MAT	FL-160	13.30	1,406.48
282.00	SER	Handling	2.40	676.80
15.00	SER	Mileage 282 sx @.10 per sk per mi	28.20	423.00
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	5.5 AFU Insert	112.00	112.00
5.00	EQP	5.5 Centralizer	32.20	161.00
1.00	EQP	5.5 Basket	161.00	161.00
1.00	EQP	5.5 Top Rubber Plug	74.00	74.00

Subtotal	11,033.23
Sales Tax	564.76
Total Invoice Amount	11,597.99
Payment/Credit Applied	
TOTAL	11,597.99

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

\$ 2206.65

ONLY IF PAID ON OR BEFORE
 Oct 15, 2010

GL# 9308
 DESC. cement prod
 csa w/255 sx w/60/40
 pozmix + class A #5
 WELL # Wetz B

- 2206.65
 9391.34

ALLIED CEMENTING CO., LLC. 042207

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge, KS

DATE <i>09 20 10</i>	SEC. <i>36</i>	TWP. <i>34s</i>	RANGE <i>12w</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>2:00 PM</i>
LEASE <i>Wetz B</i>	WELL # <i>5</i>	LOCATION			COUNTY <i>Barber</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Duke #2*

TYPE OF JOB *Production Casing*

HOLE SIZE *7 7/8* T.D.

CASING SIZE *5 1/2* DEPTH *4999*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *1500* MINIMUM *-*

MEAS. LINE SHOE JOINT *40.10*

CEMENT LEFT IN CSG. *40'*

PERFS.

DISPLACEMENT *122 Bbls Fresh H₂O*

EQUIPMENT

PUMP TRUCK CEMENTER *D. Felio*

360-265 HELPER *M. Thimesch*

BULK TRUCK

356-252 DRIVER *R. Gilley*

BULK TRUCK

DRIVER

REMARKS:

*Pipe on Btm, Break Cpg., Plug Rat & Move
Holes w/ 30sx 60.40 cement Blend, Mix 22.5sx
"A" ASC cement Blend, 5 top Pump, Wash Pump
& Lines, Release Plug, Start Disp. w/ Fresh H₂O
See Steady increase in PST, Slow Rate
Bump Plug at 122 Bbls
total Disp., Release PST, Float Did Hold*

OWNER *Lotus*

CEMENT

AMOUNT ORDERED *30sx 60: 40: 4% gel &
22.5sx class "A" ASC + 5# Kolsal + .5% F160
+ 1/4 # F160 seal*

COMMON <i>A</i>	<i>18 sx</i>	@ <i>15.45</i>	<i>278.10</i>
POZMIX	<i>12 sx</i>	@ <i>8.00</i>	<i>96.00</i>
GEL	<i>1 sx</i>	@ <i>20.80</i>	<i>20.80</i>
CHLORIDE		@	
ASC	<i>22.5 sx</i>	@ <i>18.60</i>	<i>4185.00</i>
	<i>Floccal 56th</i>	@ <i>2.50</i>	<i>140.00</i>
	<i>Kolsal 1125th</i>	@ <i>.89</i>	<i>1001.25</i>
	<i>F1-160 10S-75</i>	@ <i>13.30</i>	<i>1406.47</i>
		@	
		@	
		@	
		@	
		@	
HANDLING	<i>282</i>	@ <i>2.40</i>	<i>676.80</i>
MILEAGE	<i>282/15/10</i>		<i>423.00</i>
TOTAL			<i>8227.42</i>

SERVICE

DEPTH OF JOB *4999*

PUMP TRUCK CHARGE *2092.00*

EXTRA FOOTAGE @

MILEAGE *15* @ *7.00* *105.00*

MANIFOLD *Head Rental* @

TOTAL *2197.00*

PLUG & FLOAT EQUIPMENT

<i>1- Guide Shoe</i>	@	<i>100</i>	<i>100.00</i>
<i>1- AFU insert</i>	@	<i>112</i>	<i>112.00</i>
<i>5- centralizers</i>	@ <i>32.20</i>	<i>161</i>	<i>5192.00</i>
<i>1- Basket</i>	@	<i>161</i>	<i>161.00</i>
<i>1- TRP</i>	@	<i>74</i>	<i>74.00</i>
TOTAL			<i>608.80</i>

CHARGE TO: *Lotus*

STREET

CITY STATE ZIP

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 *Robin Brown*

SIGNATURE *[Signature]*

SALES TAX (If Any)

TOTAL CHARGES ~~8227.42~~

DISCOUNT IF PAID IN 30 DAYS



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

January 06, 2011

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

Re: ACO1
API 15-007-23589-00-00
Wetz B 5
NE/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