



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	Rose 2
Doc ID	1048816

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	Rose 2
Doc ID	1048816

Tops

Name	Top	Datum
Heebner	3788	-2382
KC	4299	-2893
BKC	4535	-3129
Miss	4731	-3325
Kind	4955	-3549
Viola	5110	-3704
Simp SH	5199	-3793
LTD	5252	-3846



PO BOX 31 Russell, KS 67665

RECEIVED

SEP 30 2010

INVOICE

Invoice Number: 124607

Invoice Date: Sep 22, 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	Rose #2	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Sep 22, 2010	10/22/10

Quantity	Item	Description	Unit Price	Amount
141.00	MAT	Class A Common	15.45	2,178.45
94.00	MAT	Pozmix	8.00	752.00
4.00	MAT	Gel	20.80	83.20
8.00	MAT	Chloride	58.20	465.60
247.00	SER	Handling	2.40	592.80
15.00	SER	Mileage 247 sx @ .10 per sk per mi	24.70	370.50
1.00	SER	Surface	1,018.00	1,018.00
15.00	SER	Pump truck Mileage	7.00	105.00

ENTERED

SEP 30 2010

GL# 9208
 DESC. Cement Surface CSg
w/ 235 SX 60/40 pozmix.
2
 WELL # Rose 1

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

\$ 1391.39

ONLY IF PAID ON OR BEFORE
Oct 17, 2010

Subtotal	5,565.55
Sales Tax	253.99
Total Invoice Amount	5,819.54
Payment/Credit Applied	
TOTAL	5,819.54

1391.39
 4428.15

ALLIED CEMENTING CO., LLC. 041399

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge

DATE <i>9-22-10</i>	SEC. <i>25</i>	TWP. <i>34s</i>	RANGE <i>12w</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>8:00 PM</i>
LEASE <i>Rose</i>	WELL # <i>2</i>	LOCATION <i>Medicine Lodge, Ks.</i>			COUNTY <i>Barber</i>	STATE <i>Ks.</i>	
OLD OR NEW (Circle one)		<i>South on 281, to Little State Rd W/S</i>					

CONTRACTOR *Duke #2*

TYPE OF JOB *Surface*

HOLE SIZE _____ T.D. _____

CASING SIZE *10 3/4* DEPTH *270'*

TUBING SIZE *8 5/8* DEPTH *12*

~~DRILL PIPE~~ DEPTH *282'*

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. *20'*

PERFS. _____

DISPLACEMENT _____

OWNER *Lotus Operating*

CEMENT

AMOUNT ORDERED *235 5x 60:40:2+3%cc*

COMMON	<i>A 141 5x</i>	@	<i>15.45</i>	<i>2178.45</i>
POZMIX	<i>94 5x</i>	@	<i>8.00</i>	<i>752.00</i>
GEL	<i>4 5x</i>	@	<i>20.80</i>	<i>83.20</i>
CHLORIDE	<i>8 5x</i>	@	<i>58.20</i>	<i>465.60</i>
ASC		@		

EQUIPMENT

PUMP TRUCK CEMENTER *Carl Bajding*

360-265 HELPER *Matt Thimesch*

BULK TRUCK

364 DRIVER *Jason Thimesch*

BULK TRUCK

_____ DRIVER _____

HANDLING	<i>247</i>	@	<i>240</i>	<i>592.80</i>
MILEAGE	<i>247/10/15</i>	@		<i>370.50</i>
				TOTAL <i>4442.55</i>

REMARKS:

*Ran 270' 10 3/4 casing
with a 12' 8 5/8 landing joint
bleak circulation with rig
Mix 235 5x 60:40:2+3%cc
Displace with 26 Bbl's
freshwater, leave 20' cement
in casing + shut in
Cement did circulate*

SERVICE

DEPTH OF JOB	<i>282'</i>			
PUMP TRUCK CHARGE	<i>1018.00</i>			
EXTRA FOOTAGE		@		
MILEAGE	<i>15</i>	@	<i>7.00</i>	<i>105.00</i>
MANIFOLD		@		
		@		
		@		
				TOTAL <i>1123.00</i>

CHARGE TO: *Lotus Operating*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

TOTAL _____

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 _____ IF PAID IN 30 DAYS

PRINTED NAME _____

SIGNATURE *John Ambrose*

~~_____~~



PO BOX 31 Russell, KS 67665

RECEIVED

INVOICE

Invoice Number: 124670

Invoice Date: Sep 29, 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	Rose #2	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Sep 29, 2010	10/29/10

Quantity	Item	Description	Unit Price	Amount
24.00	MAT	Class A Common	15.45	370.80
16.00	MAT	Pozmix	8.00	128.00
2.00	MAT	Gel	20.80	41.60
225.00	MAT	ASC Class A	18.60	4,185.00
1,125.00	MAT	Kol Seal	0.89	1,001.25
105.75	MAT	FL-160	13.30	1,406.48
320.00	SER	Handling	2.40	768.00
15.00	SER	Mileage 320 sx @ .10 per sk per mi	32.00	480.00
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 Float Shoe	112.00	112.00
1.00	EQP	5.5 Rubber Plug	74.00	74.00
5.00	EQP	5.5 Centralizer	32.20	161.00
2.00	EQP	5.5 Basket	161.00	322.00

Subtotal	11,347.93
Sales Tax	576.91
Total Invoice Amount	11,924.84
Payment/Credit Applied	
TOTAL	11,924.84

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

\$ 2836.98

ONLY IF PAID ON OR BEFORE

Oct 24, 2010

GL# 9308
 DESC. cement prod csq
w/ 265 sx w/ 60/40 pozmix
a class A, # 2
 WELL # Rose 1

2836.98
 9087.86

ENTERED

OCT 12 2010

ALLIED CEMENTING CO., LLC. 037069

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge, Ks.

DATE <u>9-29-2010</u>	SEC. <u>25</u>	TWP. <u>34S</u>	RANGE <u>12W</u>	CALLED OUT <u>12:00 pm</u>	ON LOCATION <u>2:30 pm</u>	JOB START <u>5:30 pm</u>	JOB FINISH <u>6:50 pm</u>
LEASE <u>Rose</u>		WELL # <u>2</u>		LOCATION <u>Medicine Lodge, Ks South</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)				<u>to Retake Snake Pt, West Into</u>			

CONTRACTOR Duke #2

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 5252'

CASING SIZE 5 1/2 DEPTH 5205'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 39'

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 127 1/4 bbls of fresh water

OWNER Lotus Operating

CEMENT

AMOUNT ORDERED 40 sk 60.40, 4 1/4 Gal
225 sk class ASC + 5# Kolsaal + 1/4#
Fluorac + .5% FL160

COMMON	<u>A 24 sk @ 15.45</u>	<u>370.80</u>
POZMIX	<u>16 sk @ 8.00</u>	<u>128.00</u>
GEL	<u>2 sk @ 20.80</u>	<u>41.60</u>
CHLORIDE	@ _____	_____
ASC	<u>225 sk @ 18.60</u>	<u>4185.00</u>
	<u>Kolsaal 115 sk @ .89</u>	<u>1001.25</u>
	<u>FL-160 105.75 sk @ 13.30</u>	<u>1406.47</u>
	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
HANDLING	<u>320 @ 2.40</u>	<u>768.00</u>
MILEAGE	<u>320 / .10 / 15</u>	<u>480.00</u>
TOTAL		<u>8381.12</u>

EQUIPMENT

PUMP TRUCK CEMENTER Derin F

360-265 HELPER Mgt + T

BULK TRUCK

381-290 DRIVER Craig B.

BULK TRUCK

_____ DRIVER _____

REMARKS:

Pipe on bottom & break circulation
mix 40 sk of cement for Retake Snake Holes
mix 225 sk of cement, shut down, wash
pump & lines, Release Plug, start displacement
lift pressure at 72 bbls, slow rate to
36 pm at 115 bbls, bump plug at 127 1/4
bbls 1100-1400 ps, lost dia hole

SERVICE

DEPTH OF JOB 5205'

PUMP TRUCK CHARGE 2092.00

EXTRA FOOTAGE @ _____

MILEAGE AS @ 7.00 105.00

MANIFOLD @ _____

Hesavents @ N/C

TOTAL 2197.00

CHARGE TO: Lotus Operating

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>5 1/2</u>		
1- Guide Shoe	@	<u>100.80</u>
1- AFU Float	@	<u>112.00</u>
1- Rubber plug	@	<u>74.00</u>
5- Centralizers	@ <u>32.20</u>	<u>161.00</u>
2- Baskets	@ <u>161.00</u>	<u>322.00</u>
TOTAL		<u>769.80</u>

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 Robin Brown

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES [Scribble]

DISCOUNT _____ IF PAID IN 30 DAYS [Scribble]

Thank YOU!!!



*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 15-007-23590-00-00
Rose 2
SE/4 Sec.25-34S-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