



KANSAS CORPORATION COMMISSION 1049280
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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 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 Bbbs.	Gas Mcf	Water Bbbs.	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	Suzie 4
Doc ID	1049280

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	Suzie 4
Doc ID	1049280

Tops

Name	Top	Datum
Heebner	3780	-2380
KC	4296	-2896
BKC	4534	-3134
Cher sh.	4673	-3273
Miss	4718	-3318
Kind sh	4951	-3551
Viola	5106	-3706
Simp Sh	5196	-3796
LTD	5290	-3890



RECEIVED

INVOICE

PO BOX 31 Russell, KS 67665

Invoice Number: 124690

Invoice Date: Sep 30, 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	Suzie #4	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Sep 30, 2010	10/30/10

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

GL# 9208
 DESC. Cement surf
CSG w/ 235 sx 60/40
poz mix, #4
 WELL # Susie

ENTERED
 OCT 12 2010

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

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

\$ 1113.11

ONLY IF PAID ON OR BEFORE

Oct 25, 2010

- 1113.11
 4706.43

ALLIED CEMENTING CO., LLC. 041402

Federal Tax I.D.# 20-5975804

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

SERVICE POINT ML

DATE <u>9-30-2010</u>	SEC. <u>30</u>	TWP. <u>34</u>	RANGE <u>11</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>6:45 PM</u>
LEASE <u>Suzie</u>	WELL # <u>4</u>	LOCATION <u>Battle Lake Rd.</u>			COUNTY <u>Barber</u>	STATE <u>Ks.</u>	
OLD OR NEW (Circle one) <u>Old</u>				<u>E + N into</u>			

CONTRACTOR Duke #2

TYPE OF JOB Surface

HOLE SIZE 14 3/4 T.D.

CASING SIZE 10 3/4 DEPTH 263'

TUBING SIZE 8 7/8 LT DEPTH 12

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 25 1/4 Bbls Freshwater

EQUIPMENT

PUMP TRUCK CEMENTER Carl Baldrey

471-302 HELPER Ron Gilley

BULK TRUCK

381-290 DRIVER Tom Beck

BULK TRUCK

DRIVER

OWNER Lotus Operating

CEMENT

AMOUNT ORDERED 235 5x 60:40:2+3/4"

COMMON	<u>A</u>	<u>141 5x</u>	@	<u>15.45</u>	<u>2178.45</u>
POZMIX		<u>94 5x</u>	@	<u>8.00</u>	<u>752.00</u>
GEL		<u>4 5x</u>	@	<u>20.80</u>	<u>83.20</u>
CHLORIDE		<u>8 5x</u>	@	<u>58.20</u>	<u>465.60</u>
ASC			@		
			@		
			@		
			@		
			@		
			@		
			@		
HANDLING		<u>247</u>	@	<u>2.40</u>	<u>592.80</u>
MILEAGE		<u>247 / 10 / 15</u>	@		<u>370.50</u>
TOTAL					<u>4442.55</u>

REMARKS:

Run 263' 10 3/4 casing
use 12' 8 7/8 landing joint
Break circulation w/ rig.
Mix + pump 235 5x cement
Displace w/ 25 1/4 Bbls water
leave 15' cement in casing
+ shut in - cement did circulate

CHARGE TO: Lotus Operating

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>263'</u>		
PUMP TRUCK CHARGE	<u>1018.00</u>		
EXTRA FOOTAGE	@		
MILEAGE	<u>15</u>	@	<u>7.00 105.00</u>
MANIFOLD	@		
	@		
	@		

TOTAL 1123.00

PLUG & FLOAT EQUIPMENT

	@	
<u>X</u>	@	
	@	
	@	
	@	

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES ~~4442.55~~

DISCOUNT _____ IF PAID IN 30 DAYS

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 _____

SIGNATURE John J. Armstrong

~~4442.55~~



PO BOX 31 Russell, KS 67665

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

INVOICE

Invoice Number: 124797
 Invoice Date: Oct 4, 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

RECEIVED
 OCT 15 2010

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Suzie #4	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Oct 8, 2010	11/3/10

Quantity	Item	Description	Unit Price	Amount
21.00	MAT	Class A Common	15.45	324.45
14.00	MAT	Pozmix	8.00	112.00
2.00	MAT	Gel	20.80	41.60
235.00	MAT	ASC Class A	18.60	4,371.00
1,175.00	MAT	Kol Seal	0.89	1,045.75
110.45	MAT	FL-160	13.30	1,468.99
58.75	MAT	Flo Seal	2.50	146.88
300.00	SER	Handling	2.40	720.00
15.00	SER	Mileage 300 sx @ .10 per sk per mi	30.00	450.00
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
2.00	EQP	5.5 Basket	161.00	322.00
5.00	EQP	5.5 Centralizer	32.20	161.00
1.00	EQP	5.5 Rubber Plug	74.00	74.00

GL# 9308
 DESC. Cement 5 1/2" Prod
 casing w/ 60/40 +
 class A ASC, #14
 WELL # Suzie

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF
 \$ 2911.86
 ONLY IF PAID ON OR BEFORE
 Oct 29, 2010

Subtotal	11,647.47
Sales Tax	604.47
Total Invoice Amount	12,251.94
Payment/Credit Applied	
TOTAL	12,251.94

2911.86
 9,340.08

ALLIED CEMENTING CO., LLC. 042228

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge, KS

DATE <i>10-9-2010</i>	SEC <i>30</i>	TWP. <i>34S</i>	RANGE <i>11W</i>	CALLED OUT <i>6:00 AM</i>	ON LOCATION <i>8:00 AM</i>	JOB START	JOB FINISH <i>11:50 AM</i>
LEASE <i>Suzie</i>		WELL # <i>4</i>	LOCATION <i>Medicine Lodge, KS</i>			COUNTY <i>Barber</i>	STATE <i>KS</i>
OLD OR <u>NEW</u> (Circle one)			<i>South to Riddle Snake Rd, 1/4 E, NW 1/4</i>				

CONTRACTOR *Duke #2*

TYPE OF JOB *Production*

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

CASING SIZE *5 1/2* DEPTH *5298'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *1400* MINIMUM *-*

MEAS. LINE SHOE JOINT *40'*

CEMENT LEFT IN CSG. *40'*

PERFS.

DISPLACEMENT *bbis of fresh water*

EQUIPMENT

PUMP TRUCK CEMENTER *Dave F*

352 HELPER *Dave F*

BULK TRUCK

364 DRIVER *MS + T*

BULK TRUCK

DRIVER *Tom B*

OWNER *Lotus Operating*

CEMENT

AMOUNT ORDERED *35 sq 60' 40' 490 Gals*

235 sq Class A ASC + 5 # Koisec

1/4 # flosec + .5% FL 160

COMMON <i>A 21 sx</i>	@ <i>15.45</i>	<i>324.45</i>
POZMIX <i>14 sx</i>	@ <i>8.00</i>	<i>112.00</i>
GEL <i>2 sx</i>	@ <i>20.80</i>	<i>41.60</i>
CHLORIDE	@	
ASC <i>235 sx</i>	@ <i>18.60</i>	<i>4371.00</i>
<i>Kolseal 1175</i>	@ <i>.89</i>	<i>1045.75</i>
<i>Fl-160 110.45</i>	@ <i>13.30</i>	<i>1468.98</i>
<i>Floceal 58.75</i>	@ <i>2.50</i>	<i>146.87</i>
	@	
	@	
	@	
	@	
HANDLING <i>30</i>	@ <i>2.10</i>	<i>720.00</i>
MILEAGE <i>300/.10/15</i>		<i>450.00</i>
TOTAL		<i>8680.65</i>

REMARKS:

Pipe on bottom & break circulation
mix 35sq for Re + grease holes, mix
235sq of cement, shut down, wash
pump & lines, Release plug, start displacement
lift pressure @ 85 bbis, slow rate to
3bpm @ 120 bbis, bump plug @ 128 1/2
bbis, Release ps, floceal did hold

SERVICE

DEPTH OF JOB *5298'*

PUMP TRUCK CHARGE *2092.00*

EXTRA FOOTAGE @

MILEAGE *15* @ *7.00* *105.00*

MANIFOLD @

Hedrenter @

TOTAL *2197.00*

CHARGE TO: *Lotus Operating*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

3 1/2

<i>1- Guide Shoe</i>	@	<i>100.80</i>
<i>1- AFV Insert</i>	@	<i>112.00</i>
<i>2- Baskets</i>	@ <i>161.00</i>	<i>322.00</i>
<i>5- Conspellers</i>	@ <i>32.20</i>	<i>161.00</i>
<i>1- Rubber plug</i>	@	<i>74.00</i>
TOTAL		<i>769.80</i>

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 *x RLB*

SIGNATURE *[Signature]*

Thank YOU!!!

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Vice President, Conservation

Corporation Commission

Sam Brownback, Governor

January 25, 2011

Tim Hellman
Lotus Operating Company, L.L.C.
100 S. Main, Suite 420
Wichita, KS 67202-3737

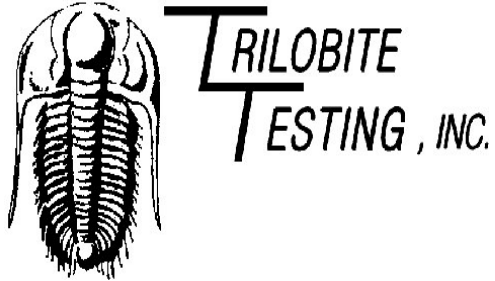
Re: ACO1
API 15-007-23591-00-00
Suzie 4
SW/4 Sec.30-34S-11W
Barber County, Kansas

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



DRILL STEM TEST REPORT

Prepared For: **Lotus Operating Co. LLC**

100 S. Main Ste. 420 Wichita Kansas
67202+3737

ATTN: Tim Helman

30/34/11

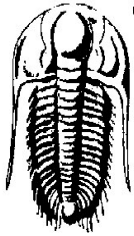
Suzie #4

Start Date: 2010.10.06 @ 11:45:00

End Date: 2010.10.06 @ 20:25:15

Job Ticket #: 40283 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

FLUID SUMMARY

Lotus Operating Co. LLC

Suzie #4

100 S. Main Ste. 420 Wichita Kansas 67202+3737

30/34/11

Job Ticket: 40283

DST#: 1

ATTN: Tim Helman

Test Start: 2010.10.06 @ 11:45:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 45.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 10.79 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
25.00	100% mud	0.351

Total Length: 25.00 ft Total Volume: 0.351 bbl

Num Fluid Samples: 0

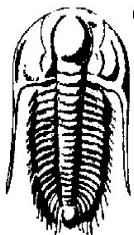
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

GAS RATES

Lotus Operating Co. LLC

Suzie #4

100 S. Main Ste. 420 Wichita Kansas 67202+3737

30/34/11

Job Ticket: 40283

DST#: 1

ATTN: Tim Helman

Test Start: 2010.10.06 @ 11:45:00

Gas Rates Information

Temperature: 59 deg C

Relative Density: 0.65

Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (mm)	Pressure (kPaa)	Gas Rate (m ³ /d)
2	20	0.13	5.00	7.26
2	30	0.13	9.00	8.76
2	40	0.13	12.00	9.88
2	50	0.13	17.00	11.75
2	60	0.13	21.00	13.25
2	70	0.13	26.00	15.12
2	80	0.13	30.00	16.62
2	90	0.13	34.00	18.12