



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
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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: \_\_\_\_\_



1050947

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	Ladner 2
Doc ID	1050947

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	Ladner 2
Doc ID	1050947

Tops

Name	Top	Datum
Heebner	3812	-2377
KC	4342	-2907
BKC	4581	-3146
Cher Sh	4720	-3285
Miss	4758	-3323
KH sh	5026	-3591
Viola	5172	-3737
RTD	5240	-3805
LTD	5240	-3805



PO BOX 31 Russell, KS 67665

RECEIVED

DEC 08 2010

# INVOICE

Invoice Number: 125443

Invoice Date: Nov 27, 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	Ladner #2	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Nov 27, 2010	12/27/10

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
4.00	MAT	Gel	20.80	83.20
8.00	MAT	Chloride	58.20	465.60
237.00	SER	Handling	2.40	568.80
15.00	SER	Mileage 237 sx @ .10 per sk per mi	23.70	355.50
1.00	SER	Surface	1,018.00	1,018.00
15.00	SER	Pump Truck Mileage	7.00	105.00

ENTERED

DEC 09 2010

GL# 9208  
 DESC. Cement  
SUP 150 w/ 225 SX,  
10142 poe, H 2  
Wichita Ladner

Subtotal	5,401.85
Sales Tax	244.88
Total Invoice Amount	5,646.73
Payment/Credit Applied	
<b>TOTAL</b>	<b>5,646.73</b>

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

\$ 1080.37

ONLY IF PAID ON OR BEFORE  
**Dec 22, 2010**

-1080.37  
#4566.36

# ALLIED CEMENTING CO., LLC. 041419

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: ML

DATE <u>11/22/10</u>	SEC. <u>35</u>	TWP. <u>34s</u>	RANGE <u>12w</u>	CALLED OUT	ON LOCATION <u>3:00 AM</u>	JOB START <u>3:30 AM</u>	JOB FINISH <u>4:15 AM</u>
LEASE <u>Jadner</u>	WELL # <u>2</u>	LOCATION <u>Medicine Lodge K.L. South</u>			COUNTY <u>Barber</u>	STATE <u>Kansas</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>on 281 to Driftwood 4N, 1/2 W, N1/4</u>			

CONTRACTOR Maverick  
 TYPE OF JOB Surface  
 HOLE SIZE 14 3/4 T.D. 266'  
 CASING SIZE 10 3/4 DEPTH 266'  
 TUBING SIZE 8 9/8 LT = 13' DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG.  
 PERFS.  
 DISPLACEMENT 25 1/2 Bbls water  
 EQUIPMENT

OWNER Lotus Operating  
 CEMENT AMOUNT ORDERED 225 5x 60:40:2+3%cc

COMMON	<u>A</u>	<u>135 5x @ 15.45</u>	<u>2085.75</u>
POZMIX		<u>90 5x @ 8.00</u>	<u>720.00</u>
GEL		<u>4 5x @ 20.80</u>	<u>83.20</u>
CHLORIDE		<u>8 5x @ 58.20</u>	<u>465.60</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>237</u>	<u>@ 2.40</u>	<u>568.80</u>
MILEAGE	<u>237.10/15</u>		<u>355.50</u>
TOTAL			<u>4278.85</u>

PUMP TRUCK CEMENTER Carl Baldine  
 # 414-302 HELPER Matt Thimesch  
 BULK TRUCK  
 # 364 DRIVER  
 BULK TRUCK  
 # DRIVER

**REMARKS:**

Run 266' 10 3/4 + 13' 8 9/8 LT  
Break circulation  
Mix 225 5x 60:40:2+3%cc  
Displace with 25 1/2 Bbls water  
leave 20' cement in casing + Skat in  
Cement did circulate

**SERVICE**

DEPTH OF JOB 266  
 PUMP TRUCK CHARGE 1018.00  
 EXTRA FOOTAGE @  
 MILEAGE 15 @ 7.00 105.00  
 MANIFOLD @  
 @  
 @  
 TOTAL 1123.00

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 ~~4278.85~~  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS ~~1123.00~~

PRINTED NAME \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_



PO BOX 31 Russell, KS 67665

# INVOICE

Invoice Number: 125605

Invoice Date: Dec 5, 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

**RECEIVED**

DEC 17 2010

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Ladner #2	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Dec 5, 2010	1/4/11

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
106.00	MAT	FL-160	13.30	1,409.80
56.00	MAT	Flo Seal	2.50	140.00
335.00	SER	Handling	2.40	804.00
20.00	SER	Mileage 335 sx @ .10 per sk per mi	33.50	670.00
1.00	SER	Production Casing	2,185.00	2,185.00
20.00	SER	Pump Truck Mileage	7.00	140.00
1.00	EQP	5.5 Rubber Plug	74.00	74.00
1.00	EQP	5.5 Guide Shoe	100.80	100.80
1.00	EQP	5.5 AFU Insert	112.00	112.00
1.00	EQP	5.5 Basket	161.00	161.00
5.00	EQP	5.5 Centralizer	32.20	161.00

ENTIRED  
DEC 17 2010

GL# 9308  
DESC. Cement Prod. Casing  
#2  
  
WELL # Ladner

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

\$ 2336.85

ONLY IF PAID ON OR BEFORE  
Dec 30, 2010

Subtotal	11,684.25
Sales Tax	575.62
Total Invoice Amount	12,259.87
Payment/Credit Applied	
<b>TOTAL</b>	<b>12,259.87</b>

-2336.85  
9,923.02

# ALLIED CEMENTING CO., LLC. 040585

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lake, KS

DATE <u>12-5-2010</u>	SEC. <u>35</u>	TWP. <u>34s</u>	RANGE <u>12w</u>	CALLED OUT <u>5:00 AM</u>	ON LOCATION <u>7:30 AM</u>	JOB START <u>12:00 pm</u>	JOB FINISH <u>1:00 pm</u>
LEASE <u>Landor</u>	WELL # <u>2</u>	LOCATION <u>281 + Driftwood Rd, 1 west</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)		<u>1/8 North, 1/2 west, North into</u>					

CONTRACTOR McVicker OWNER Lotus Operating

TYPE OF JOB Production  
 HOLE SIZE 7 7/8 T.D. 5240'  
 CASING SIZE 5 1/2 DEPTH 5226'  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT 30'  
 CEMENT LEFT IN CSG.  
 PERFS.  
 DISPLACEMENT 127 1/2 bbls of fresh water

CEMENT  
 AMOUNT ORDERED 40 Sx 60: 40: 14 1/2 Gal  
22 Sx C1955 A DSC + 5# Koleses 1  
5 5/8 FL160 + 1/4 # Plooses 1

**EQUIPMENT**

PUMP TRUCK CEMENTER Darin F.  
 # 414-302 HELPER Ron G  
 BULK TRUCK  
 # 381-252 DRIVER Jason T  
 BULK TRUCK  
 # DRIVER

COMMON <u>12 245x</u>	@ <u>15.45</u>	<u>370.80</u>
POZMIX <u>16 5x</u>	@ <u>8.00</u>	<u>128.00</u>
GEL <u>2 5x</u>	@ <u>20.80</u>	<u>41.60</u>
CHLORIDE	@	
ASC A <u>22 5x</u>	@ <u>18.60</u>	<u>4,185.00</u>
<u>Koleses 1,125 #</u>	@ <u>.89</u>	<u>1,001.25</u>
<u>FL160 106</u>	@ <u>13.30</u>	<u>1409.80</u>
<u>Plooses 56 #</u>	@ <u>2.50</u>	<u>140.00</u>
	@	
	@	
	@	
	@	
HANDLING <u>33 5x</u>	@ <u>2.40</u>	<u>804.00</u>
MILEAGE <u>335.10/20</u>		<u>670.00</u>

TOTAL 8750.45

**REMARKS:**

Pipe on bottom & break circulation  
mix 40s for pet and made holes mix  
22 Sx of cement, shut down, wash pump  
lines, Release plug, start displacement  
lift pressure at 6 bbls, slow rate to  
3 bpm at 120 bbls, Pump plus at 127 1/2  
bbls 1,000 - 1,700 PSI, flow did hold

**SERVICE**

DEPTH OF JOB <u>5226'</u>		
PUMP TRUCK CHARGE		<u>2185.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>20</u>	@ <u>7.00</u>	<u>140.00</u>
MANIFOLD	@	
<u>Hesaren 1</u>	@	
	@	

TOTAL 2325.00

CHARGE TO: Lotus Operating  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

<u>5 1/2</u>		
1- Rubber plug	@	<u>74.00</u>
1- Guide Shoe	@	<u>100.80</u>
1- AFD Insert	@	<u>112.00</u>
1- BSSker	@	<u>141.00</u>
5- Centersizers	@ <u>32.20</u>	<u>161.00</u>

TOTAL 609.80

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES ~~\_\_\_\_\_~~  
 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 Robin Brown

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  
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

March 08, 2011

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

Re: ACO1  
API 15-007-23620-00-00  
Ladner 2  
SW/4 Sec.35-34S-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