



**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	Wilcox 1
Doc ID	1055407

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	Wilcox 1
Doc ID	1055407

Tops

Name	Top	Datum
Heebner	3937	-1924
Lansing	4105	-2092
BKC	4481	-2468
Cher sd	4614	-2601
Miss	4630	-2617
Viola	4722	-2709
Simp SH	4770	-2757
Arb	4945	-2932
LTD	4986	-2973



24 S. Lincoln Street  
 P.O. Box 31  
 Russell, KS 67665-2906  
 Voice: (785) 483-3887  
 Fax: (785) 483-5566

# INVOICE

Invoice Number: 126372  
 Invoice Date: Feb 26, 2011  
 Page: 1

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

Federal Tax I.D.#: 20-5975804

RECEIVED  
 MAR - 6 2011

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Wilcox #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Feb 26, 2011	3/28/11

Quantity	Item	Description	Unit Price	Amount
240.00	MAT	Class A Common	15.45	3,708.00
160.00	MAT	Pozmix	8.00	1,280.00
7.00	MAT	Gel	20.80	145.60
13.00	MAT	Chloride	58.20	756.60
420.00	SER	Handling	2.40	1,008.00
30.00	SER	Mileage 420 sx @.10 per sk per mi	42.00	1,260.00
1.00	SER	Surface	1,018.00	1,018.00
30.00	SER	Pump Truck Mileage	7.00	210.00

ENTERED  
 MAR 08 2011  
 GL# 7208  
 DESC. Cement surface  
 \_\_\_\_\_  
 \_\_\_\_\_  
 WELL # Wilcox

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

\$ 1877.24

ONLY IF PAID ON OR BEFORE  
**Mar 23, 2011**

Subtotal	9,386.20
Sales Tax	429.98
Total Invoice Amount	9,816.18
Payment/Credit Applied	
<b>TOTAL</b>	<b>9,816.18</b>

- 1877.24  
7038.94

# ALLIED CEMENTING CO., LLC. 040054

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
*Medicine Lodge, ks*

DATE <i>2-26-2011</i>	SEC. <i>11</i>	TWP <i>29s</i>	RANGE <i>16w</i>	CALLED OUT <i>8:00 AM</i>	ON LOCATION <i>10:00AM</i>	JOB START <i>12:30pm</i>	JOB FINISH <i>1:00pm</i>
LEASE <i>W, Cox</i>		WELL # <i>1</i>	LOCATION <i>Belvidere, ks 6 1/2 north</i>		COUNTY <i>Kiowa</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)			<i>east into</i>				

CONTRACTOR *Duke #7* OWNER *Lotus Operating*

TYPE OF JOB \_\_\_\_\_

HOLE SIZE *14 3/4* T.D. *264'*

CASING SIZE *10 3/4* DEPTH *247'*

TUBING SIZE *8 5/8 LJ* DEPTH *17'*

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. *20'*

PERFS. \_\_\_\_\_

DISPLACEMENT *24 bbls of Freshwater*

EQUIPMENT \_\_\_\_\_

CEMENT

AMOUNT ORDERED *400sx 60' 40' 2% Gel*  
*3% cc*

COMMON	<i>A</i>	<i>240 sx</i>	@ <i>15.45</i>	<i>3708.00</i>
POZMIX		<i>160 sx</i>	@ <i>8.00</i>	<i>1280.00</i>
GEL		<i>7 sx</i>	@ <i>20.80</i>	<i>145.60</i>
CHLORIDE		<i>13 sx</i>	@ <i>58.20</i>	<i>756.60</i>
ASC			@	
			@	
			@	
			@	
			@	
			@	
			@	
			@	
HANDLING		<i>420</i>	@ <i>2.40</i>	<i>1008.00</i>
MILEAGE		<i>420/10/30</i>		<i>1260.00</i>
				TOTAL <i>8158.20</i>

PUMP TRUCK CEMENTER *Darin F.*

# *472-265* HELPER *Jason T.*

BULK TRUCK

# *381-250* DRIVER *Raymond R.*

BULK TRUCK

# \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

*Pipe on bottom & break circulation*  
*Pump 3 bbls fresh water hose, mix*  
*400 sx of cement, displace 24 bbls*  
*of fresh water, shut in, cement did*  
*circulate*

SERVICE

DEPTH OF JOB	<i>264'</i>	
PUMP TRUCK CHARGE	<i>1018.00</i>	
EXTRA FOOTAGE	@	
MILEAGE	<i>30</i>	@ <i>7.00</i> <i>210.00</i>
MANIFOLD	@	
<i>Sledge &amp; Valve</i>	@	
	@	

TOTAL *1228.00*

CHARGE TO: *Lotus Operating*

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

<i>none</i>	@	
	@	
	@	
	@	
	@	

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 ~~8158.20~~

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME *X Gabe D Rouch*

SIGNATURE *X Gabe D Rouch*

*Thank you!!!*



RECEIVED

MAR 18 2011

**INVOICE**

24 S. Lincoln Street  
P.O. Box 31  
Russell, KS 67665-2906

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

Invoice Number: 126511  
Invoice Date: Mar 7, 2011  
Page: 1

<b>Bill To:</b>
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	Wilcox #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Mar 7, 2011	4/6/11

Quantity	Item	Description	Unit Price	Amount
30.00	MAT	Class A Common	15.45	463.50
20.00	MAT	Pozmix	8.00	160.00
2.00	MAT	Gel	20.80	41.60
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
312.00	SER	Handling	2.40	748.80
30.00	SER	Mileage 312 sx @ .10 per sk per mi	31.20	936.00
1.00	SER	Production Casing	2,185.00	2,185.00
60.00	SER	Pump Truck Mileage	7.00	420.00
1.00	SER	Head Rental	113.00	113.00
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 Port Collar	1,750.00	1,750.00
5.00	EQP	5.5 Centralizer	32.20	161.00

GL# 9308  
DESC. cement prod  
CSG  
WELL # Wilcox

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

\$ 2650.18

ONLY IF PAID ON OR BEFORE  
Apr 1, 2011

Subtotal	13,250.90
Sales Tax	645.91
Total Invoice Amount	13,896.81
Payment/Credit Applied	
<b>TOTAL</b>	<b>13,896.81</b>

ENTERED

MAR 22 2011

-2650.18  
11,246.43

# ALLIED CEMENTING CO., LLC. 040043

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge, KS

DATE <u>3-7-2011</u>	SEC. <u>11</u>	TWP. <u>29S</u>	RANGE <u>16W</u>	CALLED OUT <u>1:00pm</u>	ON LOCATION <u>4:00 AM</u>	JOB START <u>7:00 AM</u>	JOB FINISH <u>8:00 PM</u>
LEASE <u>Wilson</u>	WELL # <u>1</u>	LOCATION <u>Baldwin KS 6 1/2 north</u>			COUNTY <u>King</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			<u>29S + 10W</u>				

CONTRACTOR Duke H 7  
 TYPE OF JOB Production  
 HOLE SIZE 7 7/8 T.D. 5000  
 CASING SIZE 5 1/2 DEPTH 4970  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX 1500 MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT 42  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 120 1/2 bbls fresh water

OWNER Lotus Operating  
 CEMENT  
 AMOUNT ORDERED 505x 60' 40' 49' 90'  
2005x Class A ASC + 5# Kalseal  
5% FL-160 + 1/4# Floseal  

COMMON	<u>A</u>	<u>30</u>	<u>5x</u>	@	<u>15.45</u>	<u>463.50</u>
POZMIX		<u>20</u>	<u>5x</u>	@	<u>8.00</u>	<u>160.00</u>
GEL		<u>2</u>	<u>5x</u>	@	<u>20.80</u>	<u>41.60</u>
CHLORIDE				@		
ASC	<u>200</u>	<u>5x</u>		@	<u>18.60</u>	<u>3720.00</u>
	<u>Kalseal</u>	<u>1000</u>	<u>#</u>	@	<u>-.89</u>	<u>890.00</u>
	<u>FL-160</u>	<u>94</u>	<u>#</u>	@	<u>13.30</u>	<u>1250.20</u>
	<u>Floseal</u>	<u>50</u>	<u>#</u>	@	<u>2.50</u>	<u>125.00</u>
				@		
				@		
				@		
				@		
HANDLING	<u>312</u>			@	<u>2.40</u>	<u>748.80</u>
MILEAGE	<u>312/30</u>			@	<u>.10</u>	<u>936.00</u>
						TOTAL <u>8335.10</u>

EQUIPMENT  
 PUMP TRUCK CEMENTER Derin F.  
 # 414-302 HELPER Ron C  
 BULK TRUCK  
 # 363-290 DRIVER Jason T  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

Pipe on bottom & break circulation, mix 305x for 2nd hole, mix 205x for mouse hole, mix 205x for 4th cement, shut down, wash pump & lines, Release plug, Start displacement, lift pressure at 75 bbls, slow rate to 3 bpm at 110 bbls bump plug at 120 1/2 bbls 1,000-1,500 psi float & hold

SERVICE

DEPTH OF JOB 4970'  
 PUMP TRUCK CHARGE 2185.00  
 EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE 60 @ 7.00 420.00  
 MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_  
Hesa rental @ \_\_\_\_\_ 113.00

TOTAL 2718.00

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

PLUG & FLOAT EQUIPMENT

5 1/2  
 1- Rubber plug @ 74.00  
 1- Guide Shoe @ 100.80  
 1- AFU Insert @ 112.00  
 1- Port collar @ 1750.00  
 5- Centralizers @ 32.20 161.00  
 TOTAL 2197.80

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 x Robin Brown

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES ~~8335.10~~  
 DISCOUNT ~~2000~~ IF PAID IN 30 DAYS

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/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

June 09, 2011

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

Re: ACO1  
API 15-097-21686-00-00  
Wilcox 1  
SE/4 Sec.11-29S-16W  
Kiowa 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