



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	Cromer 'A' OWWO 1
Doc ID	1057154

Tops

Name	Top	Datum
Heebner	3826	-1936
Lansing	4009	-2119
BKC	4398	-2508
Miss	4551	-2661
Viola	4685	-2795
Simp Sh	4880	-2990
Arb	4953	-3063
RTD	5050	-3160
LTD	5051	-3161



PO BOX 31 Russell, KS 67665

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

INVOICE

Invoice Number: 126891
 Invoice Date: Apr 13, 2011
 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

APR 22 2010

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Cramer #32-3 <i>Cramer A</i>	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Apr 13, 2011	5/13/11

Quantity	Item	Description	Unit Price	Amount
30.00	MAT	Class A Common	16.25	487.50
20.00	MAT	Pozmix	8.50	170.00
2.00	MAT	Gel	21.25	42.50
150.00	MAT	ASC Class A	19.00	2,850.00
750.00	MAT	Kol Seal	0.89	667.50
70.00	MAT	FL-160	17.20	1,204.00
38.00	MAT	Flo Seal	2.70	102.60
500.00	MAT	Mud Clean	1.27	635.00
248.00	SER	Handling	2.25	558.00
30.00	SER	Mileage 248 sx @ 11 per sk per mi	27.28	818.40
1.00	SER	Production Casing	2,405.00	2,405.00
60.00	SER	Pump Truck Mileage	7.00	420.00
1.00	SER	Manifold Head Rental	200.00	200.00
60.00	SER	Light Vehicle Mileage	4.00	240.00
1.00	EQP	5.5 Guide Shoe	178.00	178.00
1.00	EQP	5.5 AFU Insert	155.00	155.00
5.00	EQP	5.5 Centralizer	49.00	245.00
1.00	EQP	5.5 Basket	228.00	228.00
1.00	CEMENTER	Matt thimesch		
1.00	EQUIP OPER	Jason Thimesch		
1.00	OPER ASSIST	Lenny Baeza		

ENTERED

GL# 9308
 DESC. cement 5 1/2" prod
 WELL # Cramer A

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

\$ 2321.30

ONLY IF PAID ON OR BEFORE
May 8, 2011

Subtotal	11,606.50
Sales Tax	508.45
Total Invoice Amount	12,114.95
Payment/Credit Applied	
TOTAL	12,114.95

2321.30
 \$ 9,793.65

ALLIED CEMENTING CO., LLC. 040141

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Med Lodge KS

DATE <i>4-13-11</i>	SEC. <i>32</i>	TWP. <i>29S</i>	RANGE <i>16W</i>	CALLED OUT	ON LOCATION	JOB START <i>9:00 am</i>	JOB FINISH <i>10:00 pm</i>
LEASE <i>Cramer</i>	WELL # <i>32-3</i>	LOCATION <i>Bolvidereks N to Radio tower</i>			COUNTY <i>Kitawa</i>	STATE <i>KS</i>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)		<i>1/2S, 2W, S to marker, w into</i>					

CONTRACTOR *Dukery #2*
 TYPE OF JOB *Production*
 HOLE SIZE *7 7/8* T.D. *5050'*
 CASING SIZE *5 1/2* DEPTH *4847'*
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX *1100 psi* MINIMUM
 MEAS. LINE SHOE JOINT *42'*
 CEMENT LEFT IN CSG. *42'*
 PERFS.
 DISPLACEMENT *119 bbls H₂O*

OWNER *Lotus Operating*
 CEMENT
 AMOUNT ORDERED *150 sk class A Asc*
+ 5# Kolseal + 50# FL-160 + 1/4# Floseal
50 sk 60:40:4% gel 500 gal mud clean

EQUIPMENT
 PUMP TRUCK CEMENTER *Matt Thimesch*
 # *364/265* HELPER *Jason Thimesch*
 BULK TRUCK
 # *364* DRIVER *Lenney Boeza*
 BULK TRUCK
 # DRIVER

COMMON <i>class A</i>	<i>30 sk @ 16.25</i>	<i>487.50</i>
POZMIX	<i>20 sk @ 8.50</i>	<i>170.00</i>
GEL	<i>2 sk @ 21.25</i>	<i>42.50</i>
CHLORIDE	@	
ASC <i>class A</i>	<i>150 sk @ 19.00</i>	<i>2850.00</i>
	@	
<i>Kolseal</i>	<i>750# @ .89</i>	<i>667.50</i>
	@	
<i>FL-160</i>	<i>70# @ 17.20</i>	<i>1204.00</i>
	@	
<i>Floseal</i>	<i>38# @ 2.70</i>	<i>102.60</i>
	@	
<i>Mud Clean</i>	<i>500 gal @ 1.27</i>	<i>635.00</i>
HANDLING <i>248</i>	@ <i>2.25</i>	<i>558.00</i>
MILEAGE <i>30 #11 / 248</i>		<i>818.40</i>
TOTAL		<i>7535.50</i>

REMARKS:

Back wire with R3 pump ball through
pump 3 bbls H₂O pump 500 gal mud clean
pump 3 bbls H₂O, mix 30 sk for Rothole
mix 20 sk for mud clean
mix 150 sk cement shut dam, wash pump lines
Release plug dssp 119 bbls H₂O bump plug
600 to 1100 psi
plus help.

SERVICE

DEPTH OF JOB <i>4847'</i>		<i>2405.00</i>
PUMP TRUCK CHARGE		
EXTRA FOOTAGE	@	
MILEAGE <i>60</i>	@ <i>7.00</i>	<i>420.00</i>
MANIFOLD <i>Head Rental</i>	@	<i>200.00</i>
<i>Light Vehicle 60</i>	@ <i>4.00</i>	<i>240.00</i>
	@	<i>2</i>
TOTAL		<i>3265.00</i>

CHARGE TO: *Lotus Operating*
 STREET _____
 CITY _____ STATE _____ ZIP _____

5/2 PLUG & FLOAT EQUIPMENT

<i>1- Ray Guide shoe</i>	@	<i>178.00</i>
<i>1- AFV insert</i>	@	<i>155.00</i>
<i>5- centralizers</i>	@ <i>49.00</i>	<i>245.00</i>
<i>1- Basket</i>	@	<i>228.00</i>
	@	
TOTAL		<i>806.00</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.

PRINTED NAME *Robin Brown*
 SIGNATURE *[Signature]*

SALES TAX (If Any) _____
 TOTAL CHARGES ~~_____~~
 DISCOUNT _____ IF PAID IN 30 DAYS ~~_____~~

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

August 08, 2011

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

Re: ACO1
API 15-097-21383-00-01
Cromer 'A' OWWO 1
NE/4 Sec.32-29S-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