



KANSAS CORPORATION COMMISSION 1061520
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: _____



1061520

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 |
|---|---|

| 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|---|---|--|
| 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|

| | |
|-----------|---------------------------------|
| Form | ACO1 - Well Completion |
| Operator | Lotus Operating Company, L.L.C. |
| Well Name | Molz 'L' 2 |
| Doc ID | 1061520 |

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 | Molz 'L' 2 |
| Doc ID | 1061520 |

Tops

| Name | Top | Datum |
|---------|------|-------|
| Heebner | 3832 | -2420 |
| KC | 4376 | -2964 |
| BKC | 4607 | -3195 |
| Miss | 4809 | -3397 |
| Viola | 5220 | -3808 |
| Simp Sh | 5316 | -3904 |
| Arb | 5524 | -4112 |
| LTD | 5568 | -4156 |



PO BOX 31 Russell, KS 67665

RECEIVED

MAY 14 2011

INVOICE

Invoice Number: 127132

Invoice Date: May 6, 2011

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 | Molz #2 | Net 30 Days | |
| Job Location | Camp Location | Service Date | Due Date |
| KS1-01 | Medicine Lodge | May 6, 2011 | 6/5/11 |

| Quantity | Item | Description | Unit Price | Amount |
|----------|------------|------------------------------------|------------|----------|
| 135.00 | MAT | Class A Common | 16.25 | 2,193.75 |
| 90.00 | MAT | Pozmix | 8.50 | 765.00 |
| 4.00 | MAT | Gel | 21.25 | 85.00 |
| 8.00 | MAT | Chloride | 58.20 | 465.60 |
| 236.00 | SER | Handling | 2.25 | 531.00 |
| 15.00 | SER | Mileage 236 sx @ .11 per sk per mi | 25.96 | 389.40 |
| 1.00 | SER | Surface | 1,125.00 | 1,125.00 |
| 30.00 | SER | Pump Truck Mileage | 7.00 | 210.00 |
| 30.00 | SER | Light Vehicle Mileage | 4.00 | 120.00 |
| 1.00 | CEMENTER | Darin Franklin | | |
| 1.00 | EQUIP OPER | Ron Gilley | | |
| 1.00 | EQUIP OPER | Raymond Romans | | |

ENTERED
MAY 17 2011

GL# 9202
DESC. cement surf
CSG, #2
WELL # MOLZL

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

\$ 1176.95

ONLY IF PAID ON OR BEFORE

May 31, 2011

| | |
|------------------------|-----------------|
| Subtotal | 5,884.75 |
| Sales Tax | 256.18 |
| Total Invoice Amount | 6,140.93 |
| Payment/Credit Applied | |
| TOTAL | 6,140.93 |

-1,176.95
#4963.98

ALLIED CEMENTING CO., LLC. 040190

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

5-5 5-6 Medicine Lodge, KS
5-6 5-6

| | | | | | | | |
|--------------------------------|-----------------|--------------------------------------|------------------|----------------------------|----------------------------|--------------------------|---------------------------|
| DATE <u>5-6-11</u> | SEC. <u>1</u> | TWP. <u>35s</u> | RANGE <u>12w</u> | CALLED OUT <u>10:15 pm</u> | ON LOCATION <u>1:45 am</u> | JOB START <u>1:30 am</u> | JOB FINISH <u>1:45 am</u> |
| LEASE <u>mo 2</u> | WELL # <u>2</u> | LOCATION <u>K. Ows Jct 1/8 north</u> | | | COUNTY <u>Berth</u> | STATE <u>Ks</u> | |
| OLD OR <u>NEW</u> (Circle one) | | | | <u>w/now</u> | | | |

CONTRACTOR Duice #7

TYPE OF JOB Surface

HOLE SIZE 14 3/4 T.D. 257'

CASING SIZE 10 3/4 DEPTH 240'

TUBING SIZE 8 5/8 L5 DEPTH 17'

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 20'

PERFS. _____

DISPLACEMENT 15 bbls Fresh water

OWNER Lotus Operations

CEMENT AMOUNT ORDERED 225sq 60' 40' 2" 1/2 set 3% occ

EQUIPMENT

PUMP TRUCK CEMENTER Darin J

471-265 HELPER Ron G.

BULK TRUCK # 364 DRIVER Raymond R

BULK TRUCK # _____ DRIVER _____

| | | | | | |
|----------|------------------|-----------|---|--------------|----------------|
| COMMON | <u>135</u> | <u>sq</u> | @ | <u>16.25</u> | <u>2193.75</u> |
| POZMIX | <u>90</u> | <u>sq</u> | @ | <u>8.50</u> | <u>765.00</u> |
| GEL | <u>4</u> | <u>sq</u> | @ | <u>21.25</u> | <u>85.00</u> |
| CHLORIDE | <u>8</u> | <u>sq</u> | @ | <u>58.20</u> | <u>465.60</u> |
| ASC | | | @ | | |
| | | | @ | | |
| | | | @ | | |
| | | | @ | | |
| | | | @ | | |
| | | | @ | | |
| | | | @ | | |
| | | | @ | | |
| HANDLING | <u>236</u> | | @ | <u>2.25</u> | <u>531.00</u> |
| MILEAGE | <u>236/15/11</u> | | | | <u>389.40</u> |
| TOTAL | | | | | <u>4429.75</u> |

REMARKS:

Pipe on bottom & break circulation
Pump 3 bbls Fresh water & head mix
225sq of cement, Di. Splice 15 bbls
of Fresh water, shut in, cement
circulated to collar

SERVICE

| | | | | | |
|-------------------|--------------------------|-----------|---|----------------|----------------|
| DEPTH OF JOB | <u>257'</u> | | | | |
| PUMP TRUCK CHARGE | | | @ | <u>1125.00</u> | |
| EXTRA FOOTAGE | | | @ | | |
| MILEAGE | <u>30</u> | | @ | <u>70</u> | |
| MANIFOLD | | | @ | | |
| | <u>Swiss & Valve</u> | | @ | | |
| | <u>Light Vehicle</u> | <u>30</u> | @ | <u>4.00</u> | |
| TOTAL | | | | | <u>1455.00</u> |

CHARGE TO: Lotus Operations

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.

PRINTED NAME X Galen D Rank

SIGNATURE X Galen D Rank

SALES TAX (If Any) _____

TOTAL CHARGES ~~4429.75~~

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

Thank you!!!



PO BOX 31 Russell, KS 67665

RECEIVED

MAY 25 2011

INVOICE

Invoice Number: 127214

Invoice Date: May 12, 2011

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 | Molz #2 | Net 30 Days | |
| Job Location | Camp Location | Service Date | Due Date |
| KS1-02 | Medicine Lodge | May 12, 2011 | 6/11/11 |

| 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 |
| 175.00 | MAT | ASC Class A | 19.00 | 3,325.00 |
| 875.00 | MAT | Kol Seal | 0.89 | 778.75 |
| 82.00 | MAT | FL-160 | 17.20 | 1,410.40 |
| 44.00 | MAT | Flo Seal | 2.70 | 118.80 |
| 281.00 | SER | Handling | 2.25 | 632.25 |
| 15.00 | SER | Mileage 281 sx @.11 per sk per mi | 30.91 | 463.65 |
| 1.00 | SER | Production Casing | 2,695.00 | 2,695.00 |
| 30.00 | SER | Pump Truck Mileage | 7.00 | 210.00 |
| 1.00 | SER | Manifold Head Rental | 200.00 | 200.00 |
| 30.00 | SER | Light Vehicle Mileage | 4.00 | 120.00 |
| 1.00 | EQP | 5.5 Guide Shoe | 240.00 | 240.00 |
| 1.00 | EQP | 5.5 AFU Insert | 286.00 | 286.00 |
| 1.00 | EQP | 5.5 Rubber Plug | 73.00 | 73.00 |
| 5.00 | EQP | 5.5 Centralizer | 49.00 | 245.00 |
| 1.00 | EQP | 5.5 Basket | 337.00 | 337.00 |
| 1.00 | CEMENTER | Matt Thimesch | | |
| 1.00 | EQUIP OPER | Jason Thimesch | | |
| 1.00 | OPER ASSIST | Dustin Elam | | |

ENTERED
MAY 25 2011

GL# 9308
 DESC. Cement prod casing & equipment #2

WELL # MolzL

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

\$ 2366.97

ONLY IF PAID ON OR BEFORE
 Jun 6, 2011

| | |
|------------------------|------------------|
| Subtotal | 11,834.85 |
| Sales Tax | 548.52 |
| Total Invoice Amount | 12,383.37 |
| Payment/Credit Applied | |
| TOTAL | 12,383.37 |

2366.97
 10,016.40

ALLIED CEMENTING CO., LLC. 040159

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
McDonald

| | | | | | | | |
|--------------------------------|-----------------|--|------------------|------------|-------------------------|-----------------------------|-----------------------------|
| DATE <i>5-12-11</i> | SEC. <i>1</i> | TWP. <i>35S</i> | RANGE <i>12W</i> | CALLED OUT | ON LOCATION | JOB START <i>12:30am</i> | JOB FINISH <i>1:30am</i> |
| LEASE <i>M012</i> | WELL # <i>2</i> | LOCATION <i>281 + Kromas Inc 1/8 N, 4 W into</i> | | | COUNTY <i>Barber</i> | STATE <i>KS</i> | |
| OLD OR <u>NEW</u> (Circle one) | | | | | | | |

CONTRACTOR *Duke Ritz #7*
 TYPE OF JOB *Production*
 HOLE SIZE *7 7/8* T.D. *5567'*
 CASING SIZE *5 1/2* DEPTH *5168'*
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX *1400psi* MINIMUM
 MEAS. LINE SHOE JOINT *41'*
 CEMENT LEFT IN CSG. *41'*
 PERFS.
 DISPLACEMENT *12 5/2 b bls to 20*

OWNER *Lotus Operating*
 CEMENT
 AMOUNT ORDERED *50x 60:40:4% gel*
175x ASC + 5# Kolseal + .5% FL-160
+ 1/4# Flo Seal

EQUIPMENT

PUMP TRUCK CEMENTER *Matt Thimesch*
 # *471/265* HELPER *Jason Thimesch*
 BULK TRUCK
 # *421/252* DRIVER *Rustin E.*
 BULK TRUCK
 # DRIVER

| | | |
|--------------------------|----------------------|-----------------------|
| COMMON <i>class A</i> | <i>30sx @ 16.25</i> | <i>487.50</i> |
| POZMIX | <i>20sx @ 8.50</i> | <i>170.00</i> |
| GEL | <i>25sx @ 21.25</i> | <i>42.50</i> |
| CHLORIDE | @ | |
| ASC <i>class A</i> | <i>175sx @ 19.00</i> | <i>3325.00</i> |
| <i>Kolseal</i> | <i>875# @ .89</i> | <i>778.75</i> |
| <i>FL-160</i> | <i>82# @ 17.20</i> | <i>1410.40</i> |
| <i>Flo Seal</i> | <i>44# @ 2.70</i> | <i>118.80</i> |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| HANDLING <i>281</i> | @ <i>2.25</i> | <i>632.25</i> |
| MILEAGE <i>15/11/281</i> | | <i>463.65</i> |
| TOTAL | | <i>7428.85</i> |

REMARKS:

Brk core with Rig pump ball through
mix 30sx for Red hole
mix 20sx for moss hole
mix 175sx cement shut down wash pump + lines
Release plug 45p. 12 5/2 b bls to 20
bump plug 900psi to 1400psi
plug held

SERVICE

| | | |
|--------------------------------|---------------|-----------------------|
| DEPTH OF JOB <i>5168'</i> | | |
| PUMP TRUCK CHARGE | | <i>2695.00</i> |
| EXTRA FOOTAGE | @ | |
| MILEAGE <i>30</i> | @ <i>7.00</i> | <i>210.00</i> |
| MANIFOLD <i>Head Rental</i> | @ | <i>200.00</i> |
| <i>Light Vehicle</i> <i>30</i> | @ <i>4.00</i> | <i>120.00</i> |
| | @ | |
| TOTAL | | <i>3225.00</i> |

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

5 1/2 PLUG & FLOAT EQUIPMENT

| | | |
|------------------------|----------------|-----------------------|
| <i>1- Guideshoe</i> | | <i>240.00</i> |
| <i>1- AFV insert</i> | @ | <i>286.00</i> |
| <i>1- Rubber plug</i> | @ | <i>73.00</i> |
| <i>5- centralizers</i> | @ <i>49.00</i> | <i>245.00</i> |
| <i>1- Basket</i> | @ | <i>337.00</i> |
| | @ | |
| TOTAL | | <i>1181.00</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

SALES TAX (If Any) _____
 TOTAL CHARGES ~~7428.85~~
 DISCOUNT _____ IF PAID IN 30 DAYS ~~7428.85~~

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 23, 2011

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

Re: ACO1
API 15-007-23691-00-00
Molz 'L' 2
SE/4 Sec.01-35S-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



DRILL STEM TEST REPORT

Prepared For: **Lotus Operating Co LLC**

100 S Main ST STE 420
Wichita KS 67202

ATTN: Tim Hellman

1-35s-12w

Molz "L" #2

Start Date: 2011.05.10 @ 08:53:13

End Date: 2011.05.10 @ 15:47:43

Job Ticket #: 37478 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Lotus Operating Co LLC
100 S Main ST STE 420
Wichita KS 67202
ATTN: Tim Hellman

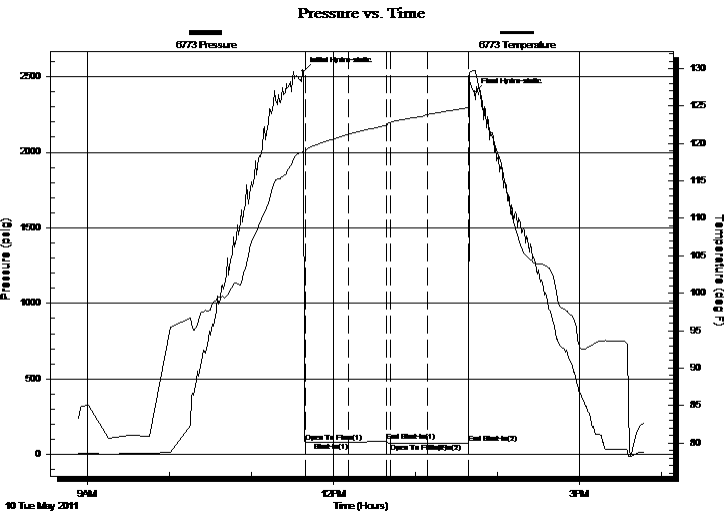
Molz "L" #2
1-35s-12w
Job Ticket: 37478 **DST#: 1**
Test Start: 2011.05.10 @ 08:53:13

GENERAL INFORMATION:

Formation: **Misener**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 11:38:58
Time Test Ended: 15:47:43
Interval: **5130.00 ft (KB) To 5180.00 ft (KB) (TVD)**
Total Depth: 5180.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole
Tester: Chris Staats
Unit No: 34
Reference Elevations: 1412.00 ft (KB)
1402.00 ft (CF)
KB to GR/CF: 10.00 ft

Serial #: 6773 Outside
Press @ Run Depth: 75.14 psig @ 5131.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2011.05.10 End Date: 2011.05.10 Last Calib.: 2011.05.10
Start Time: 08:53:18 End Time: 15:47:42 Time On Btm: 2011.05.10 @ 11:37:43
Time Off Btm: 2011.05.10 @ 13:42:58

TEST COMMENT: IF: Weak surface blow
IS: No blow back
FF: No blow
FS: No blow back



PRESSURE SUMMARY

| Time (Min.) | Pressure (psig) | Temp (deg F) | Annotation |
|-------------|-----------------|--------------|----------------------|
| 0 | 2535.20 | 118.99 | Initial Hydro-static |
| 2 | 84.00 | 118.93 | Open To Flow (1) |
| 34 | 80.64 | 121.25 | Shut-In(1) |
| 61 | 86.44 | 122.44 | End Shut-In(1) |
| 64 | 77.18 | 122.82 | Open To Flow (2) |
| 91 | 75.14 | 123.87 | Shut-In(2) |
| 121 | 75.70 | 124.78 | End Shut-In(2) |
| 126 | 2394.94 | 129.75 | Final Hydro-static |

Recovery

| Length (ft) | Description | Volume (bbl) |
|-------------|-------------|--------------|
| 5.00 | mudd 100% | 0.02 |
| | | |
| | | |
| | | |
| | | |

Gas Rates

| Choke (inches) | Pressure (psig) | Gas Rate (Mcf/d) |
|----------------|-----------------|------------------|
| | | |



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lotus Operating Co LLC

Molz "L" #2

100 S Main ST STE 420
Wichita KS 67202

1-35s-12w

Job Ticket: 37478

DST#: 1

ATTN: Tim Hellman

Test Start: 2011.05.10 @ 08:53:13

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 45.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.19 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 4500.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

| Length ft | Description | Volume bbl |
|--------------|-------------|---------------|
| 5.00 | mudd 100% | 0.025 |

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

