



**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: \_\_\_\_\_



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 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: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Bergner 1
Doc ID	1064127

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	Bergner 1
Doc ID	1064127

Tops

Name	Top	Datum
Heebner	3874	-1844
Brn Lm	4039	-2009
Lansing	4052	-2022
BKC	4425	-2395
Viola	4550	-2520
Simp Sh	4670	-2640
Arb	4750	-2720
LTD	4846	-2816



PO BOX 31 Russell, KS 67665

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

# INVOICE

Invoice Number: 127542  
Invoice Date: Jun 10, 2011  
Page: 1

**RECEIVED**

JUN 17 2011

Federal Tax I.D.#: 20-5975804

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

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Bergner #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jun 10, 2011	7/10/11

Quantity	Item	Description	Unit Price	Amount
150.00	MAT	Class A Common	16.25	2,437.50
100.00	MAT	Pozmix	8.50	850.00
5.00	MAT	Gel	21.25	106.25
8.00	MAT	Chloride	58.20	465.60
263.00	SER	Handling	2.25	591.75
30.00	SER	Mileage	28.93	867.90
1.00	SER	Surface	1,125.00	1,125.00
60.00	SER	Heavy Vehicle Mileage	7.00	420.00
60.00	SER	Light Vehicle Mileage	4.00	240.00
1.00	CEMENTER	Darin Franklin		
1.00	CEMENTER	David Felio		
1.00	EQUIP OPER	Jason Thimesch		

ENTERED

JUN 22 2011

GL# 9208  
DESC. cement surf  
CSG  
WELL # Bergner

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

\$ 1420.80

ONLY IF PAID ON OR BEFORE Jul 5, 2011

Subtotal	7,104.00
Sales Tax	281.73
Total Invoice Amount	7,385.73
Payment/Credit Applied	
<b>TOTAL</b>	<b>7,385.73</b>

- 1,420.80  
\$ 5,964.93

# ALLIED CEMENTING CO., LLC. 040215

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

*Medicine Lodge KS*  
*6-11 6-11*

DATE <i>6-10-11</i>	SEC. <i>7</i>	TWP. <i>29S</i>	RANGE <i>14W</i>	CALLED OUT <i>8:00 pm</i>	ON LOCATION <i>10:30</i>	JOB START <i>7:00 am</i>	JOB FINISH <i>2:45 am</i>
LEASE <i>Bergner</i>		WELL # <i>1</i>		LOCATION <i>COETS, KS 3 west,</i>		COUNTY <i>Prstt</i>	STATE <i>KS</i>
OLD OR NEW (Circle one) <u>NEW</u>			<i>1 horn, 1/4 west, horn into</i>				

CONTRACTOR *Mqueric #106*

TYPE OF JOB *Surface*

HOLE SIZE *14 3/4* T.D. *295'*

CASING SIZE *10 3/4* DEPTH *285'*

TUBING SIZE *8 9/8 LJ* DEPTH *10'*

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

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

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

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

CEMENT LEFT IN CSG. *20'*

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

DISPLACEMENT *27 bbls of Fresh water*

OWNER *Lotus Operating*

CEMENT

AMOUNT ORDERED *250 sk 60' 40' 20'*

*Gel + 3% occ*

COMMON	<i>A 150</i>	@	<i>16.25</i>	<i>2437.50</i>
POZMIX	<i>100</i>	@	<i>8.50</i>	<i>850.00</i>
GEL	<i>5 sk</i>	@	<i>21.25</i>	<i>106.25</i>
CHLORIDE	<i>8 sk</i>	@	<i>58.20</i>	<i>465.60</i>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>263</i>	@	<i>2.25</i>	<i>591.75</i>
MILEAGE	<i>263/30/.11</i>			<i>867.90</i>
TOTAL				<i>5319.00</i>

EQUIPMENT

PUMP TRUCK CEMENTER *Darin F*

# *360-265* HELPER *Jason T*

BULK TRUCK

# \_\_\_\_\_ DRIVER *Dave F.*

BULK TRUCK

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

**REMARKS:**

*Pipe on bottom & break circulation pump 3 bbls fresh water spool mix 250 sk of cement, dispic 27 bbls of fresh water, shut in, cement did circulate to collar*

**SERVICE**

DEPTH OF JOB	<i>29.5'</i>		
PUMP TRUCK CHARGE	<i>1125.00</i>		
EXTRA FOOTAGE		@	
MILEAGE	<i>60</i>	@	<i>7.00 420.00</i>
MANIFOLD		@	
	<i>Swedge &amp; Valve</i>	@	
	<i>Light Vehicle 60</i>	@	<i>4.00 240.00</i>
TOTAL <i>1785.00</i>			

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.

PRINTED NAME *Cecil E. Farnon*

SIGNATURE *Cecil E. Farnon*

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES *7104.00*

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

~~\_\_\_\_\_~~ ~~\_\_\_\_\_~~



PO BOX 31 Russell, KS 67665

**RECEIVED**

JUL 02 2011

**INVOICE**

Invoice Number: 127648

Invoice Date: Jun 20, 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	Bergner #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Jun 20, 2011	7/20/11

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
125.00	MAT	ASC	19.00	2,375.00
625.00	MAT	Kolseal	0.89	556.25
58.75	MAT	FL-160	17.20	1,010.50
31.25	MAT	Flo seal	2.70	84.38
500.00	MAT	ASF	1.27	635.00
215.00	SER	Handling	2.25	483.75
30.00	SER	Mileage	23.65	709.50
1.00	SER	Production	2,695.00	2,695.00
60.00	SER	Heavy Vehicle 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 1/2 Guide Shoe	240.00	240.00
1.00	EQP	5 1/2 AFU Insert	286.00	286.00
5.00	EQP	5 1/2 Centralizers	49.00	245.00
1.00	EQP	5 1/2 Basket	337.00	337.00
1.00	EQP	5 1/2 Rubber Plug	73.00	73.00
1.00	EQUIP OPER	Matt Thimesch		
1.00	EQUIP OPER	Jason Thimesch		

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

\$

ONLY IF PAID ON OR BEFORE

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	<b>Continued</b>



PO BOX 31 Russell, KS 67665

**RECEIVED**

JUL 02 2011

**INVOICE**

Invoice Number: 127648

Invoice Date: Jun 20, 2011

Page: 2

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	Bergner #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Jun 20, 2011	7/20/11

Quantity	Item	Description	Unit Price	Amount
1.00	OPER ASSIST	Dustin Elam		

ENTERED  
JUL 06 2011

GL# 9308  
DESC. Cement prod csq  
  
WELL # Bergner

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

\$ 2258.08

ONLY IF PAID ON OR BEFORE

**Jul 15, 2011**

Subtotal	11,290.38
Sales Tax	477.58
Total Invoice Amount	11,767.96
Payment/Credit Applied	
<b>TOTAL</b>	<b>11,767.96</b>

-2,258.08  
# 9,509.88





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

September 30, 2011

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

Re: ACO1  
API 15-151-22375-00-00  
Bergner 1  
SE/4 Sec.07-29S-14W  
Pratt 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



# **Weatherford<sup>®</sup>**

## **Completion Systems**

### **DRILL STEM TEST REPORT**

Prepared For: **Lotus Operating LLC**

100 S.Main ,Ste.420  
Wichita Ks.67202

ATTN: Tim Hellman

**7-29s-14w Pratt Ks.**

**Bergner#1**

Start Date: 2011.06.18 @ 10:12:10

End Date: 2011.06.18 @ 20:08:25

Job Ticket #: 042505                      DST #: 2

ALPINE OIL SERVICES CORPORATION  
2460, 240 - 4 Avenue S.W. Calgary, AB. T2P 4H4  
ph: 263-7800 fax: 264-7260



# Weatherford<sup>®</sup> Completion Systems

## DRILL STEM TEST REPORT

Lotus Operating LLC

**Bergner#1**

100 S.Main ,Ste.420  
Wichita Ks.67202

**7-29s-14w Pratt Ks.**

ATTN: Tim Hellman

Job Ticket: 042505

**DST#: 2**

Test Start: 2011.06.18 @ 10:12:10

### GENERAL INFORMATION:

Formation: **Viola**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 12:27:25

Time Test Ended: 20:08:25

Test Type: Conventional Bottom Hole

Tester: Gary Pevoteaux

Unit No: 56

**Interval: 4556.00 ft (KB) To 4627.00 ft (KB) (TVD)**

Reference Elevations: 2030.00 ft (KB)

Total Depth: 4627.00 ft (KB) (TVD)

2021.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 9.00 ft

**Serial #: 8167 Inside**

Press@RunDepth: 462.85 psig @ 4557.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.06.18 End Date: 2011.06.18

Last Calib.: 2011.06.18

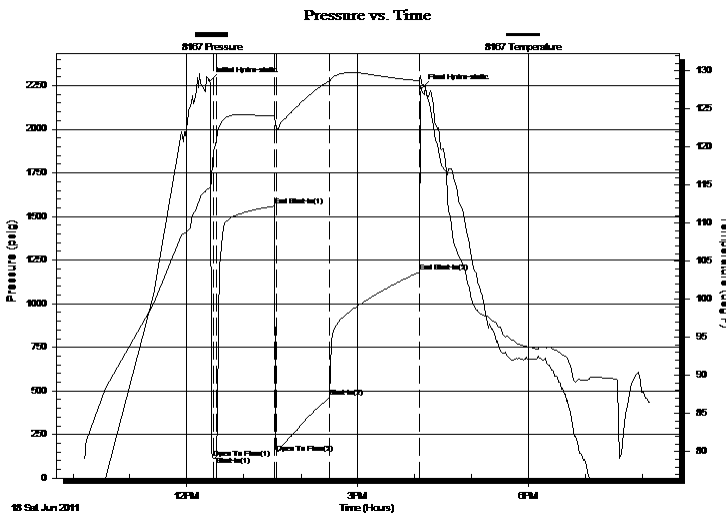
Start Time: 10:12:15 End Time: 20:08:25

Time On Btm: 2011.06.18 @ 12:23:55

Time Off Btm: 2011.06.18 @ 16:06:55

**TEST COMMENT:** IF:Strong blow . B.O.B. in 13 secs.  
IS:GTS in 5 mins. No blow after bleeding off.  
FF:Strong blow . (see gas flow report)  
FS:Strong blow . B.O.B.

### PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2274.56	114.67	Initial Hydro-static
4	115.98	118.69	Open To Flow (1)
7	123.49	120.95	Shut-In(1)
69	1560.08	124.10	End Shut-In(1)
71	140.42	122.46	Open To Flow (2)
127	462.85	128.65	Shut-In(2)
221	1180.04	128.70	End Shut-In(2)
223	2233.20	128.50	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
120.00	GOCM 55%g 20%o 25%m	1.68
1390.00	CGO 33%g 67%o	19.50

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.25	5.00	30.78
Last Gas Rate	0.25	12.00	41.88
Max. Gas Rate	0.25	13.00	43.47



**Weatherford**<sup>®</sup>  
**Completion Systems**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Lotus Operating LLC

**Bergner#1**

100 S.Main ,Ste.420  
 Wichita Ks.67202

**7-29s-14w Pratt Ks.**

Job Ticket: 042505

**DST#: 2**

ATTN: Tim Hellman

Test Start: 2011.06.18 @ 10:12:10

## Mud and Cushion Information

Mud Type: Gel Chem  
 Mud Weight: 9.00 lb/gal  
 Viscosity: 48.00 sec/qt  
 Water Loss: 10.79 in<sup>3</sup>  
 Resistivity: 0.00 ohm.m  
 Salinity: 7000.00 ppm  
 Filter Cake: 0.20 inches

Cushion Type:  
 Cushion Length: ft  
 Cushion Volume: bbl  
 Gas Cushion Type:  
 Gas Cushion Pressure: psig

Oil API: 42.2 deg API  
 Water Salinity: 7000 ppm

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	GOCM 55%g 20%o 25%m	1.683
1390.00	CGO 33%g 67%o	19.498

Total Length: 1510.00 ft      Total Volume: 21.181 bbl

Num Fluid Samples: 0

Num Gas Bombs: 1

Serial #: gp-2

Laboratory Name:

Laboratory Location:

Recovery Comments:



**Weatherford**<sup>®</sup>  
**Completion Systems**

# DRILL STEM TEST REPORT

**GAS RATES**

Lotus Operating LLC

**Bergner#1**

100 S.Main ,Ste.420  
 Wichita Ks.67202

**7-29s-14w Pratt Ks.**

Job Ticket: 042505

**DST#: 2**

ATTN: Tim Hellman

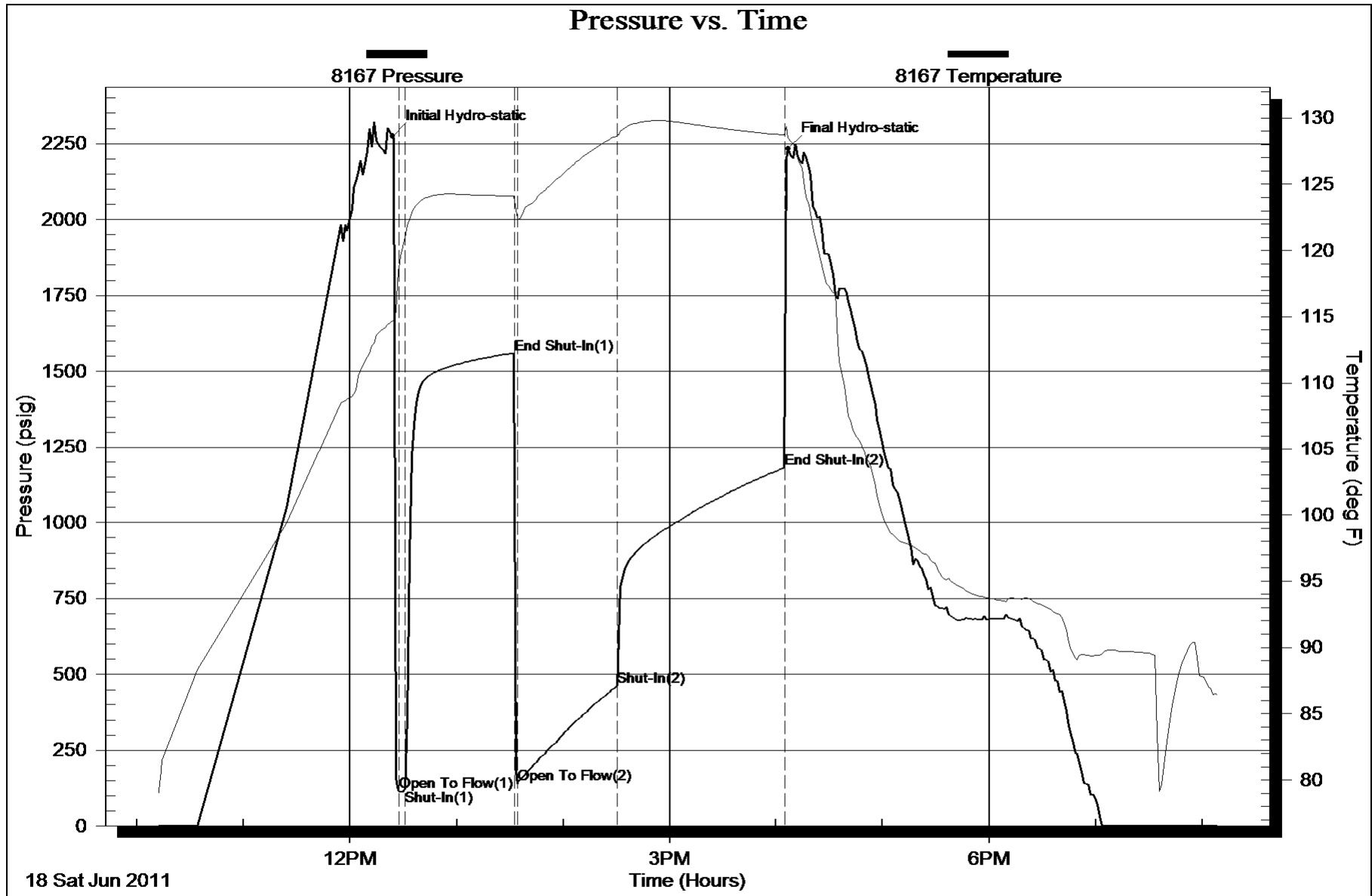
Test Start: 2011.06.18 @ 10:12:10

## 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 <sup>3</sup> /d)
2	10	0.25	5.00	30.78
2	20	0.25	7.00	33.95
2	30	0.25	11.00	40.30
2	40	0.25	13.00	43.47
2	50	0.25	13.00	43.47
2	60	0.25	12.00	41.88





# **Weatherford<sup>®</sup>**

## **Completion Systems**

### **DRILL STEM TEST REPORT**

Prepared For: **Lotus Operating LLC**

100 S.Main ,Ste.420  
Wichita Ks.67202

ATTN: Tim Hellman

**7-29s-14w Pratt Ks.**

**Bergnen#1**

Start Date: 2011.06.17 @ 00:20:21

End Date: 2011.06.17 @ 08:42:36

Job Ticket #: 042504                      DST #: 1

ALPINE OIL SERVICES CORPORATION  
2460, 240 - 4 Avenue S.W. Calgary, AB. T2P 4H4  
ph: 263-7800 fax: 264-7260





# Weatherford<sup>®</sup> Completion Systems

## DRILL STEM TEST REPORT

Lotus Operating LLC

**Bergnen#1**

100 S.Main ,Ste.420  
Wichita Ks.67202

**7-29s-14w Pratt Ks.**

ATTN: Tim Hellman

Job Ticket: 042504

**DST#: 1**

Test Start: 2011.06.17 @ 00:20:21

### GENERAL INFORMATION:

Formation: **Hertha**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:32:06

Time Test Ended: 08:42:36

Test Type: Conventional Bottom Hole

Tester: Gary Pevoteaux

Unit No: 56

**Interval: 4380.00 ft (KB) To 4400.00 ft (KB) (TVD)**

Reference Elevations: 2030.00 ft (KB)

Total Depth: 4400.00 ft (KB) (TVD)

2021.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 9.00 ft

**Serial #: 8167**

**Inside**

Press@RunDepth: 20.63 psig @ 4381.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.06.17

End Date:

2011.06.17

Last Calib.:

2011.06.17

Start Time: 00:20:26

End Time:

08:42:35

Time On Btm:

2011.06.17 @ 02:31:06

Time Off Btm:

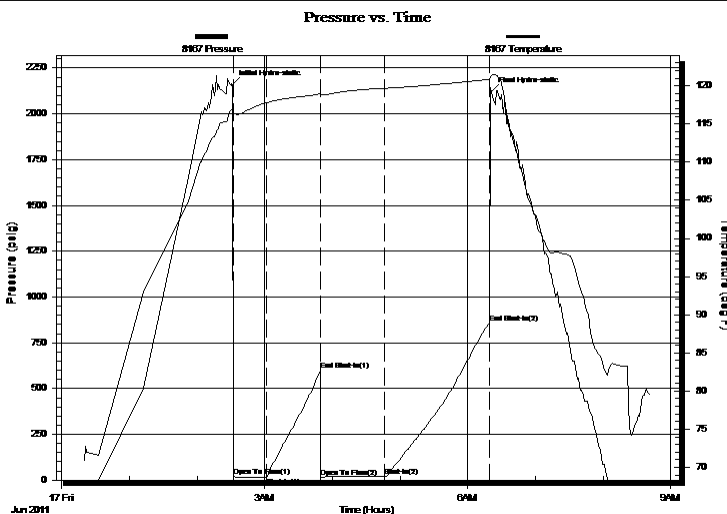
2011.06.17 @ 06:20:51

**TEST COMMENT:** IF:Fair to strong blow . B.O.B. in 22 mins.

IS:No blow .

FF:Strong blow . B.O.B. in 1 - 2 secs.

FS:No blow .



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2157.50	116.83	Initial Hydro-static
1	18.43	116.30	Open To Flow (1)
31	17.47	117.78	Shut-In(1)
79	600.75	118.92	End Shut-In(1)
79	15.62	118.79	Open To Flow (2)
135	20.63	119.67	Shut-In(2)
229	859.65	120.84	End Shut-In(2)
230	2120.40	121.39	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
15.00	OCM 20%o 80%mlclean oil @top tool	0.21
0.00	1115 ft.of GIP	0.00

### Gas Rates

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



**Weatherford**<sup>®</sup>  
**Completion Systems**

# DRILL STEM TEST REPORT

## FLUID SUMMARY

Lotus Operating LLC

**Bergnen#1**

100 S.Main ,Ste.420  
 Wichita Ks.67202

**7-29s-14w Pratt Ks.**

Job Ticket: 042504

**DST#: 1**

ATTN: Tim Hellman

Test Start: 2011.06.17 @ 00:20:21

### 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:

10000 ppm

Viscosity: 52.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.99 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 10000.00 ppm

Filter Cake: 0.20 inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	OCM 20%o 80%mlclean oil @top tool	0.210
0.00	1115 ft.of GIP	0.000

Total Length: 15.00 ft      Total Volume: 0.210 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:

