



**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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	CR Wetz 8
Doc ID	1064495

All Electric Logs Run

DUAL INDUCTION
NEUTRON DENSITY W/PE
SONIC
MICRO

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	CR Wetz 8
Doc ID	1064495

Tops

Name	Top	Datum
Heebner	3844	-2418
KC	4368	-2942
BKC	4602	-3176
Cher Sh	4740	-3314
Miss	4798	-3372
Kind Sh	5043	-3617
Viola	5205	-3779
Simp Sh.	5298	-3872
Arb	5520	-4094
LTD	5566	-4140



PO BOX 31 Russell, KS 67665

RECEIVED

JUL 16 2011

**INVOICE**

Invoice Number: 127797

Invoice Date: Jul 3, 2011

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

<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	CR Wetz #8	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jul 3, 2011	8/2/11

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
237.00	SER	Handling	2.25	533.25
15.00	SER	Mileage	26.07	391.05
1.00	SER	Surface	1,125.00	1,125.00
30.00	SER	Heavy Vehicle Mileage	7.00	210.00
30.00	SER	Light Vehicle Mileage	4.00	120.00
1.00	CEMENTER	Carl Balding		
1.00	EQUIP OPER	Ronald Gilley		
1.00	EQUIP OPER	Harry Piper		

ENTERED

JUL 18 2011

GL# 9208  
 DESC. Surface pipe  
# 8  
 WELL # Wetz CR

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

**\$ 1177.73**

ONLY IF PAID ON OR BEFORE  
**Jul 28, 2011**

Subtotal	5,888.65
Sales Tax	256.18
Total Invoice Amount	6,144.83
Payment/Credit Applied	
<b>TOTAL</b>	<b>6,144.83</b>

- 1,177.73  
 4,967.10

# ALLIED CEMENTING CO., LLC. 040715

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 81  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Medicine Lodge KS

DATE <u>7-3-2011</u>	SEC. <u>36</u>	TWP. <u>34</u>	RANGE <u>2W</u>	CALLED OUT	ON LOCATION	JOB START <u>5:30 AM</u>	JOB FINISH <u>3:45 AM</u>
LEASE <u>Wetz</u>	WELL # <u>8</u>	LOCATION <u>281 + Hawkins Rd.</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>B west N/S</u>			

CONTRACTOR Maverick  
 TYPE OF JOB Surface  
 HOLE SIZE 14 3/4 T.D. 255'  
 CASING SIZE 10 3/4 DEPTH 255'  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX 200 MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 2 3/4 Bbls freshwater  
 EQUIPMENT \_\_\_\_\_  
 PUMP TRUCK # 414-302 CEMENTER Paul Balding  
 HELPER Ron Gilley  
 BULK TRUCK # 583-290 DRIVER Eddie Piper  
 DRIVER \_\_\_\_\_

OWNER Lotus Operating  
 CEMENT AMOUNT ORDERED  
225 5x 60:40:37cc + 22.6 cc  
 COMMON A 135 5x @ 16.25 2193.75  
 POZMIX 90 5x @ 8.50 765.00  
 GEL 4 5x @ 21.25 85.00  
 CHLORIDE 8 5x @ 58.20 465.60  
 ASC \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 HANDLING 237 @ 2.25 533.25  
 MILEAGE 237/15 391.05  
 TOTAL 4433.65

REMARKS:  
Run 240' 10 3/4 casing  
with a 1.5' 8 7/8 landing joint  
break circulation w/ rig  
Mix + pump 225 5x 60:40:37 + 2  
Displace with 2 3/4 Bbls  
leave 15' cement in casing  
+ shut in. Great did circulate

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

SERVICE  
 DEPTH OF JOB 255'  
 PUMP TRUCK CHARGE 1125.00  
 EXTRA FOOTAGE @ \_\_\_\_\_  
 MILEAGE 30 @ 7.00 210.00  
 MANIFOLD @ \_\_\_\_\_  
Light Vehicle 30 @ 4.00 120.00  
 TOTAL 1455.00

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 5888.65  
 DISCOUNT 20% IF PAID IN 30 DAYS  
Net 4710.92

PRINTED NAME Cecil E. Farmer  
 SIGNATURE Cecil E. Farmer



PO BOX 31 Russell, KS 67665

RECEIVED

JUL 27 2011

INVOICE

Invoice Number: 127892

Invoice Date: Jul 10, 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	CR Wetz #8	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Jul 8, 2011	8/9/11

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
225.00	MAT	Class A ASC	19.00	4,275.00
1,125.00	MAT	Kolseal	0.89	1,001.25
106.00	MAT	FL-160	17.20	1,823.20
36.00	MAT	Flo Seal	2.70	97.20
348.00	SER	Handling	2.25	783.00
15.00	SER	Mileage	38.28	574.20
1.00	SER	Production	2,695.00	2,695.00
30.00	SER	Heavy Vehicle 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 1/2 Guide Shoe	240.00	240.00
1.00	EQP	5 1/2 AFU Insert	286.00	286.00
2.00	EQP	5 1/2 Cement Baskets	337.00	674.00
6.00	EQP	5 1/2 Centralizers	49.00	294.00
1.00	EQP	5 1/2 Top Rubber Plug	73.00	73.00
1.00	CEMENTER	David Felio		
1.00	EQUIP OPER	Ronald Gilley		
1.00	EQUIP OPER	Harry Piper		

GL# 9308  
 DESC. cement prod CSG, #8

WELL # Wetz CR

ENTERED  
 JUL 28 2011

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

\$ 2809.17

ONLY IF PAID ON OR BEFORE  
 Aug 4, 2011

Subtotal	14,045.85
Sales Tax	690.85
Total Invoice Amount	14,736.70
Payment/Credit Applied	
<b>TOTAL</b>	<b>14,736.70</b>

-2809.17  
 11,927.53

# ALLIED CEMENTING CO., LLC. 042112

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
*Medicine Lodge KS*

DATE <i>07-08-11</i>	SEC. <i>01</i>	TWP. <i>35s</i>	RANGE <i>12w</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>CR Wetz</i>	WELL# <i>8</i>	LOCATION <i>281<sup>us</sup> &amp; Driftwood Rd, 1/2w, n/s</i>			COUNTY <i>Barber</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Maverick #106*

TYPE OF JOB *Production Casing*

HOLE SIZE *7 7/8* T.D. *5327*

CASING SIZE *5K* DEPTH *5318*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *1750* MINIMUM *—*

MEAS. LINE SHOE JOINT *43.53*

CEMENT LEFT IN CSG. *44'*

PERFS.

DISPLACEMENT *130 Bbls Fresh H<sub>2</sub>O*

OWNER *Lotus Oper.*

CEMENT  
AMOUNT ORDERED *50sx 60.40: 4% gel &  
225sx class A ASC + 5# Kalseal + .5% FL-  
160 + 1/4# Flo Seal*

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>2sx @ 21.25</i>	<i>42.50</i>
CHLORIDE	@	
ASC <i>class A</i>	<i>225sx @ 19.00</i>	<i>4275.00</i>
	@	
<i>Kalseal</i>	<i>1125 # @ .09</i>	<i>1001.25</i>
<i>FL-160</i>	<i>106 # @ 17.20</i>	<i>1823.00</i>
<i>Flo Seal</i>	<i>56 # @ 2.20</i>	<i>97.20</i>
	@	
	@	
	@	
	@	
HANDLING <i>340</i>	@ <i>2.25</i>	<i>783.00</i>
MILEAGE <i>15/240/11</i>		<i>574.20</i>
TOTAL		<i>9253.85</i>

EQUIPMENT

PUMP TRUCK CEMENTER *D. Felio*

# *471-302* HELPER *R. Gilley*

BULK TRUCK

# *421-* DRIVER *E. Pipek*

BULK TRUCK

# DRIVER

REMARKS:

*Pipe on Bttm, Break Circ, Plug Rat & Mouse  
Holes w/ 50sx 60.40 cement, Mix 225sx  
"A" ASC cement Stop Pump, Wash Pump & Lines,  
Release Plug, Start Disp. w/ Fresh H<sub>2</sub>O, See  
Steady increase in PSI, Slow Rate, Bump Plug at  
130 Bbls total Disp., Release PSI, Float  
D: & Hold*

SERVICE

DEPTH OF JOB	<i>5310</i>	
PUMP TRUCK CHARGE		<i>2695.00</i>
EXTRA FOOTAGE	@	
MILEAGE	<i>30 @ 7.00</i>	<i>2100</i>
MANIFOLD <i>Headrental</i>	@	<i>200.00</i>
<i>Light Vehicle</i>	<i>30 @ 4.00</i>	<i>120.00</i>
	@	
TOTAL		<i>3285.00</i>

CHARGE TO: *Lotus Oper.*

STREET \_\_\_\_\_

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

PLUG & FLOAT EQUIPMENT

<i>1-Guide Shoe</i>	@ <i>240.00</i>	<i>240.00</i>
<i>1-AFV insert</i>	@ <i>286.00</i>	<i>286.00</i>
<i>2-cement Baskets</i>	@ <i>337.00</i>	<i>674.00</i>
<i>6-Centralizers</i>	@ <i>49.00</i>	<i>294.00</i>
<i>1-TRP</i>	@ <i>73.00</i>	<i>73.00</i>
TOTAL		<i>1567.00</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 *\$14045.85*

DISCOUNT *20%* IF PAID IN 30 DAYS

*Net \$11236.68*

*5 1/2"*



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

October 10, 2011

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

Re: ACO1  
API 15-007-23732-00-00  
CR Wetz 8  
NW/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