

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31980  
Name: Lotus Operating Co. LLC  
Address: 100 S. Main, Ste 520  
City/State/Zip: Wichita KS 67202  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Tim Hellma  
Phone: (316) 262-1077  
Contractor: Name: \_\_\_\_\_  
License: \_\_\_\_\_  
Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion:  
\_\_\_\_ New Well \_\_\_\_ Re-Entry  Workover  
\_\_\_\_ Oil \_\_\_\_ SWD \_\_\_\_ SIOW \_\_\_\_ Temp. Abd.  
\_\_\_\_ Gas  ENHR \_\_\_\_ SIGW  
\_\_\_\_ Dry \_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:  
Operator: Robert-Gay Energy

Well Name: #5 Bolser

Original Comp. Date: 10/30/84 Original Total Depth: 4290'

\_\_\_\_ Deepening \_\_\_\_ Re-perf.  Conv. to Enhr./SWD  
\_\_\_\_ Plug Back \_\_\_\_ Plug Back Total Depth

\_\_\_\_ Commingled Docket No. \_\_\_\_\_

\_\_\_\_ Dual Completion Docket No. \_\_\_\_\_

\_\_\_\_ Other (SWD or Enhr.?) Docket No. Pending

1/9/02 1/9/02  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 151-21503-0001

County: Pratt

\_\_\_\_ Sec. 4 Twp. 29 S. R. 15  East  West

1820' feet from S /  (circle one) Line of Section

440' feet from E /  (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE  SW

Lease Name: Bolser Well #: 5

Field Name: Springvale NW

Producing Formation: \_\_\_\_\_

Elevation: Ground: 2001 Kelly Bushing: 2009

Total Depth: 4290 Plug Back Total Depth: 4901'

Amount of Surface Pipe Set and Cemented at 431' 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 No.: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

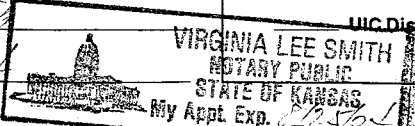
Signature: [Signature]

Title: Managing Member Date: 3-4-02

Subscribed and sworn to before me this 4 day of March 2002

~~X~~ Notary Public: Virginia Lee Smith

Date Commission Expires: August 25, 2004



KCC Office Use ONLY

\_\_\_\_ Letter of Confidentiality Attached

If Denied, Yes  Date: \_\_\_\_\_

\_\_\_\_ Wireline Log Received

\_\_\_\_ Geologist Report Received

\_\_\_\_ UIC Distribution

Operator Name: Lotus Operating Co. LLC Lease Name: Bolser Well #: 5  
 Sec. 4 Twp. 29 S. R. 15  East  West County: Pratt

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of down hole logs 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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name _____ Top _____ Datum _____ Same as previously listed
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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	# Sacs Used	Type and Percent Additives
Surface		8 5/8"		431	pos mix	300	
Production		5 1/2"		4919'		350	

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 (Amount and Kind of Material Used)	Depth
2	4752-56 and old perfs 4712-26	250 gal 15% NE	

TUBING RECORD	Size Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Lined	2 3/8" 4640'	4640'	

Date of First, Resumerd Production, SWD or Enhr. <b>WO approval</b>	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled _____ <input type="checkbox"/> Other (Specify) _____	