

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1
September 1999
Form Must Be Typed

**WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 31980
Name: Lotus Operating Company LLC
Address: 914 E. Douglas
City/State/Zip: Wichita, KS 67202
Purchaser: Plains Marketing LP
Operator Contact Person: Tim Hellman
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: Lotus Operating Company LLC
Well Name: #5 Bolser

Original Comp. Date: 10/30/84 Original Total Depth: 4920'
____ Deepening ____ Re-perf. ☒ Conv. to ~~Enhr/SWD~~
____ Plug Back ____ Plug Back Total Depth
back oil well

____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____

<u>1-17-03</u>	<u>1-17-03</u>	<u>1-17-03</u>
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

API No. 15 - 151-21503
County: Pratt
NW - SW - NW - Sec. 4 Twp. 29 S. R. 15 ☐ East ☒ West
1820 feet from S / ☒ (N) (circle one) Line of Section
440 feet from E / ☒ (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE ☒ NW SW
Lease Name: Bolser Well #: 5

Field Name: Springvale NW

Producing Formation: Simp. Dolo.

Elevation: Ground: 2001 Kelly Bushing: 2009

Total Depth: 4920' Plug Back Total Depth: 4901'

Amount of Surface Pipe Set and Cemented at 4919' 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: N/A

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: 1-20-2003

Subscribed and sworn to before me this 20th day of January,
2003.

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

JCM UIC Distribution

Operator Name: Lotus Operating Company 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 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 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 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Lansing</td> <td>4058</td> <td>-2049</td> </tr> <tr> <td>Miss</td> <td>4567</td> <td>-2558</td> </tr> <tr> <td>Simp. Sd</td> <td>4748</td> <td>-2739</td> </tr> <tr> <td>Arb.</td> <td>4821</td> <td>-2812</td> </tr> <tr> <td>RTD</td> <td>4920</td> <td>-2911</td> </tr> </tbody> </table>	Name	Top	Datum	Lansing	4058	-2049	Miss	4567	-2558	Simp. Sd	4748	-2739	Arb.	4821	-2812	RTD	4920	-2911
Name	Top	Datum																	
Lansing	4058	-2049																	
Miss	4567	-2558																	
Simp. Sd	4748	-2739																	
Arb.	4821	-2812																	
RTD	4920	-2911																	

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
Surface		8 5/8		431	poz mix	300	2% gel 3% CC
Prod	7 7/8	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
4	4712 - 4726 (10/1984)	AC 300	4712 - 4726
2	4752 - 4756 (1/2002)	AC 250	4712 - 4756

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	4890'	None	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 1-20-03			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. 4	Gas Mcf 0	Water Bbls. 50	Gas-Oil Ratio	Gravity

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	