

TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 040283 14861

Well Name & No. Sozie #4 Test No. 1 Date 9-6-10
 Company Lotus Operating Co LLL Elevation 1400 KB 1392 GL
 Address 1005 Main Ste. 420 Wichita KS 67202 +3737
 Co. Rep / Geo. Tim Helman Rig Site 2
 Location: Sec. 30 Twp. 34 Rge. 11 Co. Barber State KS

Interval Tested 5050 - 5070 Zone Tested Misner SD
 Anchor Length 20 Drill Pipe Run 5058 Mud Wt. 9.5
 Top Packer Depth 5045 Drill Collars Run 0 Vis 45
 Bottom Packer Depth 5050 Wt. Pipe Run 0 WL 10.8
 Total Depth 5070 Chlorides 4000 ppm System LCM 3#
 Blow Description ZF - Strong blow 1.5 min BOB
ISI - No blow back
FF - Strong blow BOB ASAO 675 13 min.
FSI - No blow back

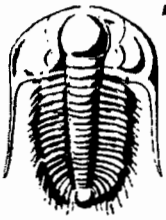
| Rec | Feet of | %gas | %oil | %water | %mud |
|-----------|------------|------|------|------------|------|
| <u>25</u> | <u>Mod</u> | | | <u>100</u> | |
| Rec | Feet of | %gas | %oil | %water | %mud |
| Rec | Feet of | %gas | %oil | %water | %mud |
| Rec | Feet of | %gas | %oil | %water | %mud |

Rec Total 25 BHT 122 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 2526 Test 1225 T-On Location 1100 AM
 (B) First Initial Flow 20 Jars _____ T-Started 1145 AM
 (C) First Final Flow 20 Safety Joint 75 T-Open 130 PM
 (D) Initial Shut-In 1947 Circ Sub _____ T-Pulled 625 PM
 (E) Second Initial Flow 18 Hourly Standby _____ T-Out 830 PM
 (F) Second Final Flow 49 Mileage 102 RT 127.50 Comments _____
 (G) Final Shut-In 1951 Sampler _____
 (H) Final Hydrostatic 2453 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Extra Recorder _____ Sub Total 0
 Day Standby _____ Total 1527.50
 Accessibility _____ MP/DST Disc't _____
 Sub Total 1527.50

Approved By [Signature] Our Representative Shirley Davidson

Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



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P.O. Box 362 • Hays, Kansas 67601 • (785) 625-4778

GAS VOLUME REPORT

Lotus

OPERATOR

#4 Suzie

WELL NAME AND NO.

1
DST NO.

2nd Flow

| Min. | Ins. of Water PSIG | Orifice Size | CF/D | Min. | Ins. of Water PSI | Orifice Size | CF/D |
|------|--------------------|--------------|------|------|-------------------|--------------|-------|
| | | | | 20 | 5 | 1/8 | 7261 |
| | | | | 30 | 9 | ↑ | 8758 |
| | | | | 40 | 12 | | 9881 |
| | | | | 50 | 17 | | 11752 |
| | | | | 60 | 21 | | 13250 |
| | | | | 70 | 26 | | 15121 |
| | | | | 80 | 30 | | 16618 |
| | | | | 90 | 34 | | 1/8 |

1st Flow
3 x 5 min
NO GTS

Remarks:

Took 1 gas sample

6TS. 13 min.