

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31980
Name: Lotus Operating Company, LLC
Address: 100 S. Main - Suite 420
City/State/Zip: Wichita, Kansas 67202
Purchaser: _____
Operator Contact Person: Tim Hellman
Phone: (316) 262-1077
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
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: _____
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____
 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. _____

11-15-06 11-16-06 11-16-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 033-21484-0000
County: Comanche County Kansas
NE NE SE Sec. 4 Twp. 33 S. R. 19 East West
2145 feet from (S) N (circle one) Line of Section
400 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Jellison Well #: 3-4

Field Name: Bird South
Producing Formation: _____
Elevation: Ground: 1960' Kelly Bushing: 1972'
Total Depth: 880' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 66' 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 RAA WHM 12/15/06
(Data must be collected from the Reserve Pit) ALT I

Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used None
Location of fluid disposal if hauled offsite: _____

Operator Name: _____
Lease Name: _____ License No. _____
Quarter _____ Sec. _____ Twp. _____ S. _____ East West
County: _____ Docket No. _____

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 13 2006
CONSERVATION DIVISION
WICHITA, KS

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: 12/12/06
Subscribed and sworn to before me this 12th day of DECEMBER 2006.

Notary Public: [Signature]
Date Commission Expires: _____
SALLY R. BYERS
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 12/16/08

KCC Office Use ONLY
N Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Lotus Operating Company LLC Lease Name: Jellison Well #: 3-4
 Sec. 4 Twp. 33 S. R. 19 East West County: Comanche County, Kansas

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run: NONE

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
NONE
CROOKED HOLE

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
Conductor		20"	48#	66'	9 yards	10 SACK GROUT	

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method				
	<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcl	Water Bbbs.	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

ALLIED CEMENTING CO., INC. 24984

Federal Tax I.D. _____

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

SERVICE POINT: Medicine Lodge

DATE <u>11-16-06</u>	SEC. <u>4</u>	TWP. <u>33s</u>	RANGE <u>19w</u>	CALLED OUT <u>5:30 AM</u>	ON LOCATION <u>8:00 AM</u>	JOB START <u>4:45</u>	JOB FINISH <u>7:00 PM</u>
LEASE <u>Jellison</u>	WELL # <u>3-4</u>	LOCATION <u>Coldwater, KS. 5 South</u>			COUNTY <u>Lincoln</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>to set 3/4 west 1/2 north 4/5</u>					

CONTRACTOR Duke 7

TYPE OF JOB Rotary Aug

HOLE SIZE 12 1/4 T.D. 880

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 880

TOOL _____ DEPTH _____

PRES. MAX 300 MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER Lotus Operating

CEMENT AMOUNT ORDERED 215 5x 60:40:6

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK # 343 CEMENTER Carl Baldwin

HELPER Steve Kracher

BULK TRUCK # 363 DRIVER Randy McKinnon

BULK TRUCK # _____ DRIVER _____

REMARKS:

1 plug 880 Pump in the water
mix 100 lb cement 100 gal water
100 gal water & 100 lb cement

1st plug 200 mix 100 lb cement
100 gal water

plug 100 lb cement 100 gal water

SERVICE

DEPTH OF JOB 880

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

4 hours @ _____

CHARGE TO: Duke Drilling Co.

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

@ RECEIVED
KANSAS CORPORATION COMMISSION
@ DEC 13 2006
@ CONSERVATION DIVISION
WICHITA, KS

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature] PRINTED NAME _____