

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

9/14/10

Form ACO-1
October 2008

Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31980
Name: Lotus Operating Co. LLC
Address 1: 100 S. Main, Ste 420
Address 2: _____
City: Wichita State: KS Zip: 67202 + _____
Contact Person: Tim Hellman
Phone: (316) 262-1077

CONTRACTOR: License # 5929 **CONFIDENTIAL**
Name: Duke Drilling Co. Inc
Wellsite Geologist: Tim Hellman **APR 14 2009**

Purchaser: High Sierra **KCC**
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 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. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____

<u>12/27/2008</u>	<u>1/5/2009</u>	<u>1/9/2009</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 151-22323-0000
Spot Description: NE-NW-SW
W2 NE NW SW Sec. 22 Twp. 29s S. R. 15w East West
2310 Feet from North / South Line of Section
860 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Pratt
Lease Name: Hirt "C" Well #: 1
Field Name: Springvale
Producing Formation: Simpson
Elevation: Ground: 1951 Kelly Bushing: 1964
Total Depth: 4890 Plug Back Total Depth: 4838
Amount of Surface Pipe Set and Cemented at: 277 w/ 225 sx 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 **ATTN 7-10-09**
(Data must be collected from the Reserve Pit)
Chloride content: 29,000 ppm Fluid volume: 1150 bbls
Dewatering method used: Vacuum Truck
Location of fluid disposal if hauled offsite:
Operator Name: Oil Producers Inc of KS
Lease Name: Watson 2 SWD License No.: 8061
Quarter SW Sec. 8 Twp. 29s S. R. 15w East West
County: Pratt Docket No.: D-24324

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: 4/14/2009
Subscribed and sworn to before me this 14th day of APRIL
20 09
Notary Public: Sally R. Byers
Date Commission Expires: DECEMBER 6, 2012

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received **RECEIVED KANSAS CORPORATION COMMISSION**
 UIC Distribution
APR 14 2009

SALLY R. BYERS
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 12-6-12

SALLY R. BYERS
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 12-6-12

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Lotus Operating Co. LLC Lease Name: Hirt "C" Well #: 1
 Sec. 22 Twp. 29s S. R. 15w 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction, Neutron-Density, Microlog & Sonic	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heebner</td> <td>3873</td> <td>-1909</td> </tr> <tr> <td>Lansing</td> <td>4055</td> <td>-2091</td> </tr> <tr> <td>BKC</td> <td>4444</td> <td>-2480</td> </tr> <tr> <td>Viola</td> <td>4623</td> <td>-2659</td> </tr> <tr> <td>Simpson</td> <td>4720</td> <td>-2756</td> </tr> <tr> <td>Arb</td> <td>4836</td> <td>-2872</td> </tr> <tr> <td>LTD</td> <td>4896</td> <td>-2932</td> </tr> </table>	Name	Top	Datum	Heebner	3873	-1909	Lansing	4055	-2091	BKC	4444	-2480	Viola	4623	-2659	Simpson	4720	-2756	Arb	4836	-2872	LTD	4896	-2932
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LTD	4896	-2932																							

CASING RECORD <input checked="" 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	14 1/4"	10 3/4"	32.75#	277	60-40 poz-mix	225	2% G, 3% CC
Production	7 7/8"	5 1/2"	14#	4872	60-40 poz-mix	200	Latex

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
2 spf	4774-78 CIBP @ 4767	500 gal 7 1/2% MCA (recover water)	4774-78
2 spf	4727-34	750 gal 15% MCA - Swb test	4727-34
	4727-34	Re- acid 5000 gal 15% XTA	4727-34

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>4741</u> Packer At: <u>none</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>1/21/2009</u>	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. <u>47</u> Gas Mcf <u>10</u> Water Bbls. <u>3</u> Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 32543

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

APR 14 2009

SERVICE POINT: Medicine Lodge

DATE <u>01-06-09</u>	SEC <u>262</u>	TWP <u>29S</u>	RANGE <u>15 W</u>	CALLED OUT <u>0900 AM</u>	ON LOCATION <u>1030 AM</u>	JOB START <u>0230 pm</u>	JOB FINISH <u>0330 pm</u>
LEASE <u>Hit "C"</u>			WELL# <u>1</u>	LOCATION <u>Coqts KS, 7w, S & E INTO</u>		COUNTY <u>Prest</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Duke 9
 TYPE OF JOB Production
 HOLE SIZE 7 1/8" T.D. 4896'
 CASING SIZE 5 1/2 14# DEPTH 4858.94
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1200 MINIMUM 100 psi
 MEAS. LINE _____ SHOE JOINT 26.64'
 CEMENT LEFT IN CSG. 26.64'
 PERFS. _____
 DISPLACEMENT Bbls Fresh Water

OWNER Lotus Operating
 CEMENT
 AMOUNT ORDERED 115 SX 60:40:2, 100 SX 60:40:2 + FL-5P

COMMON	<u>129 A</u>	@	<u>15.45</u>	<u>1993.05</u>
POZMIX	<u>86</u>	@	<u>8.00</u>	<u>688.00</u>
GEL	<u>4</u>	@	<u>20.80</u>	<u>83.20</u>
CHLORIDE		@		
ASC		@		
<u>FL-5P</u>	<u>100</u>	@	<u>16.90</u>	<u>1690.00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>222</u>	@	<u>2.40</u>	<u>532.80</u>
MILEAGE	<u>30 x 222 x .10</u>			<u>666.00</u>
TOTAL				<u>5653.05</u>

EQUIPMENT

PUMP TRUCK CEMENTER Greg Grieve
 # 480-486 HELPER Heath M.
 BULK TRUCK
 # 389 DRIVER Donald H.
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
Pipe On Bottom, Block Circulation, Pump Preflush, Plug Ret Hole, 15 SX 60:40:2, Pump cement 100 SX 60:40:2, 100 SX 60:40:2 + FL-5P, Stop pumps, wash pump & lines, Release plug, start disp, see lift, slow rate, bump plug float held, Disp with 118 Bbls Fresh Water.

SERVICE

DEPTH OF JOB	<u>4896</u>		
PUMP TRUCK CHARGE			<u>2185.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>30</u>	@	<u>7.00 210.00</u>
MANIFOLD		@	
<u>Head Rental</u>	<u>1</u>	@	<u>113.00 113.00</u>
		@	
TOTAL <u>2508.00</u>			

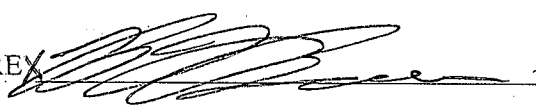
CHARGE TO: Lotus Operating
 STREET _____
 CITY _____ STATE _____ ZIP _____

5 1/2 PLUG & FLOAT EQUIPMENT

Rubber Plug	<u>1</u>	@	<u>74.00</u>	<u>74.00</u>
Guide Shoe	<u>1</u>	@	<u>192.00</u>	<u>192.00</u>
AFU Insert	<u>1</u>	@	<u>293.00</u>	<u>293.00</u>
Basket	<u>1</u>	@	<u>186.00</u>	<u>186.00</u>
Centriflizer	<u>5</u>	@	<u>57.00</u>	<u>285.00</u>
TOTAL				<u>1030.00</u>

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 ~~9997.05~~
 DISCOUNT ~~9997.05~~ IF PAID IN 30 DAYS

PRINTED NAME Robin Brown
 SIGNATURE 
 Thank You

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING

RECEIVED
 KANSAS CORPORATION COMMISSION
 APR 14 2009
 CONSERVATION DIVISION
 WICHITA, KS

ALLIED CEMENTING CO., LLC. 33377

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

CONTRACT NUMBER
APR 14 2009

SERVICE POINT:
Great Bend, Ks

DATE 12-27-08	SEC 22	TWP. 29S	RANGE 18W	CALLED OUT 11:30 AM	ON LOCATION 3:30 PM	JOB START 8:30 PM	JOB FINISH 9:00 PM
LEASE Hirt "c"	WELL# 1	LOCATION Coats, Ks 8W, 1/2 S Int			COUNTY Pratt	STATE Ks	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Duke #9

TYPE OF JOB Surface

HOLE SIZE 14 3/4" T.D. 279'

CASING SIZE 10 3/4" DEPTH 277'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 300 # MINIMUM Ø

MEAS. LINE _____ SHOE JOINT 20'

CEMENT LEFT IN CSG. 20'

PERFS. _____

DISPLACEMENT Freshwater 26 BBLs

OWNER Lotus Operating

CEMENT

AMOUNT ORDERED 225 SX 60/40 2% Gel 3% CC

COMMON	<u>135</u>	@	<u>15.45</u>	<u>2,085.75</u>
POZMIX	<u>90</u>	@	<u>8.00</u>	<u>720.00</u>
GEL	<u>5</u>	@	<u>20.80</u>	<u>104.00</u>
CHLORIDE	<u>7</u>	@	<u>58.20</u>	<u>407.40</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>237</u>	@	<u>2.40</u>	<u>568.80</u>
MILEAGE	<u>237 X .10 X 30</u>			<u>711.00</u>
TOTAL				<u>4,596.95</u>

EQUIPMENT

PUMP TRUCK CEMENTER Rich H.

366 HELPER Gailen D.

BULK TRUCK

389 DRIVER Ron H.

BULK TRUCK

_____ DRIVER _____

REMARKS:

Pipe on bottom, break Circulation, mixed
225 SX 60/40 2% Gel, 3% CC and displaced
with 26 BBLs of freshwater and shut in.
Cement did. Circulate. pie mix
100# Gel in 10 BBLs

SERVICE

DEPTH OF JOB	<u>277'</u>		
PUMP TRUCK CHARGE			<u>1,018.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>30</u>	@	<u>7.00</u>
MANIFOLD		@	
		@	
		@	
TOTAL <u>1,228.00</u>			

CHARGE TO: Lotus Operating

STREET 100 S. Main Ste 420

CITY Wichita STATE Ks ZIP 67202

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL _____		

To Allied Cementing Co., LLC.
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PRINTED NAME X Emigdio Rojas

SIGNATURE X Emigdio Rojas

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____

IF PAID IN 30 DAYS
RECEIVED
KANSAS CORPORATION COMMISSION

APR 14 2009
CONSERVATION DIVISION
WICHITA, KS