

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

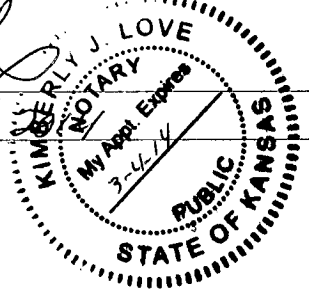
OPERATOR: License # 31980
 Name: Lotus Operating Co. LLC
 Address 1: 100 S. Main, Ste 420
 Address 2: _____
 City: Wichita State: KS Zip: 67202 +
 Contact Person: Tim Hellman
 Phone: (316) 262-1077
 CONTRACTOR: License # 5929
 Name: Duke Drilling Co. Inc
 Wellsite Geologist: Tim Hellman
 Purchaser: High Sierra
 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.: _____
1/6/10 1/14/10 2/12/10
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 007-23475-0500
 Spot Description: _____
W2 W2 NE SW Sec. 19 Twp. 34 S. R. 11 East West
1980 Feet from North / South Line of Section
1485 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Barber
 Lease Name: Fitzgerald Well #: 5
 Field Name: Stranathan
 Producing Formation: Mississippi
 Elevation: Ground: 1444 Kelly Bushing: 1457
 Total Depth: 4875 Plug Back Total Depth: 4828
 Amount of Surface Pipe Set and Cemented at: 267 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/ API-Log 6/3/10
Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: 27,000 ppm Fluid volume: 1170 bbls
 Dewatering method used: Vacuum Truck
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Herman Loeb
 Lease Name: Lohmann A License No.: 3273
 Quarter SW Sec. 3 Twp. 35s S. R. 12 East West
 County: Barber Docket No.: 15-007-21114

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: _____
 Title: Managing Member Date: 5/10/2010
 Subscribed and sworn to before me this 10th day of May
 20 10
 Notary Public: _____
 Date Commission Expires: March 4



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION

JUN 01 2010
 CONSERVATION DIVISION
 WICHITA, KS

Operator Name: Lotus Operating Co. LLC Lease Name: Fitzgerald Well #: 5
 Sec. 19 Twp. 34 S. R. 11 East West County: Barber

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 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, Micro & 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>3775</td> <td>-2318</td> </tr> <tr> <td>KC</td> <td>4278</td> <td>-2821</td> </tr> <tr> <td>BKC</td> <td>4526</td> <td>-3066</td> </tr> <tr> <td>Mississippi</td> <td>4707</td> <td>-3250</td> </tr> <tr> <td>LTD</td> <td>4874</td> <td>-3417</td> </tr> </table>	Name	Top	Datum	Heebner	3775	-2318	KC	4278	-2821	BKC	4526	-3066	Mississippi	4707	-3250	LTD	4874	-3417
Name	Top	Datum																	
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KC	4278	-2821																	
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Mississippi	4707	-3250																	
LTD	4874	-3417																	

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#	267	60/40 poz	220	2% G, 3% CC
Surface	9 7/8	8 5/8	24#	1029	Class A	150 sx	2% G, 3% CC
Production	7 7/8"	5 1/2"	14#	4874	60/40 poz	200	latex

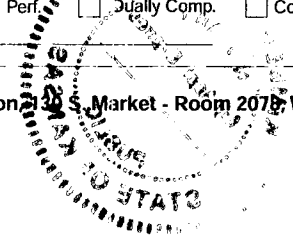
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	4662-63	Class A	100	None

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	4690-4724	Acid 2000 gal, 10% MCA & frac 184,700# sd	4690-4724

TUBING RECORD: Size: <u>2 7/8</u>	Set At: <u>4732</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>2/18/2010</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>42</u>	Gas Mcf <u>254</u>	Water Bbls. <u>250</u> Gas-Oil Ratio Gravity <u>19</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input 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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Mail to: KCC - Conservation Division 333 Market - Room 2075, Wichita, Kansas 67202



ALLIED CEMENTING CO., LLC. 042696

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>1-21-10</u>	SEC. <u>19</u>	TWP. <u>34S</u>	RANGE <u>11W</u>	CALLED OUT <u>11:00 A.M.</u>	ON LOCATION <u>12:00 P.M.</u>	JOB START <u>2:00 P.M.</u>	JOB FINISH <u>3:00 P.M.</u>
LEASE <u>Free</u> / <u>paid</u>		WELL # <u>#5</u>		LOCATION <u>281 & 160 Jct 16S, E into Barber</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR BlackGold W/S
 TYPE OF JOB Squeeze
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2 DEPTH 4662
 TUBING SIZE 2 7/8 DEPTH 4575
 DRILL PIPE _____ DEPTH _____
 TOOL Packer DEPTH 4575
 PRES. MAX 2000 PST MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT Fresh Water 26 1/2 BBLs

OWNER Lotus Operating

CEMENT
AMOUNT ORDERED 1000x Class "A"

EQUIPMENT
 PUMP TRUCK CEMENTER David W.
 # 372 HELPER Darin F.
 BULK TRUCK
 # 364 DRIVER Ron G.
 BULK TRUCK
 # _____ DRIVER _____

COMMON 100 3x A @ 15.45 1545.00
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____

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@
@ CONSERVATION DIVISION
@ WICHITA, KS
@

HANDLING 100 @ 2.40 240.00
 MILEAGE 100/10/.10 Mix. 312.00
 TOTAL 2097.00

REMARKS:

Load Back Side with 6 BBLs, water load
 Tubing with 3 BBLs, Take INT Rate 2 1/2 BBLs/min
 at 1200 PST Mix 1000x Class "A" Shut Down
 Wash Pump & lines, Displace with 26 1/2 BBLs,
 Shut in with 1400 PST Stage for 20 min PST at
 900 Pump 1/4 BBL locked up 2000 PST Run out
 with 30 BBLs, water PSI Back to 2000 Hkd
 Wash up Rig Down.

SERVICE

DEPTH OF JOB 4662
 PUMP TRUCK CHARGE 2011.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 10 @ 7.00 70.00
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL 2081.00

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

PLUG & FLOAT EQUIPMENT

~~_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____~~

TOTAL _____

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 _____
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Robin Brown
 SIGNATURE [Signature]
Thank You!

ALLIED CEMENTING CO., LLC. 036960

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

SERVICE POINT:
Medicine Lodge, KS

DATE <u>1-9-2010</u>	SEC <u>19</u>	TWP <u>34S</u>	RANGE <u>11W</u>	CALLED OUT <u>11:30 pm</u>	ON LOCATION <u>1:00 AM</u>	JOB START <u>9:00 AM</u>	JOB FINISH <u>10:00 AM</u>
LEASE <u>Fr 26 Berg 12</u>		WELL # <u>5</u>	LOCATION <u>Medicine Lodge, KS</u>		COUNTY <u>Berber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			<u>15 South to Dukerish, E. into</u>				

CONTRACTOR Duke #7

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 1032'

CASING SIZE 8 5/8 DEPTH 1032'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 42

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 63 bbls of Freshwater

OWNER Lotus Operating

CEMENT

AMOUNT ORDERED 150 sk class 2

30% cc + 20% Gel

COMMON <u>150 sk A</u>	@ <u>15.45</u>	<u>2317</u>	<u>50</u>
POZMIX _____	@ _____	_____	_____
GEL <u>3 sk</u>	@ <u>20.80</u>	<u>62</u>	<u>40</u>
CHLORIDE <u>5 sk</u>	@ <u>58.20</u>	<u>291</u>	<u>00</u>
ASC _____	@ _____	_____	_____

EQUIPMENT

PUMP TRUCK CEMENTER Darin F

372 HELPER Dave F.

BULK TRUCK

421-250 DRIVER Matt J.

BULK TRUCK

_____ DRIVER _____

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KANSAS CORPORATION COMMISSION

@ JUN 01 2010

@ CONSERVATION DIVISION
WICHITA, KS

HANDLING <u>150</u>	@ <u>2.40</u>	<u>360</u>	<u>00</u>
MILEAGE <u>150/10/10</u>	@ <u>Min</u>	<u>312</u>	<u>00</u>
		TOTAL	<u>3342</u>

REMARKS:

Pipe on bottom & break circulation
Pump 3 bbls of Freshwater ahead
mix 150 sk of cement, shut down
Release plug, start displacement
slow rate to 3 bpm @ 55 bbls,
Bump plug @ 63 bbls 500-1000PSI
Flow did hold

SERVICE

DEPTH OF JOB 1032'

PUMP TRUCK CHARGE 1018

EXTRA FOOTAGE @ _____

MILEAGE 10 @ 7.00 70

MANIFOLD @ _____

Hesdrental @ _____

TOTAL 1088

CHARGE TO: Lotus Operating

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

8 5/8

<u>1-Rubber plug</u>	@ _____	<u>113</u>	<u>00</u>
<u>1-DFD Insert</u>	@ _____	<u>225</u>	<u>00</u>
<u>1-Sawtooth Shoe</u>	@ _____	<u>250</u>	<u>00</u>
_____	@ _____	_____	_____
_____	@ _____	_____	_____

TOTAL 588

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 [scribble]

DISCOUNT [scribble] IF PAID IN 30 DAYS

PRINTED NAME X-Caled D. Row

SIGNATURE X-Caled D. Row

ALLIED CEMENTING CO., LLC. 036958

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

SERVICE POINT:

Medicine Lodge ks

DATE <i>1-7-2010</i>	SEC. <i>19</i>	TWP. <i>34S</i>	RANGE <i>11W</i>	CALLED OUT <i>1-6-2010 10:00pm</i>	ON LOCATION <i>1-6 11:30pm</i>	JOB START <i>1-7 2:30pm</i>	JOB FINISH <i>3:00pm</i>
LEASE <i>Fitzgerald</i>	WELL # <i>5</i>	LOCATION <i>Medicine Lodge ks 15 miles</i>			COUNTY <i>Berhar</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)		<i>South to Duke sign, East 1/4</i>					

CONTRACTOR *Duke #7*

TYPE OF JOB *Surface*

HOLE SIZE *14 1/4* T.D. *272'*

CASING SIZE *10 3/4* DEPTH *269'*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. *20'*

PERFS. _____

DISPLACEMENT *24 1/2 bbls of Fresh water*

OWNER *Lotus Operating*

CEMENT

AMOUNT ORDERED *220sx 60!40!2+*

3% CC

EQUIPMENT

PUMP TRUCK CEMENTER *Darin F.*

352 HELPER *Dave F.*

BULK TRUCK

363-314 DRIVER *Ron G.*

BULK TRUCK

_____ DRIVER _____

COMMON	<i>A 132 sx @ 15.45</i>	<i>2039</i>	<i>40</i>
POZMIX	<i>88 sx @ 8.00</i>	<i>704</i>	<i>00</i>
GEL	<i>4 sx @ 20.80</i>	<i>83</i>	<i>20</i>
CHLORIDE	<i>7 sx @ 58.20</i>	<i>407</i>	<i>40</i>
ASC	@ _____		
RECEIVED			
KANSAS CORPORATION COMMISSION			
@ JUN 01 2010			
@ CONSERVATION DIVISION			
@ WICHITA, KS			
HANDLING	<i>220 @ 2.40</i>	<i>528</i>	<i>00</i>
MILEAGE	<i>220 / 10 / 10 - min</i>	<i>312</i>	<i>00</i>
		TOTAL	<i>4074</i>

REMARKS:

*Pipe on bottom & break circulation
Pump 3 bbls of fresh water
Mix 220sx of cement, start
displacement, pump 24 1/2 bbls, shut
in, cement did circulate*

SERVICE

DEPTH OF JOB *269'*

PUMP TRUCK CHARGE *1018*

EXTRA FOOTAGE @ _____

MILEAGE *10 @ 7.00* *70*

MANIFOLD @ _____

Swedge & USIUC @ _____

CHARGE TO: *Lotus Operating*

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL *1088*

PLUG & FLOAT EQUIPMENT

none @ _____

@ _____

@ _____

@ _____

TOTAL _____

To Allied Cementing Co., LLC.
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SALES TAX (If Any) _____

TOTAL CHARGES *1088*

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

PRINTED NAME *X Gales D Rank*

SIGNATURE *X Gales D Rank*