



CONFIDENTIAL WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31980
Name: Lotus Operating Company, L.L.C.
Address 1: 100 S Main, Suite 420
Address 2: _____
City: Wichita State: KS Zip: 67202 + 3737
Contact Person: Tim Hellman
Phone: (316) 262-1077
CONTRACTOR: License # 34233
Name: Maverick Drilling LLC
Wellsite Geologist: Tim Hellman
Purchaser: _____

API No. 15 - 15-007-23581-00-00
Spot Description: _____
SW SE SW SE Sec. 36 Twp. 34 S. R. 12 East West
50 Feet from North / South Line of Section
1,880 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: CR Wetz Well #: 5
Field Name: Stranathan
Producing Formation: Mississippi
Elevation: Ground: 1411 Kelly Bushing: 1420
Total Depth: 5160 Plug Back Total Depth: 5037
Amount of Surface Pipe Set and Cemented at: 268 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.

- Designate Type of Completion:
- | | | | |
|--|---|-------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover | |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD | <input type="checkbox"/> SIOW |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR | <input type="checkbox"/> SIGW |
| <input checked="" type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. | |
| <input type="checkbox"/> CM (Coal Bed Methane) | | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., 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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
08/03/2010 08/08/2010 08/17/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 12300 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

<input checked="" type="checkbox"/> Letter of Confidentiality Received	Date: <u>12/01/2010</u>
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>12/01/2010</u>