



KANSAS CORPORATION COMMISSION 1055410
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31980
Name: Lotus Operating Company, L.L.C.
Address 1: 100 S MAIN STE 420
Address 2: _____
City: WICHITA State: KS Zip: 67202 + 3737
Contact Person: Tim Hellman
Phone: (316) 262-1077
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Joe Baker
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic 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 #: _____

<u>3/10/2011</u>	<u>3/19/2011</u>	<u>03/29/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-097-21687-00-00
Spot Description: _____
NE NE SW Sec. 16 Twp. 29 S. R. 16 East West
2310 Feet from North / South Line of Section
2310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kiowa
Lease Name: Cromer Well #: 1
Field Name: _____
Producing Formation: Mississippi
Elevation: Ground: 2057 Kelly Bushing: 2070
Total Depth: 5080 Plug Back Total Depth: 4939
Amount of Surface Pipe Set and Cemented at: 286 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

(Data must be collected from the Reserve Pit)

Chloride content: 9500 ppm Fluid volume: 1100 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Oil Producers Inc. of Kansas
Lease Name: Watson License #: 8061
Quarter SW Sec. 8 Twp. 29 S. R. 15 East West
County: Kiowa Permit #: D24324

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

- Letter of Confidentiality Received
Date: 07/08/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 07/11/2011