



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 # 34233
 Name: Maverick Drilling LLC
 Wellsite Geologist: Tim Hellman
 Purchaser: Coffeyville Resources

API No. 15 - 15-151-22375-00-00
 Spot Description: _____
NW NE SW SE Sec. 7 Twp. 29 S. R. 14 East West
1000 Feet from North / South Line of Section
1870 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Pratt
 Lease Name: Bergner Well #: 1
 Field Name: Wildcat
 Producing Formation: Viola
 Elevation: Ground: 2025 Kelly Bushing: 2030
 Total Depth: 4846 Plug Back Total Depth: 4799
 Amount of Surface Pipe Set and Cemented at: 295 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:
- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 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 #: _____

06/10/2011	06/18/2011	6/28/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)

Chloride content: 41000 ppm Fluid volume: 1280 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: Pratt 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: 09/30/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 10/03/2011