



KANSAS CORPORATION COMMISSION 1068018  
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: Wes Hansen/Tim Hellman  
Purchaser: Coffeyville Resources, ONEOK

API No. 15 - 15-007-23766-00-00

Spot Description: \_\_\_\_\_  
W2 SE SE SW Sec. 30 Twp. 34 S. R. 11  East  West  
330 Feet from  North /  South Line of Section  
2145 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW

County: Barber  
Lease Name: Suzie Well #: 6  
Field Name: Stranathan

Producing Formation: Mississippi

Elevation: Ground: 1401 Kelly Bushing: 1411

Total Depth: 5450 Plug Back Total Depth: 5190

Amount of Surface Pipe Set and Cemented at: 252 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: 37500 ppm Fluid volume: 45 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 #: \_\_\_\_\_

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>9/16/2011</u>	<u>9/20/2011</u>	<u>10/4/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**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: 01/03/2012  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Deanna Garris Date: 01/06/2012