

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 S. Market, Room 2078  
Wichita, KS 67202

WELL PLUGGING RECORD  
K.A.R.-02-3-117

API NUMBER 15-185-23.091-0000

LEASE NAME Helmer

WELL NUMBER 1

         Ft. from S Section Line

         Ft. from E Section Line

SEC. 33 TWP. 25 RGE. 11 (E) or (W)

COUNTY Stafford

Date Well Completed         

Plugging Commenced 10-2-00

Plugging Completed 10-5-00

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 30 days.

LEASE OPERATOR Lotus Operating Co., LLC

ADDRESS 107 N. Market #416 Wichita, Kansas 67202

PHONE/(316) 262-1077 OPERATORS LICENSE NO. 31980

Character of Well Oil

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on          (date)

by Steve Pfeifer (KCC District Agent's Name).

Is ACO-1 filed?          If not, is well log attached?         

Producing Formation          Depth to Top          Bottom T.D. 4199'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD STATE CORPORATION COMMISSION

RECEIVED

OCT 31 2000

Formation	Content	From	To	Size	Put In	Pulled out
				10-3/4"	260'	None
				5-1/2"	4198'	2500'

CONSERVATION DIVISION  
Wichita, Kansas

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from          feet to          feet each section.

Plugged off bottom with sand to 3800' and 5 sks. cement. Shot pipe @3000', 2700', and 2500'. Pulled up to 660', pumped 55 sks. cement, pulled to 290', pumped 70 sks. cement, pulled to 40' and topped off with 20 sks. cement, 60/40 pos, 6% gel. Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Lotus Operating Co., LLC.

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated herein, and matters herein contained and the log of the above-described well as filed to the same are true and correct, so help me God.

(Signature) [Signature]

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 30th day of October, 2000

[Signature]  
Notary Public

My Commission Expires:         

