

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31980

Name: Lotus Operating Co. LLC

Address: 100 S. Main, Ste 520

City/State/Zip: Wichita, KS 67202

Purchaser: \_\_\_\_\_

Operator Contact Person: Tim Hellman

Phone: (316) 262-1077

Contractor: Name: \_\_\_\_\_

License: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion:

- New Well     Re-Entry     Workover  
 Oil     SWD     SLOW     Temp. Abd.  
 Gas     ENHR     SIGW  
 Dry     Other (Case, WSW, Expl, Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: Robert-Gay Energy

Well Name: #9 Bolser

Original Comp. Date: 1-13-85 Original Total Depth: 4900'

- Deepening     Re-perf.     Conv. to Enhr./SWD  
 Plug Back 4500'    Plug Back Total Depth  
 Commingled    Docket No. \_\_\_\_\_  
 Dual Completion    Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?)    Docket No. \_\_\_\_\_

<u>1-14-02</u>	<u>1-14-02</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 151-21556-0001

County: Pratt

SW NE NW NW Sec. 4 Twp. 29 S. R. 15  East  West

610' feet from S /  (circle one) Line of Section

830' feet from E /  (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE  NW SW

Lease Name: Bolser Well #: 9

Field Name: Springvale NW

Producing Formation: \_\_\_\_\_

Elevation: Ground: 2016' Kelly Bushing: 2024'

Total Depth: 4900' Plug Back Total Depth: 4500'

Amount of Surface Pipe Set and Cemented at 342' 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 NO EH B. 16.02  
(Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Dewatering method used \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Virginia Lee Smith

Title: Managing Member Date: 3-7-02

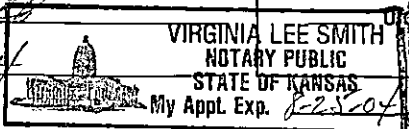
Subscribed and sworn to before me this 7<sup>th</sup> day of March, 2002.

Notary Public: Virginia Lee Smith

Date Commission Expires: August 25-2004

KCC Office Use ONLY

- Letter of Confidentiality Attached  
 If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received



X

Operator Name: Lotus Operating Co. LLC Lease Name: Bolser Well #: 9  
 Sec. 4 Twp. 29S S. R. 15  East  West County: Pratt

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run: <u>Correlation Log</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name <u>HEEBNER</u> Top Datum <u>Log tops never released.</u>  Heebner 3882 -1858 Brn LM 4042 -2018 Lans 4064 -2040 BKC 4425 -2401 Miss 4564 -2540 Simp Sh 4724 -2700 Simp Sd. 4741 -2717 Arb. 4807 -2783
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacjs Used	Type and Percent Additives
Surface		8 5/8"		342'		290	
Production		5 1/2"		4899'		350	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
?	Old perfs 4692' - 4704	unknown	
1 spf	3790-3820 / 3682-92 / 3600-10 & 3580-90'	2500 gal 15%hcl	
	CTBP set 4500'		

**Tubing Anchor**

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>3857</u>	<del>XXXXX</del> <u>3765'</u>	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumard Production, SWD or Enhr. <u>WO approval</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u> Gas Mcf <u>0</u> Water Bbls. <u>Water supply well</u> Gas-Oil Ratio Gravity

Disposition of Gas  Vented  Sold  Used on Lease *(If vented, Sumit ACO-18.)*      METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_