

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

ORIGINAL

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 KANSAS CORPORATION COMMISSION

Contractor: Name: _____
License: MAR 07 2002

Wellsite Geologist: _____
Designate Type of Completion: CONSERVATION DIVISION
WICHITA, KS

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

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

Operator: Robert-Gay Energy

Well Name: 8 Bolser

Original Comp. Date: 12/18/84 Original Total Depth: 4900

____ Deepening ____ Re-perf. Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth

____ Commingled Docket No. _____

____ Dual Completion Docket No. _____

____ Other (SWD or Enhr.?) Docket No. Pending E27999

1/22/02

1/22/02

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 151-21529-0001

County: Pratt

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

1340' feet from (S) N (circle one) Line of Section

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

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW (SW)

Lease Name: Bolser Well #: 8

Field Name: Springvale NW

Producing Formation: _____

Elevation: Ground: 2009 Kelly Bushing: 2017

Total Depth: 4900 Plug Back Total Depth: 4879'

Amount of Surface Pipe Set and Cemented at 420' 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 ENR 8-14-02
(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: Managing Member

Title: Managing Member Date: 3-4-02

Subscribed and sworn to before me this 4 day of March 2002

Notary Public: Virginia Lee Smith

Date Commission Expires: August 25, 2004

KCC Office Use ONLY

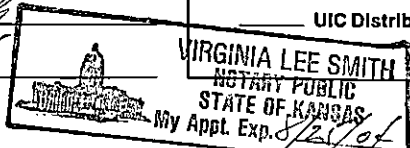
NO Letter of Confidentiality Attached

If Denied, Yes Date: _____

NO Wireline Log Received

NO Geologist Report Received

NO UIC Distribution



X

Operator Name: Lotus Operating Co. LLC Lease Name: Bolser Well #: 8
 Sec. 4 Twp: 29 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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample

Name _____ Top _____ Datum _____

As previously released

NOG TO JAM

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"		420		290	
Production		5 1/2"		4902		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 (Amount and Kind of Material Used)	Depth
?	old perms 4714-26	250 gal 15% NE	

TUBING RECORD	Size	Set At	Packer At	Liner Run
Lined	2 3/8"	4645'	4645'	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method		
WO approval		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, Sumit ACO-18.) Other (Specify) _____