

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 Company LLC  
Address: 914 E. Douglas  
City/State/Zip: Wichita, KS 67202  
Purchaser: Plains Marketing LP  
Operator Contact Person: Tim Hellman **RECEIVED**  
Phone: (316) 262-1077 KANSAS CORPORATION COMMISSION  
Contractor: Name: \_\_\_\_\_  
License: \_\_\_\_\_ **JAN 21 2003**

Wellsite Geologist: \_\_\_\_\_  
Designate Type of Completion: \_\_\_\_\_ CONSERVATION DIVISION  
WICHITA, KS  
\_\_\_\_ New Well \_\_\_\_ Re-Entry  Workover  
 Oil \_\_\_\_ SWD \_\_\_\_ SIOW \_\_\_\_ Temp. Abd.  
\_\_\_\_ Gas \_\_\_\_ ENHR \_\_\_\_ SIGW  
\_\_\_\_ Dry \_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:  
Operator: Lotus Operating Company LLC  
Well Name: #5 Bolser  
Original Comp. Date: 10/30/84 Original Total Depth: 4920'  
\_\_\_\_ Deepening \_\_\_\_ Re-perf.  Conv. to Enh/SWD  
back on well  
\_\_\_\_ Plug Back \_\_\_\_ Plug Back Total Depth  
\_\_\_\_ Commingled Docket No. \_\_\_\_\_  
\_\_\_\_ Dual Completion Docket No. \_\_\_\_\_  
\_\_\_\_ Other (SWD or Enh.?) Docket No. \_\_\_\_\_  
1-17-03 1-17-03 1-17-03  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 151-21503-0002  
County: Pratt  
NW - SW - NW - Sec. 4 Twp. 29 S. R. 15  East  West  
1820 feet from S /  (circle one) Line of Section  
440 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 #: 5  
Field Name: Springvale NW  
Producing Formation: Simp. Dolo.  
Elevation: Ground: 2001 Kelly Bushing: 2009  
Total Depth: 4920' Plug Back Total Depth: 4901'  
Amount of Surface Pipe Set and Cemented at 4919' 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.

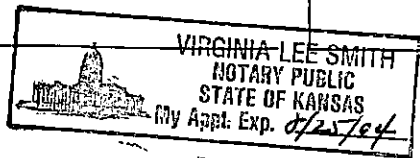
Drilling Fluid Management Plan under EOL 2-4-03  
(Data must be collected from the Reserve Pit)  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_  
Location of fluid disposal if hauled offsite:  
Operator Name: N/A  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
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: [Signature]  
Title: Managing Member Date: 1-20-2003  
Subscribed and sworn to before me this 20th day of January  
2003  
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  
YCM UIC Distribution



✓

X

Operator Name: Lotus Operating Company LLC Lease Name: Bolser Well #: 5  
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets)  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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy)  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Lansing</td> <td>4058</td> <td>-2049</td> </tr> <tr> <td>Miss</td> <td>4567</td> <td>-2558</td> </tr> <tr> <td>Simp. Sd</td> <td>4748</td> <td>-2739</td> </tr> <tr> <td>Arb.</td> <td>4821</td> <td>-2812</td> </tr> <tr> <td>RTD</td> <td>4920</td> <td>-2911</td> </tr> </tbody> </table>	Name	Top	Datum	Lansing	4058	-2049	Miss	4567	-2558	Simp. Sd	4748	-2739	Arb.	4821	-2812	RTD	4920	-2911
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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		431	poz mix	300	2% gel 3% CC
Prod	7 7/8	5 1/2		4919		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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
4	4712 - 4726	(10/1984)	AC 300	4712 - 4726
2	4752 - 4756	(1/2002)	AC 250	4712 - 4756

TUBING RECORD	Size 2 3/8	Set At 4890'	Packer At None	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. 1-20-03	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. 4	Gas Mcf 0	Water Bbls. 50	Gas-Oil Ratio	Gravity
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Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <small>(If vented, Sumit ACO-18.)</small>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	Production Interval
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