



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- 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 #: _____

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

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1074435

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	LB Exploration, Inc.
Well Name	J Paul Magnison 23 1
Doc ID	1074435

All Electric Logs Run

Dual Induction
Dual Compensated Porosity
Microresistivity
Borehole Compensated Sonic

Form	ACO1 - Well Completion
Operator	LB Exploration, Inc.
Well Name	J Paul Magnison 23 1
Doc ID	1074435

Tops

Name	Top	Datum
Stotler	2994	-1400
Heebner	3744	-2150
Brown Lime	3940	-2346
BKC	4424	-2830
Mississippi	4490	-2896
Kinderhook	4718	-3124
Woodford	4766	-3172
Viola	4818	-3224
Arbuckle	5058	-3464

Customer L.B. Exploration, Incorporated		Lease No.		Date 2-5-11	
Lease J Paul Magnison		Well # 1-23			
Field Order # 3604	Station Pratt, Kansas	Casing 8 7/8" 23lb	Depth 405 Feet	County Barber	State Kansas
Type Job C.M.W. - Surface			Formation	Legal Description 23-333-13W	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 7/8" 23lb/ft	Tubing Size 4 1/2" 11.3lb/ft	Shots/Ft	265 sacks	Acid	60/40 Poz with	RATE	PRESS	ISIP
Depth 405 Feet	Depth	From	28	Pre Pad	3% Calcium Chloride	Max		5 Min.
Volume 26 Bbl	Volume	From	To 14.8	Pad	67 Gal, 5.18 Gal/st, 1.21 CU.FT/st	Min		10 Min.
Max Press 300 PSI	Max Press	From	To	Frac		Avg		15 Min.
Well Connection Plug Container	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth 340 Feet	Packer Depth	From	To	Flush	25 Bbl Fresh Water	Gas Volume		Total Load

Customer Representative Nick Smith	Station Manager David Scott	Treater Clarence R. Messick
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Service Units	37,216	19,889	19,842	19,959	2,010				
Driver Names	Messick	Orlando	Mitchell						

Time P.M.	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:45					Trucks on location and hold safety meeting.
10:30					Val Drilling start to run 9 Joint limited service 23lb/ft 8 7/8" casing.
12:00					Casing in well. Circulate for 5 minutes.
12:10	300			5	Start mixing 265 sacks 60/40 Poz Cement
	-0-		57		Stop pumping. Shut in well. Release
					Wooden Plug. Open Well.
	100			5	Start Fresh Water Displacement.
12:45	300		25		Plugdown Shut in well.
					Circulated 15 sacks cement to the pit
					Washup pump truck
					Job Complete
					Thank You.
					Clarence, Steve, Brad

BASIC

energy services, L.P.

TREATMENT REPORT

Customer L.B. Exploration Inc		Lease No.		Date 2-12-11	
Lease J. Paul MAGNISON 23		Well # 1		County Barber	
Field Order # 031869	Station Pratt	Casing 5 1/2	Depth 5104	State KS	
Type Job 5 1/2 Long String	Formation cnw	Legal Description 23-23-13			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2	3 1/2			25 SKS 60/40 Poz			Scavenger @ 3 #	5 Min.
Depth	Depth	From	To	Pre Pad	Max			
5104			195	SKS AA2 @ 15.3 #				10 Min.
Volume	Volume	From	To	Pad	Min			15 Min.
123 1/2 Bbl			505	SKS 60/40 Poz				
Max Press	Max Press	From	To	Frac	Avg			Annulus Pressure
1300								
Well Connection	Annulus Vol.	From	To		HHP Used			Total Load
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			
3062				Disc 2% KCl				

Customer Representative (Peterman) Michael	Station Manager Scotty	Treater Allen
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Service Units	28443	19903	19925	19959	21010				
Driver Names	A	werth	mike	matth	Borell	mitchell			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
145 PM					on Loc. Discuss Safety, Setup Plan Job
200 PM					Start 5 1/2 casing 14 # Pipe
					Shoe Joint 4212' w/ Float Shoe
					+ L.O. Insert in collar Basket 13-15
					cont-1-3-4-6-8-12-16-22
230					Fuel Line Cracked on casing TRK
					wait on New Line
445					start casing again
615					Casing @ 5104 GIRT Rotate Pipe
	300+		10	5	mix 25SKS 60/40 Poz scavenger
				5 1/2	mix 195 SKS AA2 @ 15.3 #
			47		Finish mix cont- wash out Pump
747				6 1/2	Drop L.O. Plug + Start Disp.
	400+			5 1/2	caught L.O. w/ 75 Bbls out
800	1500		123 1/2	4 1/2	Plug down
					Release PSI "OK"
					Plug Rat Hole & mouse hole
					w/ 50SKS 60/40 Poz
					washup Equip & Rack up
915					Job complete
					+ Thanks Allen, Mike, Brad