



KANSAS CORPORATION COMMISSION 1046514
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33702
Name: Magnum Engineering Company
Address 1: 500 N SHORELINE BLVD STE 322
Address 2: _____
City: CORPUS CHRISTI State: TX Zip: 78401 + 0313
Contact Person: Anil Pahwa
Phone: (361) 882-3858
CONTRACTOR: License # 34133
Name: Kurtis Energy LLC
Wellsite Geologist: n/a
Purchaser: Coffyville Resources Refining & Marketing LLC

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 #: _____

<u>07/16/2010</u>	<u>07/22/2010</u>	<u>10/12/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-31977-00-00

Spot Description: _____

SW NW NE SE Sec. 4 Twp. 34 S. R. 14 East West
2,190 Feet from North / South Line of Section
1,270 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Montgomery

Lease Name: Defenbaugh C.J. Well #: 21

Field Name: _____

Producing Formation: Wayside & Weiser

Elevation: Ground: 883 Kelly Bushing: 883

Total Depth: 842 Plug Back Total Depth: 835

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 835

feet depth to: 0 w/ 95 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

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: NAOMI JAMES Date: 11/03/2010



1046514

Operator Name: Magnum Engineering Company Lease Name: Defenbaugh C.J. Well #: 21
 Sec. 4 Twp. 34 S. R. 14 East West County: Montgomery

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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: GR-N	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Wayside</td> <td>689</td> <td></td> </tr> <tr> <td>Weiser</td> <td>796</td> <td></td> </tr> </table>	Name	Top	Datum	Wayside	689		Weiser	796	
Name	Top	Datum								
Wayside	689									
Weiser	796									

CASING RECORD <input checked="" 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
Surface	12	8.625	28	21	Portland	8	
Production	6.75	4.50	11.5	835	Ticket attached	95	Ticket attached

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
2	13	15% HCL, 16/30 & 12/20 sand	691'-704'
3	7	15% HCL, 16/30 & 12/20 sand	800'-807'

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 10/19/2010	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. 1	Gas Mcf	Water Bbls. 20	Gas-Oil Ratio	Gravity

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 checked="" 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 (Specify) _____	PRODUCTION INTERVAL: <u>691'-704'</u> <u>800'-807'</u>
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 28966

LOCATION EUFKA

FOREMAN Kevin McCoy

Box 884, Chanute, KS 66720
20-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-22-10	5623	DEFENBAUGH # 21	4	345	14E	M6
CUSTOMER MAGNUM Engineering Co.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 500 N. SHORELINE STE 322			445	Justin		
CITY CORPUS CHRISTI			543	ALLEN B		
STATE TX			452 T63	John G.		
ZIP CODE 78471						

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 848' CASING SIZE & WEIGHT 4 1/2 10.5" New
 CASING DEPTH 835' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.3# SLURRY VOL 27 BBL WATER gal/sk 7.0 CEMENT LEFT In CASING 0'
 DISPLACEMENT 13.3 BBL DISPLACEMENT PSI 500 PSI/1000 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. BREAK Circulation w/ 10 BBL fresh water. Pump 4 sks GEL flush (200'), 6 BBL dye water. MIXED 95 sks OWC w/ 1/2" Pheno Seal /sk, 10% SALT, 6" Kol-Seal /sk @ 14.3#/gal, yield 1.58. wash out Pump & Lines. shut down. Release Plug. Displace w/ 13.3 BBL fresh water. FINAL Pumping Pressure 500 psi. Bump Plug to 1000 psi. wait 2 minutes. Release Pressure. Float Held. Shut casing in @ 0 psi. Good Cement RETURNS to SURFACE = 6 BBL slurry (21 sks) to Pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	900.00	900.00
5406	65	MILEAGE	3.55	230.75
5402	835'	Footage charge	.20'	167.00
1126	95 sks	OWC	17.00	1615.00
1111	550 #	SALT 10%	.33	181.50
1107 A	40 "	Pheno Seal 1/2" /sk	1.15	46.00
1110 A	550 #	KOL-SEAL 6" /sk	.42	231.00
1118 B	200 #	GEL Flush	.20	40.00
5407	4.94 TONS	Ton Mileage Bulk Delv.	M/C	350.00
5501 C	3 1/2 Hrs	Water Transport	108.00	378.00
1123	4,200 gals	City water	14.50	60.90
4404	1	4 1/2 Top Rubber Plug	45.00	45.00
			Sub Total	4245.15
			SALES TAX	139.83
			ESTIMATED TOTAL	4384.98

THANK YOU
M 835414

Ravin 3737

AUTHORIZATION John Watt TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.