



KANSAS CORPORATION COMMISSION 1046308
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: Coffeyville 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
- ☐ Plug Back: Plug Back Total Depth
- ☐ Commingled Permit #:
- ☐ Dual Completion Permit #:
- ☐ SWD Permit #:
- ☐ ENHR Permit #:
- ☐ GSW Permit #:

05/05/2010 05/12/2010 10/05/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-125-31944-00-00

Spot Description:

SW NE SE NE Sec. 4 Twp. 34 S. R. 14 ☒ East ☐ West

3,560 Feet from ☐ North / ☒ South Line of Section

390 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Montgomery

Lease Name: James Well #: 13

Field Name:

Producing Formation: Wayside and Weiser

Elevation: Ground: 881 Kelly Bushing: 881

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:

feet depth to: w/ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 000 ppm Fluid volume: 000 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



1046308

Operator Name: Magnum Engineering Company Lease Name: James Well #: 13
 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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width: 100%;"> <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>678</td> <td></td> </tr> <tr> <td>Weiser</td> <td>790</td> <td></td> </tr> </table>	Name	Top	Datum	Wayside	678		Weiser	790	
Name	Top	Datum								
Wayside	678									
Weiser	790									

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	20	21	Portland	8	
Production	6.75	4.50	10.5	835	Ticket attached	90	Ticket attached

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 (Amount and Kind of Material Used)	Depth
2	15'	15% HCL, 16/30 & 12/20 sand	680'-695'
3	6'	15% HCL, 16/30 & 12/20 sand	791'-797'

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 10/11/2010			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. 1.5	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: 680'-695' 791'-797'
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CONSOLIDATED
Oil Well Services, LLC

Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

#234249

TICKET NUMBER 27492

LOCATION Bartholomew, OK

FOREMAN Kirk Sanders

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-12-10	5623	James #13	4	345	14 E	Bartholomew
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>Magnum</u>			398	John		
CITY			551	Matt		
STATE			402 T90	Duane		
ZIP CODE						

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2 12.5
 CASING DEPTH 840' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 1.58 WATER gal/sk 6.83 CEMENT LEFT in CASING 0
 DISPLACEMENT 13.3 DISPLACEMENT PSI 500 MIX PSI 200 RATE 46pm

REMARKS: Ran gel/1000 to est. circ., ran 90m of cement w/ 6% OWC / 2% Gel / 2% Calcium / 6" Gilsomite / 10% Salt / 1.40" Phenol. Washed out pump & lines, dropped plug & disp. to set. Shut down & washed up.

Circ. Cement to Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE (Long String)		900 00
5406	45	MILEAGE		159 75
5407	1	Bulk Trk		350 00
5402	840'	Footage		168 00
5501C	3hrs.	Transport		324 00
1126A	90sx	Thick Set Cement	*	1485 00
1107A	40"	Pheno Seal	*	44 80
1110	550"	Gilsomite	*	346 50
1111	500"	Granulated Salt	*	160 00
1118B	150"	Premium Gel	*	25 50
1123	5040 gal	City Water	*	73 00
4404	1	4 1/2 Rubber Plug	*	44 00
15% Discounted Price \$3,575 03				
SALES TAX				115.47
ESTIMATED TOTAL				4,196.10

AUTHORIZATION _____

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