



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:
[checked] New Well [ ] Re-Entry [ ] Workover
[checked] 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 #:

07/02/2010 07/10/2010 10/05/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date

API No. 15 - 15-125-31975-00-00

Spot Description:

SE\_NW\_SE\_NE Sec. 33 Twp. 33 S. R. 14 [checked] East [ ] West

3,440 Feet from [ ] North / [checked] South Line of Section

675 Feet from [checked] East / [ ] West Line of Section

Footages Calculated from Nearest Outside Section Corner:

[ ] NE [ ] NW [checked] SE [ ] SW

County: Montgomery

Lease Name: Berry Well #: 48-1

Field Name:

Producing Formation: Wayside

Elevation: Ground: 1009 Kelly Bushing: 1009

Total Depth: 971 Plug Back Total Depth: 965

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used? [ ] Yes [checked] 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: 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:

[checked] Wireline Log Received

[ ] Geologist Report Received

[ ] UIC Distribution

ALT [ ] I [checked] II [ ] III Approved by: NAOMI JAMES Date: 11/03/2010



1046421

Operator Name: Magnum Engineering Company Lease Name: Berry Well #: 48-1  
 Sec. 33 Twp. 33 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 checked="" type="checkbox"/> Yes <input 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  Name Top Datum Wayside 830
--	---

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	9	
Production	6.75	4.50	11.5	965	Ticket attached	105	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	35'	15% HCL, 16/30 & 12/20 sand	830'-865'

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. 10/08/2010 Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls. <u>0.5</u>	Gas Mcf	Water Bbls. <u>25</u>	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>830'-865'</u>
---	--	--



**CONSOLIDATED**  
Oil Well Services, LLC

# 235156

TICKET NUMBER 27652  
LOCATION Baden  
FOREMAN Jason Bell

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-10-10	5623	Barry 48I				MGM
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			492	Tim		
CITY			518	Eric		
STATE			Nunnley, TP			
ZIP CODE						

JOB TYPE L.S. HOLE SIZE 6 3/4 HOLE DEPTH 970 CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH 964 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 15 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Established circulation ran 105 sacks of thickset cement with 10% salt  
Washed up behind plug & dropped plug displaced to bottom plug  
loaded and held. Cement water circulated to surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		900.00
5406	65	MILEAGE		230.75
5407	1	bulk truck		350.00
5402	964	foilage		192.80
5501c	3.5	transport		378.00
1126A	105	thickset		1785.00
1107a	40	Phone		46.00
1110A	600	Kalsol		252.00
1111	600	Salt		198.00
1123	4200 gal	City Water		62.58
4404	1	1/2 Rubber Plug		45.00
				10% Discount if paid in 30 days 456.50
				<b>4108.46</b>
				SALES TAX 150.49
				ESTIMATED TOTAL \$4590.62

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.