



KANSAS CORPORATION COMMISSION 1046615
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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
08/18/2010 08/25/2010 10/05/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-125-31982-00-00
Spot Description: _____
NW_NE_SE_NE Sec. 4 Twp. 34 S. R. 14 East West
3,735 Feet from North / South Line of Section
640 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: James Well #: 14
Field Name: Wayside-Havana
Producing Formation: Wayside & Weiser
Elevation: Ground: 879 Kelly Bushing: 879
Total Depth: 830 Plug Back Total Depth: 824
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 830
feet depth to: 0 w/ 90 sx cm.

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: Deanna Garrison Date: 11/05/2010



1046615

Operator Name: Magnum Engineering Company Lease Name: James Well #: 14
 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 Name Top Datum Wayside 678 Weiser 784
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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	20	Portland	9	
Production	6.75	4.50	11.50	824	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 <i>(Amount and Kind of Material Used)</i>	Depth
2	20	15% HCL, 12/20 & 16/30 sand	680'-700'
4	10	15% HCL, 12/20 & 16/30 sand	790'-800'

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

Date of First, Resumed Production, SWD or ENHR: 10/11/2010
 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____
 Estimated Production Per 24 Hours: Oil 2 Bbls. Gas Mcf Water 20 Bbls. 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>680'-700'</u> <u>790'-800'</u>
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CONSOLIDATED
Oil Well Services, LLC

#236184

TICKET NUMBER 27853

LOCATION Backsville, OK

FOREMAN Dannie Tate

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
8/25/10	5623	JAMES #14	4	34	14	Mont, KS
CUSTOMER			TRUCK #			
MAGNUM			DRIVER			
MAILING ADDRESS			TRUCK #			
CITY			DRIVER			
STATE			536 T118			
ZIP CODE			4860			
			JAMES N			
			EARL			
			TP			

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 840 830 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 1.58 WATER gal/sk 6.95 CEMENT LEFT in CASING 0
 DISPLACEMENT 13.4 DISPLACEMENT PSI 300 MIX PSI 200 RATE 5

REMARKS: EST CIRC RUN FOSK THICK SET w/ 6" KOL + 100% SALT
WASH OUT PUMP AND LINES - RELEASE PLUG DISC 13.4
TO SET SHAPE

CMT TO SUEP

Plug Down 11:20 A.M
900*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		900. ⁰⁰
5406	30	MILEAGE		106. ⁵⁰
5402	840 830'	FOOTAGE		168. ⁰⁰
5407	1	BULK TRUCK		350. ⁰⁰
5501C	3	TRANSPORT		324. ⁰⁰
1126	90 ⁵⁰	THICK SET		1530. ⁰⁰
1110	500 ⁰⁰	KOL SEAL		325. ⁰⁰
1111	500 ⁰⁰	SALT		165. ⁰⁰
1123	4200	CITY WATER		62. ⁵⁸
4404	1	4 1/2 RUBBER PLUG		45. ⁰⁰
1118A	350/150 ⁰⁰	CEL		30. ⁰⁰
1107A	150/40	PHENO		46. ⁰⁰
		15% DISC IF 30 DAYS PAID WITHIN	\$4190 ⁹³ Disc 628 ⁶³	Total 3567 ⁹³
		SALES TAX		138. ⁸⁴
		ESTIMATED TOTAL		4190 ⁹³

Ravin 3737

AUTHORIZATION Fred Jones

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.