



KANSAS CORPORATION COMMISSION 1063396  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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

**CONFIDENTIAL**

**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 # 5989  
Name: Finney, Kurt dba Finney Drilling Co.  
Wellsite Geologist: N/A  
Purchaser: \_\_\_\_\_

API No. 15 - 15-125-32080-00-00

Spot Description: \_\_\_\_\_  
SE SE NW SE Sec. 33 Twp. 33 S. R. 14  East  West  
1440 Feet from  North /  South Line of Section  
1643 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW

County: Montgomery

Lease Name: Berry Well #: 49

Field Name: \_\_\_\_\_

Producing Formation: Wayside

Elevation: Ground: 873 Kelly Bushing: 873

Total Depth: 760 Plug Back Total Depth: 753

Amount of Surface Pipe Set and Cemented at: 22 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 760

feet depth to: 0 w/ 80 sx cmt.

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  WSW  SWD  SLOW  
 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>06/08/2011</u>	<u>06/10/2011</u>	<u>08/04/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**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: 09/15/2011  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 09/16/2011