



# CONFIDENTIAL

## OIL & GAS CONSERVATION DIVISION

### 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: \_\_\_\_\_

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>06/17/2011</u>	<u>06/20/2011</u>	<u>07/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32094-00-00

Spot Description: \_\_\_\_\_  
NW NW SW SE Sec. 33 Twp. 33 S. R. 14  East  West  
1205 Feet from  North /  South Line of Section  
2475 Feet from  East /  West Line of Section

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

County: Montgomery  
 Lease Name: Berry Well #: 51

Field Name: \_\_\_\_\_  
 Producing Formation: Wayside

Elevation: Ground: 852 Kelly Bushing: 852  
 Total Depth: 745 Plug Back Total Depth: 741

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: 745

feet depth to: 0 w/ 80 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: 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