

CONFIDENTIAL

City: CORPUS CHRISTI State: TX

CONTRACTOR: License #_5989

Designate Type of Completion:

CM (Coal Bed Methane)

Wellsite Geologist: N/A

New Well

Anil Pahwa

☐ wsw

□ D&A

Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows:

882-3858

Finney, Kurt dba Finney Drilling Co.

Re-Entry

Original Comp. Date: _____ Original Total Depth: ____

06/27/2011

Date Reached TD

Re-perf.

SWD

☐ ENHR

GSW

Permit #: Permit #:

Permit #: Permit #: _

Permit #:

08/04/2011 Completion Date or

Recompletion Date

Address 2: _

Phone: (

Purchaser: _

V Oil

Gas

□ og

Operator: __ Well Name: _

Deepening

Plug Back: _ Commingled

SWD

☐ ENHR

GSW 06/24/2011

Recompletion Date

Spud Date or

Dual Completion

Contact Person:

KANSAS CORPORATION COMMISSION 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 15-125-32095-00-00 OPERATOR: License # 33702 Magnum Engineering Company Name: Address 1: _500 N SHORELINE BLVD STE 322

	API No. 15 -
ompany	Spot Description:
/D STE 322	SE_NE_SW_SE_Sec. 33 Twp. 33 S. R. 14 V East West
	955 Feet from North / South Line of Section
TX Zip: 78401 + 0313	
	Footages Calculated from Nearest Outside Section Corner:
	□NE □NW ☑SE □SW
	County: Montgomery
rilling Co.	Lease Name: Berry Well #: 52
	Field Name:
	Producing Formation: Wayside
	Elevation: Ground: 860 Kelly Bushing: 860
ry Workover	Total Depth: 757 Plug Back Total Depth: 754
T swp	Amount of Surface Pipe Set and Cemented at: 22 Feet
J SWU SIGW □ ENHR □ SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
GSW Temp. Abd.	If yes, show depth set: Feet
	If Alternate II completion, cement circulated from: 757
pl., etc.):	feet depth to: 0 w/ 80 sx cmt.
s follows:	100.405
	Drilling Fluid Management Plan
	(Date must be collected from the Reserve Pit)
Original Total Depth:	Chloride content: 0 ppm Fluid volume: 0 bbls
Conv. to ENHR Conv. to SWD	Dewatering method used: Evaporated
Conv. to GSW	Location of fluid disposal if hauled offsite:
Plug Back Total Depth	
ermit #:	Operator Name:
Permit #:	Lease Name: License #:
Permit #:	Quarter Sec TwpS. R East West
Permit #:	County: Permit #:
1 08/04/2011	

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 Rec Date: 09/15/2011	aived	
Confidential Release Date:		
✓ Wireline Log Received		
Geologist Report Received		
UIC Distribution	(2014010044	
ALT 🔲 ! 🗹 il 🔲 ill Approved	i by: NAOMI JAMES Date: 09/16/2011	