



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



1095904

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

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

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

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 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: _____ _____
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Form	ACO1 - Well Completion
Operator	PetroSantander (USA) Inc.
Well Name	ODD WILLIAMS 4R
Doc ID	1095904

All Electric Logs Run

DIL
CNL
CDL
MEL
BHCS

Form	ACO1 - Well Completion
Operator	PetroSantander (USA) Inc.
Well Name	ODD WILLIAMS 4R
Doc ID	1095904

Tops

Name	Top	Datum
Heebner	3912	-816
Lansing	4008	-912
Marmaton	4484	-1388
Pawnee	4582	-1486
Cherokee Shale	4612	-1522
Morrow Shale	4830	-1734
Morrow Sand	4880	-1784
St. Genevieve	4908	-1812



18 MAY 2012

TICKET NUMBER 34489

LOCATION Oakley

FOREMAN Fuzzy

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
5-18-12	6335	Odd Williams #4-R	12	21	35	KS
CUSTOMER Pediosantandok USA			READY			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			563	Cory B		
STATE			528-	Bobby S		
ZIP CODE			T-127			

JOB TYPE Surf HOLE SIZE 12 1/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8-12.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 33.9 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Trinidad #215. Rig up and circulate
Mix 150 sacks 65/35 pos 690cc 390cc, 114 lbs seal, Tail with 150 class 'A'
390cc 290cc. Release plug and displace 33 3/4 BBL and shut in.
Cement did circulate approx 10 BBL to pit.

Thanks Fuzzy
+ crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085 ⁰⁰	1085 ⁰⁰
5406	50	MILEAGE	5 ⁰⁰	250 ⁰⁰
5407A	13.5 ton	Tow mileage Delivery	167	1127 ⁵⁰
11045	150 sacks	Class 'A' cement	17 ⁶⁵	2647 ⁵⁰
1131	150 sacks	60/40 pos	15 ¹⁰	2265 ⁰⁰
1102	810 #	Calcium Chloride	.89	720 ⁹⁰
1118 B	1056 #	Bentonite	.25	264 ⁰⁰
1107	38 #	Flo-sol	2 ⁸²	107 ¹⁶
4132	not used	8 5/8 - centralizer	82 ⁰⁰	NA
4432	1	8 5/8 wood cup plug	96 ⁰⁰	96 ⁰⁰
		subtotal		8563 ⁰⁰
		less 10%		856 ²⁰
		subtotal		7706 ⁷⁰
		SALES TAX		
		ESTIMATED TOTAL		

AUTHORIZATION [Signature] TITLE APF DATE 5-19-12

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



CONSOLIDATED
Oil Well Services, LLC

21 MAY 2012

TICKET NUMBER 34536
LOCATION Oakley, KS
FOREMAN Kelly Gabe
Walt Dinkel
KS

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	
5-24-12	6335	odd Williams 21R	12	21	35 ^W	Kearney	
CUSTOMER		SCOTT FINNEY					
MAILING ADDRESS		COLINE W+O BIND RD 25 1W DINTO					
CITY		STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
				399	Damon M		
				528	Cody R		
				566	THOMAS B		

JOB TYPE 2-stage HOLE SIZE 7 7/8 HOLE DEPTH 5029 CASING SIZE & WEIGHT 5 1/2-15.5#
 CASING DEPTH _____ DRILL PIPE _____ TUBING DV @ 2017 OTHER 3
 SLURRY WEIGHT 138-125 SLURRY VOL 1.42-1.89 WATER gal/sk 6.9-10.8 CEMENT LEFT in CASING 21.65'
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on T rinned 215 hooked up & circulated
1 hr, Pump 5 bbl water, Mud flush, 5 bbl water, Mixed 225 SKS OWC 5# Kol-seal
washed out pumps & lines, released Plug, displaced with 70 bbl water & 43 bbl mud
700 # lift + pressure, land @ 1500 # released pressure float held, dropped down to open DV to
waited 10 min, opened tool & circulated for 4 hrs, mixed 30 SKS RH, 20 SKS MH
mixed 450 SKS 60/40 890 gel 1/4 # Flo-seal, washed out pumps & lines
Released Plug, displaced with 47 bbl water with 700 # lift
Plug landed @ 1500 released pressure, float held, washed up & rigged down,
Float Equip on JT # cent. 1, 3, 5, 7, 9, 11, 13, 15, 70, 72 Thank You!
Baskets 71, 72 DV Tool top 71 Walt, Kelly & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020 ⁰⁰	3020 ⁰⁰
5406	50	MILEAGE	5 ⁰⁰	250 ⁰⁰
1126	2255KS	OWC	22 ⁵⁵	5073 ⁷⁵
1131	500	60/40 Poz	15 ¹⁰	7550 ⁰⁰
1118B	32140#	Bentonite	.25	8035 ⁰⁰
1107	125#	Flo-seal	2 ⁸²	352 ⁵⁰
1110A	1125#	Kol-seal	1.56	1755 ⁰⁰
5407A	32.1	Ton Mileage	1.67	2680 ³⁵
4159	1	5 1/2 AFU Floatshoe (I)	413 ⁰⁰	413 ⁰⁰
4104	2	5 1/2 Basket (w)	276 ⁰⁰	552 ⁰⁰
4130	10	5 1/2 Centralizer (I)	58 ⁰⁰	580 ⁰⁰
4283	1	5 1/2 DV Tool with latchdown	3850 ⁰⁰	3850 ⁰⁰
1144G	500gal	Mud Flush	1 ⁰⁰	500 ⁰⁰
				26,041 ⁶⁰
				2604 ¹⁶
				23,437 ⁴⁴
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737
1:00 PM 5-25-12
AUTHORIZATION Gabe TITLE APE DATE 5-24-12

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

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 04, 2012

Liliana Hernandez
PetroSantander (USA) Inc.
6363 WOODWAY DR STE350
HOUSTON, TX 77057-1798

Re: ACO1
API 15-093-21876-00-00
ODD WILLIAMS 4R
SW/4 Sec.12-21S-35W
Kearny County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Liliana Hernandez

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 05, 2012

Liliana Hernandez
PetroSantander (USA) Inc.
6363 WOODWAY DR STE350
HOUSTON, TX 77057-1798

Re: ACO-1
API 15-093-21876-00-00
ODD WILLIAMS 4R
SW/4 Sec.12-21S-35W
Kearny County, Kansas

Dear Liliana Hernandez:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 05/17/2012 and the ACO-1 was received on October 04, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department