

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 055-21111

County FINNEY

SW - SE Sec. 8 Twp. 23S Rge. 30 X W

900 Feet from S/N (circle one) Line of Section

2310 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name ~~HAFLICH~~ HAFLICH Well # HAFLICH 8-5

Field Name STEWART EAST (MORROW) FIELD

Producing Formation MORROW

Elevation: Ground 2834' KB 2839'

Total Depth 4749' PBDT 4746'

Amount of Surface Pipe Set and Cemented at 1748' Feet

Multiple Stage Cementing Collar Used? Yes X 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 No. _____~~

~~_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W~~

~~County _____ Docket No. _____~~

Operator: License # 32198

Name: PETROSANTANDER (USA) INC

Address 6363 WOODWAY suite 350

City HOUSTON

State/Zip TEXAS 77057

Purchaser: NA

Operator Contact Name: JASON SIZEMORE

Phone (713) 784-8700

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion

____ New Well X Re-Entry _____ Workover

____ Oil _____ SWD _____ SLOW _____ Temp. Abd.

____ Gas _____ ENHR _____ SIGW X Plug Abd

____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: PETROSANTANDER (USA) INC

Well Name: HAFLICH 8-5

Original Comp. Date 06/26/92 Original TD 4749

____ Deepening _____ Re-perf. _____ Conv. to Enhr/SWD

____ Plug Back _____ PBDT

____ Commingled _____ Docket No. _____

____ Dual Completion _____ Docket No. _____

____ Other (SWD or Inj?) _____ Docket No. _____

10/10/01 10/12/01 10/18/01

Spud Date or Date Reached TD Completion Date or

Recompletion Date Recompletion Date

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells

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.

Signature [Signature]

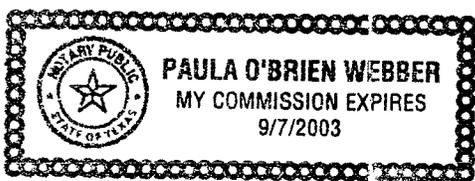
Title Vice-President Operations Date 10/30/01

Subscribed and sworn to before me this 30th day of OCTOBER, 20 01.

Notary Public [Signature]

Date Commission Expires 9/07/2003

K.C.C. OFFICE USE ONLY		
F	Letter of Confidentiality Attached	
C	Wireline Log Received	
C	Geologist Report Received	
Distribution		
____	KCC	____ SWD/Rep
____	KGS	____ Plug
____		____ NGPA
		____ Other (Specify)



Operator Name PETROSANTANDER (USA) INC Lease Name HAFlich Well # HAFlich 8-5

Sec. 8 Twp. 23S Rge. 30 East West County FINNEY

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy.) List ALL E Logs run	<input type="checkbox"/> Log Formation (Top), Depth and Datums <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
Surface	none/existing	8-5/8" existing	23#	1749'	Prem Plus	690	
Production	none/existing	5-1/2" existing	15.5#	4739'	Prem/Class H	100/25	

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone					

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	4736' - 4745'		

TUBING RECORD		Size	Set At	Packer At	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.			Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) Plugged & Abandoned

Production Interval _____