

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

Operator: License # 32198Name: PETROSANTANDER (USA) INCAddress 6363 WOODWAY suite 350City HOUSTONState/Zip TEXAS 77057Purchaser: NAOperator Contact JASON SIZEMOREPhone (713) 784-8700Contractor: Name: NORSEMAN DRILLINGLicense: 3779Wellsite Geologist: WES HANSEN

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover

☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.
☐ Gas ☐ ENHR ☐ SIGW
☒ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: _____

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/SWD
☐ Plug Back ☐ PBTD
☐ Commingled ☐ Docket No. _____
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Inj?) ☐ Docket No. _____

03/23/01 03/31/01 04/01/01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 055-21729County FINNEY- SW - SW - NE Sec. 9 Twp. 23S Rge. 31 X W E2560 Feet from S/N (circle one) Line of Section2310 Feet from E/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name PAULS-ALLEY Well # PAULS-ALLEY 1Field Name STEWARTProducing Formation MORROWElevation: Ground 2885' KB 2894'Total Depth 4900' PBTD _____Amount of Surface Pipe Set and Cemented at 506' FeetMultiple 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 PLA BH 4.12.02
(Data must be collected from the Reserve Pit)Chloride content 14,300 ppm Fluid volume 1100 bblsDewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

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 05/10/01Subscribed and sworn to before me this 10th day of MAY, 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 ☐ NGPA
☐ KGS ☐ Plug ☐ Other
(Specify)

RECEIVED

Operator Name PETROSANTANDER (USA) Ltd Lease Name PAULS-ALLEY 1 Well # PAULS-ALLEY 1
 Sec. 9 Twp. 23S Rge. 31 ☐ 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) (See attached letter) List ALL E Logs run DUAL INDUCTION MICROLOG COMP NEUT DENS SONIC	<input type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> <tr> <td>HEEBNER</td> <td>3994'</td> <td></td> </tr> <tr> <td>LANSING</td> <td>4085'</td> <td></td> </tr> <tr> <td>MARMATON</td> <td>4526'</td> <td></td> </tr> <tr> <td>CHEROKEE</td> <td>4646'</td> <td></td> </tr> <tr> <td>MORROW</td> <td>4791'</td> <td></td> </tr> <tr> <td>MISSISSIPPI</td> <td>4850'</td> <td></td> </tr> <tr> <td>RTD</td> <td>4900'</td> <td></td> </tr> </table>	Name	Top	Datum	HEEBNER	3994'		LANSING	4085'		MARMATON	4526'		CHEROKEE	4646'		MORROW	4791'		MISSISSIPPI	4850'		RTD	4900'	
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CASING RECORD							
<input checked="" 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	12-1/4"	8-5/8"	23#	506'	LITE/Class C	200/100	3% cc/3% cc

ADDITIONAL CEMENTING/SQUEEZE RECORD NONE				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<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

TUBING RECORD: Size Set At Packer At	Liner Run Yes <input type="checkbox"/> No <input type="checkbox"/>								
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) INJECTION.								
Estimated Production. Per 24 Hours	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Oil.</td> <td style="width: 15%;">Bbls.</td> <td style="width: 15%;">Gas.</td> <td style="width: 15%;">Mcf</td> <td style="width: 15%;">Water</td> <td style="width: 15%;">Bbls.</td> <td style="width: 15%;">Gas-Oil Ratio.</td> <td style="width: 10%;">Gravity.</td> </tr> </table>	Oil.	Bbls.	Gas.	Mcf	Water	Bbls.	Gas-Oil Ratio.	Gravity.
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Disposition of Gas.

☐ Vented ☐ Sold ☐ Used on Lease
 (If vented, submit ACO-18.)

METHOD OF COMPLETION

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify)

Production Interval