

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

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: CHEYENNE DRILLING
License: 5382
Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW Plug Abd
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: PETROSANTANDER
Well Name: HOLMES 2
Original Comp. Date 03/21/56 Original TD 6140'
 Deepening Re-perf. Conv. to Enhr/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. E-27792
09/27/01 09/27/01 09/27/01
Spud Date or Date Reached TD Completion Date or Recompletion Date

API NO. 15- 119-10014-0002
County MEADE
C - SW - NW Sec. 2 Twp. 33S Rge. 30 X W
2000 Feet from S N (circle one) Line of Section
654 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 STEVENS (MORROW) UNIT Well # SMU 205
Field Name STEVENS
Producing Formation MORROW
Elevation: Ground 2721' KB 2729'
Total Depth 6140' PBTB 5703'
Amount of Surface Pipe Set and Cemented at 1583' 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 Workover BH 8-1-02
(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. _____~~

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 10/06/2001
Subscribed and sworn to before me this 16TH day of OCTOBER, 20 01.
Notary Public [Signature]
Date Commission Expires 9/01/2003

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)

Operator Name PETROSANTANDER (USA) INC Lease Name STEVENS (Morrow) UNIT Well # SMU 205

Sec. 2 Twp. 73S Rge. 30 East West

County MEADE

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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List ALL E Logs run

Log Formation (Top), Depth and Datums Sample
 Name Top Datum

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/exist	none/existing	9-5/8"	unknown	1583'		800	
Production/exist	none/existing	5-1/2"	unknown	6139/2851'		200	
Production/new	none/existing	5-1/2"	15.5#	2860'	set w/casing patch		

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	2860 - 3291	Common/Common	100/150	2%cc/need
<input checked="" type="checkbox"/> Protect Casing	4572 - 4635	Class A	90	need
<input type="checkbox"/> Plug Back TD	4600 - 4986	Class A/Common	100/150	2%cc/need
<input type="checkbox"/> Plug Off Zone	4616 - 4679	Class A	75	need

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	6090' - 6100' (existing)	squeeze 100sx cmt 2/21/56	
4	5690' - 5691' (existing)	squeeze 40sx cmt 2/29/56	
4	5671' - 5684' (existing)	liner run from 5567' to 5703'	
4	5666' - 5686' (new)		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	2-7/8"	5557'	5555'	

Date of First, Resumed Production, SWD or Inj (AWAITING INJECTION AUTHORIZATION)	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)	INJECTION
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) INJECTION

Production Interval _____