

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32198
Name: Petrosantander (USA) Inc
Address 1: 6363 Woodway Dr Suite 350
Address 2: _____
City: Houston State: TX Zip: 77057 + _____
Contact Person: Liliana Hernandez
Phone: (713) 784-8700
CONTRACTOR: License # _____
Name: _____

Wellsite Geologist: _____
Purchaser: _____

Designate Type of Completion:
____ New Well ____ Re-Entry Workover
____ Oil ____ SWD ____ SIOW
____ Gas ENHR ____ SIGW
____ CM (Coal Bed Methane) ____ Temp. Abd.
____ Dry ____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:
Operator: Petrosantander (USA) Inc
Well Name: SMU 3606
Original Comp. Date: 06/23/2004 Original Total Depth: 5800'
____ Deepening ____ Re-perf. Conv. to Enhr. ____ Conv. to SWD
____ Plug Back: _____ Plug Back Total Depth _____
____ Commingled Docket No.: _____
____ Dual Completion Docket No.: _____
____ Other (SWD or Enhr.?) Docket No.: E-27792
05/22/2004 11/16/10 05/31/2004 06/23/2004 11/16/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date
per oper - kcc - dg

API No. 15 - 119-21127 - 00 - 01
Spot Description: _____
C E2 E2 W2 Sec. 36 Twp. 32 S. R. 30 East West
2640 2644 Feet from North / South Line of Section
2310 3002 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Meade
Lease Name: Stevens Unit Well #: SMU 3606
Field Name: Stevens
Producing Formation: Morrow
Elevation: Ground: 2713' Kelly Bushing: 2724'
Total Depth: 5800' Plug Back Total Depth: 5751'
Amount of Surface Pipe Set and Cemented at: 1522' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1520'
feet depth to: 180' w/ 600 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. R. _____ East West
County: _____ Docket No.: _____

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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 of 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: Liliana Hernandez
Title: Senior Engineer Date: 03-16-2011

Subscribed and sworn to before me this 16th day of March

20 11
Notary Public: Christina Gutierrez
Date Commission Expires: April 5, 2013

KCC Office Use ONLY

____ Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received

CHRISTINA RIVAS GUTIERREZ
Notary Public, KCC Restrictions
My Commission Expires
April 05, 2013

no dg - 3/25/11



Operator Name: Petrosantander (USA) Inc Lease Name: Stevens Unit Well #: SMU 3606
 Sec. 36 Twp. 32 S. R. 30 East West County: Meade

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <i>(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 checked="" 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"	28#	1522'	Lite/ COMMON	450/150	3% cc/ 3% cc
Production	7-7/8"	5-1/2"	15.5#	5794'	50/50 POZ	350	2% cc

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Surface/ 440'	Lite/ Common	150/200	

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	5664' - 5684'		

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TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>5562.52'</u> Packer At: <u>5562.52</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf
	Water Bbls.	Gas-Oil Ratio
		Gravity

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 <input checked="" type="checkbox"/> Other (Specify) <u>Water Injection Well</u>	PRODUCTION INTERVAL: _____ _____
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