



KANSAS CORPORATION COMMISSION 1058506  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32198  
Name: PetroSantander (USA) Inc.  
Address 1: 6363 WOODWAY DR STE350  
Address 2: \_\_\_\_\_  
City: HOUSTON State: TX Zip: 77057 + 1798  
Contact Person: Liliana Hernandez  
Phone: ( 713 ) 784-8700  
CONTRACTOR: License # 32198  
Name: PetroSantander (USA) Inc.  
Wellsite Geologist: Terry McCance  
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: Petrosantander (USA) Inc  
Well Name: Vulgamore # 1

Original Comp. Date: 09/17/1993 Original Total Depth: 3219

- 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 #: \_\_\_\_\_

<u>04/07/2011</u>	<u>04/13/2011</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 15-093-21295-00-03

Spot Description: \_\_\_\_\_  
NW SE SE SE Sec. 11 Twp. 21 S. R. 35  East  West  
368 Feet from  North /  South Line of Section  
367 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Kearny

Lease Name: VULGAMORE Well #: 1

Field Name: STEVENS

Producing Formation: IOLA

Elevation: Ground: 3106 Kelly Bushing: 3111

Total Depth: 5020 Plug Back Total Depth: 4900

Amount of Surface Pipe Set and Cemented at: 325 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: Deanna Gerriss Date: 06/30/2011



1058506

Operator Name: PetroSantander (USA) Inc. Lease Name: VULGAMORE Well #: 1  
 Sec. 11 Twp. 21 S. R. 35  East  West County: Kearny

**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 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum Attached Attached Attached
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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	8	20	325		225	
PRODUCTION	7	5	15.5	5018		275	

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 (Amount and Kind of Material Used)	Depth
4	3691 - 4312		

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR: 05/10/2011  
 Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_  
 Estimated Production Per 24 Hours: Oil 0 Bbls. Gas 0 Mcf Water 1390 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 <i>(Submit ACO-5)</i> <input checked="" type="checkbox"/> Other (Specify) <u>Water Supply Well</u>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PetroSantander (USA) Inc.
Well Name	VULGAMORE 1
Doc ID	1058506

Tops

Name	Top	Datum
Heebner	3934	-823
Lansing	4056	-945
Marmaton	4489	-1378
Pawnee	4595	-1484
Cherokee	4638	-1527
Morrow Sh	4865	-1754
Morrow Sd	4914	-1803
Mississippi	4931	-1820
RTD	5010	-1899