

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) IncWell Name: Vulgamore # 1Original 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 #: _____

04/07/2011 04/13/2011
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

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

Spot Description: _____

NW SE SE SE Sec. 11 Twp. 21 S. R. 35 East West368 Feet from North / South Line of Section367 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SWCounty: KearnyLease Name: CRIST TWIN Well #: 1-11Field Name: CHRISTABELLE (MORROW) UNITProducing Formation: IOLAElevation: Ground: 3106 Kelly Bushing: 3111Total Depth: 5020 Plug Back Total Depth: 4900Amount of Surface Pipe Set and Cemented at: 325 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

(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 DistributionALT I II III Approved by: Deanne Gerrick Date: 07/22/2011



1060021

Operator Name: PetroSantander (USA) Inc. Lease Name: CRIST TWIN Well #: 1-11
 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Attached	Top Attached	Datum Attached
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 (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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:
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or ENHR. 05/10/2011	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____				
Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf 0	Water Bbls. 1390	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <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	CRIST TWIN 1-11
Doc ID	1060021

Tops

Name	Top	Bottom
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

Summary of Changes

Lease Name and Number: CRIST TWIN 1-11

API/Permit #: 15-093-21295-00-03

Doc ID: 1060021

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	06/30/2011	07/22/2011
Field Name	STEVENS	CHRISTABELLE (MORROW) UNIT
Lease Name	VULGAMORE	CRIST TWIN
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=10 58506	../../../../kcc/detail/operatorE ditDetail.cfm?docID=10 60021
Well Number	1	1-11