



KANSAS CORPORATION COMMISSION 1095904
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: Wesley Hansen
Purchaser: _____

API No. 15 - 15-093-21876-00-00
Spot Description: _____
S2_S2_SE_SW Sec. 12 Twp. 21 S. R. 35 East West
135 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kearny
Lease Name: ODD WILLIAMS Well #: 4R
Field Name: Christabelle
Producing Formation: Morrow
Elevation: Ground: 3086 Kelly Bushing: 3096
Total Depth: 5010 Plug Back Total Depth: 4942
Amount of Surface Pipe Set and Cemented at: 549 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1996 Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 1996 w/ 225 sx cmt.

- 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: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 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 #: _____
05/17/2012 05/22/2012 06/13/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 10500 ppm Fluid volume: 400 bbls
Dewatering method used: Evaporated
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: 10/04/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 10/05/2012



1095904

Operator Name: PetroSantander (USA) Inc. Lease Name: ODD WILLIAMS Well #: 4R
 Sec. 12 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 <i>(Attach Additional Sheets)</i>	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

List All E. Logs Run:
Attached

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	12.25	8.625	24	549	Lead:65/35 Poz; Tell: Class A	300	Lead: 150 sbs 65/35 6%gel 3%cc; Tell 1
Production	7.875	5.5	15.5	4971	60/40 Poz	450	8% gel, 1/4# Floseal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
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 <i>(Amount and Kind of Material Used)</i>	Depth
4	4880'-4906'		

TUBING RECORD: Size: 2.875 Set At: 4856 Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: 06/22/2012
 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	220		15		

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4880</u> <u>4906</u>
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Form	ACO1 - Well Completion
Operator	PetroSantander (USA) Inc.
Well Name	ODD WILLIAMS 4R
Doc ID	1095904

All Electric Logs Run

DIL
CNL
CDL
MEL
BHCS

Form	ACO1 - Well Completion
Operator	PetroSantander (USA) Inc.
Well Name	ODD WILLIAMS 4R
Doc ID	1095904

Tops

Name	Top	Datum
Heebner	3912	-816
Lansing	4008	-912
Marmaton	4484	-1388
Pawnee	4582	-1486
Cherokee Shale	4612	-1522
Morrow Shale	4830	-1734
Morrow Sand	4880	-1784
St. Genevieve	4908	-1812



CONSOLIDATED
Oil Well Services, LLC

18 MAY 2012

TICKET NUMBER 34489

LOCATION Oakley

FOREMAN Fuzz

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-18-12	6335	Odd Williams #4-R	12	21	35	KS <u>KS</u>
CUSTOMER <u>Pedros Andrade USA</u>		5-stk cwt 5-stk line low 35 1/2" win	KENTON			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			<u>463</u>	<u>Cory D</u>		
STATE			<u>528-</u>	<u>Bobby S</u>		
ZIP CODE		<u>T-127</u>				

JOB TYPE Surf HOLE SIZE 12 1/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8-12.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 33.9 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Trinidad #215. Rig up and circulate
Mix 150skts 65/35 pos 69ozel 39ozel, 114# Class A, Tail with 150 Class A
39ozel 29ozel. Release plug and displace 33 3/4 BBL and shut in.
Cement did circulate approx @ 10 BBL to pit.

Thanks Fuzz
+ crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085 ⁰⁰	1085 ⁰⁰
5406	50	MILEAGE	5 ⁰⁰	250 ⁰⁰
5407A	13.5 ton	Tow mileage Delivery	167	1127 ⁵⁰
11045	150skts	Class A cement	17 ⁶⁵	2647 ⁵⁰
1131	150skts	60/40 pos	15 ¹⁰	2265 ⁰⁰
1102	810 #	Calcium Chloride	.89	720 ⁹⁰
1118 B	1056 #	Bentonite	.25	264 ⁰⁰
1107	38 #	Flo-sol	2 ⁸²	107 ¹⁶
4132	not used	8 5/8 - centralizer	82 ⁰⁰	NA
4432	1	8 5/8 wood cup plug	96 ⁰⁰	96 ⁰⁰
		subtotal		8563 ⁰⁰
		less 10 ⁹⁰		856 ³⁰
		subtotal		7706 ⁷⁶
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION [Signature] TITLE APF DATE 5-19-12

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form



CONSOLIDATED
Oil Well Services, LLC

21 May 2012

TICKET NUMBER 34536

LOCATION Oakley, KS

FOREMAN Kelly Gabe

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

Walt Dinkel
KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
5-24-12	0335	odd Williams 41R	12	21	35 ^W	Kearney	
CUSTOMER <u>Petro Santander</u>		SCOTT Finney Coline W+O Bird Rd 2.5 1W Winto		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				399	Damon M		
CITY		STATE		528	Cody R		
ZIP CODE				566	THOMAS B		

JOB TYPE 2-stage HOLE SIZE 7 7/8 HOLE DEPTH 5029 CASING SIZE & WEIGHT 5 1/2-15.5
 CASING DEPTH _____ DRILL PIPE _____ TUBING DV @ 2017 OTHER 3
 SLURRY WEIGHT 138-125 SLURRY VOL 1.42-1.89 WATER gal/sk 6.9-10.8 CEMENT LEFT in CASING 21.65
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on Trinidad 215, hooked up & circulated
INT, Pump 5 bbl water, Mud flush, 5 bbl water, Mixed 225 SKS OWC 5# K25ea
washed out pumps & lines, released Plug, displaced with 70 bbl water & 43 bbl mud
700 # lift pressure, land @ 1500 # released pressure, float held, dropped down to open DV tool
waited 10 min, opened tool & circulated for 4 hrs, mixed 30 SKS RH, 20 SKS MH
mixed 450 SKS 60/40 890 gel 1/4 # Flo-seal, washed out pumps & lines
Released Plug, displaced with 47 bbl water with 700 # lift,
Plug landed @ 1500, released pressure, float held, washed up & rigged down,
Float Equip on JT # cent. 1, 3, 5, 7, 9, 11, 13, 15, 70, 72 Thank You
Baskets 71, 72 DV tool top 71 Walt, Kelly & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020 ⁰⁰	3020 ⁰⁰
5406	50	MILEAGE	5 ⁰⁰	250 ⁰⁰
1126	225 SKS	OWC	22 ⁵⁵	5073 ⁷⁵
1131	500	60/40 Poz	15 ¹⁰	7550 ⁰⁰
1118B	34140 #	Bentonite	.25	860 ⁰⁰
1107	125 #	Flo-seal	2 ⁸³	352 ⁵⁰
1110A	1125 #	Kol-seal	4 ⁵⁶	630 ⁰⁰
5407A	32.1	Ton Mileage	167	2680 ³⁵
4159	1	5 1/2 AF4 Floatshoe (I)	413 ⁰⁰	413 ⁰⁰
4104	2	5 1/2 Basket (w)	276 ⁰⁰	552 ⁰⁰
4130	10	5 1/2 Centralizer (I)	58 ⁰⁰	580 ⁰⁰
4283	1	5 1/2 DV Tool with latchdown	3850 ⁰⁰	3850 ⁰⁰
1144G	500 gal	Mud Flush	1 ⁰⁰	500 ⁰⁰
				26,041 ⁶⁰
				2604 ¹⁶
				23,437 ⁴⁴
			SALES TAX	
			ESTIMATED TOTAL	

Revin 3737

AUTHORIZATION 1:00 PM 5-25-12
Gabe

TITLE AFE

DATE 5-24-12

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 04, 2012

Liliana Hernandez
PetroSantander (USA) Inc.
6363 WOODWAY DR STE350
HOUSTON, TX 77057-1798

Re: ACO1
API 15-093-21876-00-00
ODD WILLIAMS 4R
SW/4 Sec.12-21S-35W
Kearny County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Liliana Hernandez

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
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Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 05, 2012

Liliana Hernandez
PetroSantander (USA) Inc.
6363 WOODWAY DR STE350
HOUSTON, TX 77057-1798

Re: ACO-1
API 15-093-21876-00-00
ODD WILLIAMS 4R
SW/4 Sec.12-21S-35W
Kearny County, Kansas

Dear Liliana Hernandez:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 05/17/2012 and the ACO-1 was received on October 04, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department