

ORIGINAL

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 S1OW Temp. Abd.
 Gas ENHR SIGW Plug Abd
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: Colorado Gas & Oil
Well Name: LESLIE 1-3
Original Comp. Date 06/02/55 Original TD 5749'
 Deepening Re-perf. Conv. to Enhr/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
07/25/01 07/28/01 07/28/01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 119-00008-00-01
County MEADE
NE - SW - NE Sec. 3 Twp. 33S Rge. 30 X E
1989 Feet from S(circle one) Line of Section
1979 Feet from E(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 307
Field Name STEVENS
Producing Formation MORROW
Elevation: Ground 2727' KB 2735'
Total Depth 5749' PBDT 57??'
Amount of Surface Pipe Set and Cemented at 653' existing 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) *9-11-03*
Chloride content 9000 ppm Fluid volume 500 bbls
Dewatering method used EVAPORATION
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. S Rng. E/W
County _____ Docket No. _____

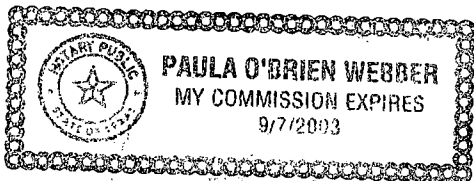
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side 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 08/28/2001
Subscribed and sworn to before me this 28th day of AUGUST, 2001.
Notary Public *[Signature]*
Date Commission Expires 9/07/2003

K.C.C. OFFICE USE ONLY
F N Letter of Confidentiality Attached
C N Wireline Log Received
C N Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

Form ACO-1 (7-91)



RECEIVED

AUG 31 2001

KCC WICHITA

X

Operator Name PETROSANTANDER (USA) INC Lease Name STEVENS (Morrow) UNIT Well # SMU 307

Sec. 3 Twp. 33S Rge. 30 East West

County MEADE

ORIGINAL

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run (Submit Copy.) List ALL E Logs run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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
Production	none/existing	5-1/2" /existing	15.5#	5822'		150	
Production	none/existing	8-5/8" /existing	15.5#	2864'		400	
Surface	none/existing	13-3/8"/existing	15.5#	653'		600	

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Inj.				Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
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) Plugged

Production Interval _____

RECEIVED
AUG 31 2001
KCC WICHITA

ALLIED CEMENTING CO., INC.

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
ORIGINAL Medicine L.D.C. KS

DATE <u>7-28-01</u>	SEC <u>3</u>	TWP <u>33S</u>	RANGE <u>30W</u>	CALLED OUT <u>12:00 P.M.</u>	ON LOCATION <u>2:30 P.M.</u>	JOB START <u>3:30 P.M.</u>	JOB FINISH <u>5:00 P.M.</u>
LEASE <u>SUM</u>	WELL # <u>3-7</u>	LOCATION <u>Plains 33S 1E N/3</u>	COUNTY <u>Mead</u>	STATE <u>KS</u>			
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>Cheyenne #8</u>	OWNER <u>Petrosantander</u>
TYPE OF JOB <u>Rotary Plug</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>2910</u>
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

EQUIPMENT	
PUMP TRUCK # <u>352</u>	CEMENTER <u>David West</u>
BULK TRUCK # <u>364</u>	HELPER <u>Shane W.</u>
BULK TRUCK #	DRIVER <u>Dwayne W.</u>
BULK TRUCK #	DRIVER

CEMENT	AMOUNT ORDERED <u>110 BX 60-40 6%</u>
	<u>Ge/</u>
COMMON	<u>66</u> @ <u>7.85</u> <u>518.10</u>
POZMIX	<u>44</u> @ <u>3.55</u> <u>156.20</u>
GEL	<u>6</u> @ <u>10.00</u> <u>60.00</u>
CHLORIDE	@
	@
	@
	@
	@
	@
HANDLING	<u>116</u> @ <u>1.10</u> <u>127.60</u>
MILEAGE	<u>116</u> X <u>.50</u> <u>.04</u> <u>232.00</u>
TOTAL <u>1093.96</u>	

REMARKS:

SERVICE

Maze in Rigged UP
1st Plug at 1150 50 BX 60-40 6% Ge/
2nd Plug at 700 50 BX 60-40 6% Ge/
3rd Plug at 40 100 BX 60-40 6% Ge/
Rig Down Moved OFF

DEPTH OF JOB	<u>1150'</u>
PUMP TRUCK CHARGE	<u>520.00</u>
EXTRA FOOTAGE	@
MILEAGE	<u>20</u> @ <u>3.00</u> <u>60.00</u>
PLUG	@
	@
	@

RECEIVED

TOTAL 580.00

CHARGE TO: Petrosantander

STREET _____

CITY _____ STATE _____ ZIP _____

AUG 31 2001

KCC WICHITA FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE 1673.90

DISCOUNT 167.39 IF PAID IN 30 DA

1506.51

SIGNATURE Ron Kregor

Ron Kregor
PRINTED NAME