

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
License: 5382

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: PETROSANTANDER
Well Name: HOLMES 14

Original Comp. Date 03-04-59 Original TD 5795'

Deepening Re-perf. Conv. to Enhr/SWD
 Plug Back _____ PBD
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. E-27792

02/11/02 05/08/02 05/16/02
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 119-10025-0002
County MEADE
- C - SE - NE Sec. 35 Twp. 32S Rge. 30 X W
1980 Feet from S/N (circle one) Line of Section
660 Feet from E/W (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 3508

Field Name STEVENS

Producing Formation MORROW

Elevation: Ground 2721' KB 2729'

Total Depth 5795' PBD 5700'

Amount of Surface Pipe Set and Cemented at 1614' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1614'

feet depth to SURFACE w/ 850 sx cmt.

Drilling Fluid Management Plan NO AB 1 8/4 7-2-02
(Data must be collected from the Reserve Pit)

Chloride content 21,000 ppm Fluid volume 750 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

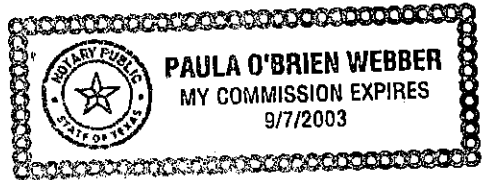
County _____ Docket No. _____

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 _____
Title Vice-President, Operations Date 06/21/2002
Subscribed and sworn to before me this 23rd day of JUNE,
20 02.
Notary Public Paula O'Brien Webber
Date Commission Expires 9/07/2003

K.C.C. OFFICE USE ONLY
F NO Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)



Form ACO-1 (07-91) RECEIVED CONSERVATION COMMISSION

JUN 24 2002
6-24-02
CONSERVATION DIVISION
WICHITA, KS

Operator Name PETROSANTANDER (USA) INC Lease Name STEVENS (Morrow) UNIT Well # SMU 3508

Sec. 35 Twp. 32S Rge. 30 East West

County MEADE

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 Name Top Datum |
| 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 (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 |
| Surface (exist) | 12-1/4" | 8-5/8" | unknown | 1614' | unknown | 850 | |
| Production (exist) | 7-5/8" | 5-1/2" | unknown | 5792' | unknown | 100 - | |

| 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 |
|----------------|---|---|-------|
| 4 | 5658' - 5672' (exist) | ACID (new) 1000 gal 7.5% HCl | |
| | | Flush 1470 gal 2% KCl | |

| TUBING RECORD | Size | Set At | Packer At | Liner Run |
|---------------|--------|--------|-----------|---|
| | 2-3/8" | 5611' | 5608' | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | |
|--|---|-----------|
| Date of First, Resumed Production, SWD or Inj AWAITING TEMP INJECTION AUTHORIZATION | Producing Method | INJECTION |
| | <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:
 Vented Sold Used on Lease
 (If vented, submit ACO-18.)

METHOD OF COMPLETION Production Interval
 Open Hole Perf. Dually Comp. Commingled _____
 Other (Specify) INJECTION

RECEIVED
 KANSAS CORPORATION COMMISSION

JUN 24 2002

CONSERVATION DIVISION
 WICHITA, KS