

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

ORIGINAL

Operator: License # 32198

Name: PETROSANTANDER (USA) INC

Address 6363 WOODWAY suite 350

City/State/Zip HOUSTON, TEXAS 77057

Purchaser: NA

Operator Contact Person: JASON SIZEMORE

Phone (713) 784-8700

Contractor: Name: _____

License: _____

Wellsite Geologist: NA

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: OLD WELL

Operator: SHARON RESOURCES

Well Name: BULGER 7-10

Comp. Date 04/07/94 Old Total Depth 4950'

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. E-27,138

03/02/98 03/27/98
Spud Date Date Reached TD Completion Date

API NO. 15- 055-21281-0001

County FINNEY

 NE SE Sec. 7 Twp. 23S Rge. 30 31 X W

2050 Feet from S (N) (circle one) Line of Section

700 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 STEWART UNIT Well # BULGER 7-10

Field Name STEWART

Injection
Producing Formation MORROW

Elevation: Ground 2847' KB 2852'

Total Depth 4950' PBSD 4910'

Amount of Surface Pipe Set and Cemented at 432 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 2035 Feet

If Alternate II completion, cement circulated from 2035

feet depth to SURFACE w/ 475 sx cmt.

Drilling Fluid Management Plan OWWO, 1-26-99 W.C.
(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 No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

06-22-01
E added-rec
all other
well
records
have 30w.

STATE CORPORATION COMMISSION
Wichita, Kansas
NOV 7 1998
CONSERVATION DIVISION

11-17-98

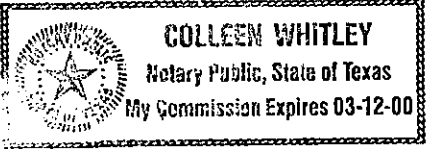
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side 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 of Operations Date 11/10/98
Subscribed and sworn to before me this 10th day of November, 19 98.
Notary Public Colleen Whitley
Date Commission Expires 3-12-2000

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

Form ACO-1 (7-91)



Operator Name PETROSANTANDER (USA) INC Lease Name STEWART UNIT Well # BULGER 7-10

Sec. 7 Twp. 23S Rge. 31 East West
 County FINNEY

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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:

Log Formation (Top), Depth and Datums Sample
 Name Top Datum

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	12-1/2"	8-5/8"	24#	432	LITE/CLASS C	150/110	2% CaCl2
PRODUCTION	7-7/8"	5-1/2"	14#	4945	POZLITE 50/50	200	

ADDITIONAL CEMENTING/SQUEEZE RECORD NONE				
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	4740' - 4756'	FRAC 6500 GALS 40# BORAGEL	
4	4760' - 4764'	8500# 20-40 SAND	

TUBING RECORD				Liner Run			
Size	Set At	Packer At		Yes	No		
2-7/8"	4717'	4715'		<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Date of First, Resumed Production, SWD or Inj	Producing Method	INJECTION			
04/06/98	<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

NO PRODUCTION INJECTION WELL

Disposition of Gas: METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
 (If vented, submit ACO-18.) Other (Specify) _____

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
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WELL COMPLETION FORM
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Phone (713) 784-8700

Contractor: Name: _____

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Wellsite Geologist: NA

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: ?

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back Docket No. _____ PBD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. E-27,138

Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- 055-21281
County FINNEY
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2050 Feet from S (N) (circle one) Line of Section
700 Feet from (E) (circle one) Line of Section

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Field Name STEWART

Producing Formation MORROW

Elevation: Ground 2847' KB 2852'

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Amount of Surface Pipe Set and Cemented at 432 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 2035 Feet

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feet depth to SURFACE w/ 475 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 No. _____~~

~~_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W~~

~~County _____ Docket No. _____~~

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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.

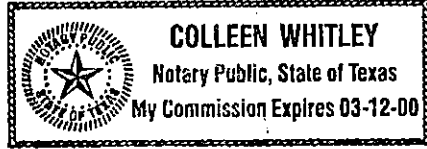
Signature [Signature]
Title Vice President of Operations Date 10-16-98

Subscribed and sworn to before me this 16th day of October, 1998.

Notary Public Colleen Whitley

Date Commission Expires 3-12-2000

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



Operator Name PETROSANTANDER (USA) INC Lease Name STEWART UNIT Well # BULGER 7-10

Sec. 7 Twp. 23S Rge. 31 East West County FINNEY

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 Yes No
(Attach Additional Sheets.)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
(Submit Copy.)
List All E.Logs Run:

Log Formation (Top), Depth and Datums Sample
Name Top Datum

CASING RECORD

New 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	12-1/2"	8-5/8"	24#	432	LITE/CLASS C	150/110	2% CaCl2
PRODUCTION	7-7/8"	5-1/2"	14#	4945	POZLITE 50/50	200	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

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	4740' - 4756'	FRAC 6500 GALS 40# BORAGEL	
4	4760' - 4764'	8500# 20-40 SAND	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-7/8"	4717'	4715'	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Date of First, Resumed Production, SWD or Inj	Producing Method	INJECTION
04/06/98	<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 Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____