



**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

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: \_\_\_\_\_

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 #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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)

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 Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1078852

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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

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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.  
Mound City, Kansas

**Operator:**  
Oil Sources Corp.  
Overland Park, KS

**Newhouse #2**

Franklin Co, KS  
33-15S-21E  
API: 059-25925

**Spud Date:** 2/11/2012  
**Surface Casing:** 7"  
**Surface Length:** 23.60'  
**Surface Cement:** 4 sx

**Surface Bit:** 9.875"  
**Drill Bit:** 5.625"  
**Longstring:** 2/22/2012  
**Longstring Date:** 870.0'

**Driller's Log**

Top	Bottom	Formation	Comments
0	3	Soil	
3	20	Clay	
20	52	Shale	
52	58	Lime	
58	60	Shale	
60	78	Lime	
78	84	Shale	
84	96	Lime	
96	98	Sand	
98	100	Shale	
100	118	Lime	
118	140	Shale	
140	145	Sand	
145	158	Shale	
158	179	Lime	
179	253	Shale	
253	278	Lime	
278	299	Shale	
299	310	Lime	
310	348	Shale	
348	350	Lime	
350	364	Shale	
364	384	Lime	
384	392	Dark Shale	
392	415	Lime	
415	419	Black Shale	

913.795.2259 office  
620.224.7406 Chris' cell

mcgowndrilling@gmail.com

PO Box K  
Mound City, KS

Newhouse #2  
Franklin Co., KS

419	422	Lime	
422	426	Shale	
426	431	Lime	
431	559	Shale	
559	562	Sand	Slight odor, slight bleed
562	589	Shale	
589	593	Lime	
593	598	Sand	
598	605	Shale	
605	612	Lime	
612	632	Shale	
632	634	Lime	
634	637	Shale	
637	640	Lime	
640	653	Shale	
653	657	Lime	
657	664	Shale	
664	667	Lime	
667	669	Shale	
669	673	Lime	
673	701	Shale	
701	721	Sand	See below
721	790	Shale	
790	791	Coal	
791	801	Shale	
801	802	Sand	Brown, soft, no bleed
802	804	Lime	
804	822	Sandy shale	
<b>822</b>		<b>TD</b>	

**Sand Detail**

- 701-705 Laminated sand, with slight odor, trace of visible oil
- 705-709 Gas sand, grey, no odor
- 709-716 Laminated with odor, but no bleed
- 716-721 Good sand, good odor and bleed



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 34197

LOCATION Ottawa KS

FOREMAN Fred Maden

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/27/12	5949	Newhouse #2	NW 33	15	21	FR
CUSTOMER			TRUCK#			
Oil Sources Corp			506	FREEMAN	Safety	MLK
MAILING ADDRESS			495	NARBEC	H/B	O
120 Shoveline Dr			370	KEICAR	KC	
CITY	STATE	ZIP CODE	503	DANGAR	DM	
Louisburg	KS	66053				

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 810 CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 786 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
 DISPLACEMENT 4.56 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 53PM

REMARKS: Establish pump rate. Mix + Pump # Premium Gel Flush  
Mix + Pump 119 sks 50/50 Por Mix Cement 2 3/4 Gal.  
Cement to Surface. Flush pump + lines clean. Displace  
2 1/2" Rubber plug to casing TD. Pressure to 200# PSI.  
Release pressure to set float valve. Shut in casing

Mc Gown Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030 <sup>00</sup>
5406	20 mi	MILEAGE		80 <sup>00</sup>
5402	786	Casing Footage		- N/C
5407	Minimum	Ton + Miles		350 <sup>00</sup>
5502C	2	80 BBL Vac Truck		180 <sup>00</sup>
11124	119 sks	50/50 Por Mix Cement		1303 <sup>05</sup>
1118B	300 #	Premium Gel		63 <sup>00</sup>
4402	1	2 1/2" Rubber Plug.		28 <sup>00</sup>
<u>248104</u>				
		7.8%	SALES TAX	108 <sup>75</sup>
			ESTIMATED	3142 <sup>75</sup>
			TOTAL	3142 <sup>75</sup>

**SCANNED**

Ravin 3737

AUTHORIZATION [Signature]

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

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.