



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1100900

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 # 34585
Name: Oil Sources Corp.
Address 1: 12508 CATALINA ST.
Address 2: _____
City: LEAWOOD State: KS Zip: 66209 + 2267
Contact Person: kevin kleweno
Phone: (913) 481-4604
CONTRACTOR: License # 33715
Name: Town Oilfield Service
Wellsite Geologist: kevin kleweno
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 #: _____

12/15/2011 12/16/2011 01/17/2012

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

API No. 15 - 15-059-25837-00-00

Spot Description: _____

SW NW NW NW Sec. 1 Twp. 16 S. R. 20 ☒ East ☐ West

4704 Feet from ☐ North / ☒ South Line of Section

5139 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Franklin

Lease Name: Crawford Well #: 100

Field Name: _____

Producing Formation: mississippi

Elevation: Ground: 958 Kelly Bushing: 0

Total Depth: 687 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 20 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: 1800 ppm Fluid volume: 80 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: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: Deanna Garrison Date: 11/15/2012



1100900

Operator Name: Oil Sources Corp. Lease Name: Crawford Well #: 100
 Sec. 1 Twp. 16 S. R. 20 ☒ East ☐ West County: Franklin

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 ☐ Yes ☒ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☒ No Cores Taken ☐ Yes ☒ No Electric Log Run ☐ Yes ☒ No Electric Log Submitted Electronically ☐ Yes ☐ No <i>(If no, Submit Copy)</i> List All E. Logs Run:	☐ Log Formation (Top), Depth and Datum ☐ Sample Name Top Datum see attached
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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	9.875	7	19.00	20	portland	4	0

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 (Amount and Kind of Material Used)	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

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> ☐ Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

[illegible]

DATE		11/17/12		CUSTOMER #		5949		WELL NAME & NUMBER		Crawford # 102		SECTION		NW 1		TOWNSHIP		16		RANGE		20		COUNTY		FR																																																																																																																																																																																																																					
CUSTOMER										OIL SERVICES Corp										MAILING ADDRESS										120 Shoreline Dr										CITY										Louisburg										JOB TYPE										Pile																																																																																																																																																																									
CASING DEPTH										7"										DRILL PIPE										TUBING										6 3/4"										CASING SIZE & WEIGHT										N/A										OTHER																				SLURRY WEIGHT																				SLURRY VOL										WATER gal/sk										CEMENT LEFT in CASING										FILL										DISPLACEMENT																				DISPLACEMENT PSI										MIX PSI										RATE										1 BPM																				REMARKS:										1st 4" down 4 3/4" tubing. Mix 10 SKS. Cement - 5 SKS 1st 4" down 1" Pull 1" to 3.50. Fill to surface w/ Cement Pull remaining 1" + top off w/ cement. Week out 1" tubing									

CEMENT

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

FIELD TICKET & TREATMENT REPORT

FOREMAN Fred Madsen

LOCATION @ 7-1000 HS

TICKET NUMBER 36850

CONSOLIDATED
STATEMENTS OF FINANCIAL POSITION

