



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1209091
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1209091

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # **244600**

Invoice Date: **09/29/2011** Terms:

Page **1**

OIL SOURCES CORP
7105 W. 105TH
OVERLAND PARK KS 66212
(913) 642-3434

TWOBROS 3
32832
NE 5 16 21 JO
09/23/2011
KS

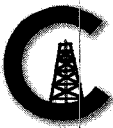
Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	108.00	10.4500	1128.60
1118B	PREMIUM GEL / BENTONITE	281.00	.2000	56.20
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Sublet Performed	Description	Total
9999-120	CASH DISCOUNT	-61.93
9999-120	CASH DISCOUNT	-60.63

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	15.00	4.00	60.00
368 CASING FOOTAGE	749.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
548 MIN. BULK DELIVERY	.50	330.00	165.00

Parts:	1212.80	Freight:	.00	Tax:	85.03	AR	2510.27
Labor:	.00	Misc:	.00	Total:	2510.27		
Sublt:	-122.56	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 32832
LOCATION Ottawa
FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-23-11	5949	Twobros #3	NE 5	16	21	JO
CUSTOMER <u>Oil Sources</u>			TRUCK #			
MAILING ADDRESS <u>7105 W 105th</u>			DRIVER			
CITY <u>Overland Park</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66212</u>			TRUCK #			
JOB TYPE <u>long string</u>			DRIVER			
HOLE SIZE <u>5 7/8</u>			TRUCK #			
HOLE DEPTH <u>763</u>			DRIVER			
CASING SIZE & WEIGHT <u>2 7/8</u>			TRUCK #			
CASING DEPTH <u>749</u>			DRIVER			
DRILL PIPE			TUBING			
OTHER			SLURRY WEIGHT			
SLURRY VOL			WATER gal/sk			
CEMENT LEFT in CASING <u>YES</u>			DISPLACEMENT <u>4.7</u>			
DISPLACEMENT PSI <u>800</u>			MIX PSI <u>200</u>			
RATE <u>56 ppm</u>			REMARKS:			
<u>Held crew meeting. Established rate. Mixed & pumped 100# gel to flush hole followed by 108 sk 50/50 po2, plus 290 gal. Circulated cement. Flushed pump. Pumped plus to casing TD. Well held 800 PSI. Get fibat. Closed valve.</u>						

McGown Drilling, Rodney

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	15	MILEAGE		60.00
5402	749	casing footage		
5407	1/2 min	ton miles		165.00
5502C	1/2	80 vac		735.00
1124	108 sk	50/50 po2		1128.60
118B	281 #	gel		56.20
4402	1	2 1/2 plug		28.00
2642.39 132.12 <hr/> Less 50/2510.27				
2446.00				
			SALES TAX	94.59
			ESTIMATED TOTAL	2642.39

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.

58808

TERMS

In consideration of the prices to be charged for Consolidated Oil Well Services, LLC (COWS) services, equipment and products and for the performance of services and supplying of materials, Customer agrees to the following terms and conditions.

Terms. Cash in advance unless satisfactory credit is established. On credit sales, invoices are payable within 30 days of the invoice date. On all invoices not paid within 30 days, Customer agrees to pay COWS interest at the rate of 18% per annum or the maximum rate allowed by law, whichever is higher. In the event COWS retains an attorney to pursue collection of any account, Customer agrees to pay all collection costs and attorney's fees incurred by COWS.

Any applicable federal, state or local sales, use, occupation, consumer's or emergency taxes shall be added to the quoted price. A sales tax reimbursement of 2% is applied to chemical and product charges for all services performed on oil and gas wells in the State of Texas. All process license fees required to be paid to others will be added to the scheduled prices.

All COWS' prices are subject to change without notice.

SERVICE CONDITIONS

Customer warrants that the well is in proper condition to receive the services, equipment, products and materials to be supplied by COWS. The Customer shall at all time have complete care, custody, and control of the well, the drilling and production equipment at the well, and the premises about the well. A responsible representative of the Customer shall be present to specify depths, pressures, or materials used for any service which is to be performed.

(a) COWS shall not be responsible for any claim, cause of action or demand (hereinafter referred to as a 'claim') for damage to property, or injury to or death of employees and representatives, of Customer or the well owner (if different from Customer), unless such damage, injury or death is caused by the willful misconduct or gross negligence of COWS, including but not limited to sub-surface damage and surface damage arising from sub-surface damage.

(b) Unless a claim is the result of the sole willful misconduct or gross negligence of COWS, Customer shall be responsible for and indemnify and hold COWS harmless from any claim for:

(1) reservoir loss or damage, or property damage resulting from sub-surface pressure, losing control of the well and/or a well blowout; (2) damages as a result of a subsurface trespass, or an action in the nature thereof, arising from a service operation performed by COWS; (3) injury to or death of persons, other than employees of COWS, or damage to property (including, but not limited to, injury to the well), or any damages whatsoever, irrespective of cause, growing out of or in any way connected with the use of radioactive material in the well hole; and (4) well damage or reservoir damage caused by (i) loss of circulation, cement invasion, cement misplacement, pumping cement or cement plugs on wells with loss of circulation, including the failure to displace plug to proper depth, (ii) sub-surface pressure and resulting failure to complete pumping of cement or cement plug, including dehydration of cement slurry or flashing, plugged float shoe, annulus bridging or plugging, or (iii) down hole tools being lost or left in the well, or becoming stuck in the well for any reason and by any cause. COWS may furnish down hole tools and may supply supervision for the running and placement of such tools but will not be liable for any damage, loss or result caused by the use of such tools.

Furthermore, Customer will be responsible for the cost to replace such tools if they are lost or left in the well.

(c) COWS makes no guarantee of the effectiveness of any COWS' products, supplies or materials, or the results of any COWS' treatment or services.

(d) Because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others, COWS is unable to guarantee the accuracy of any chart interpretation, research analysis, job recommendation or other data furnished by COWS. COWS' personnel will use their best efforts in gathering such information and their best judgment in interpreting it, but Customer agrees that COWS shall not be responsible for any damage arising from the use of such information except where due to COWS' gross negligence or willful misconduct in the preparation or furnishing of it.

(e) COWS may buy and re-sell to Customer down hole equipment, including but not limited to float equipment, DV tools, port collars, type A & B packers, and Customer agrees that COWS is not an agent or dealer for the companies who manufacture such items, and further agrees that Customer shall be solely responsible for and indemnify COWS against any claim with regard to the effectiveness, malfunction of, or functionality of such items.

WARRANTIES - LIMITATION OF LIABILITY

COWS warrants title to the products, supplies and materials, and that the same are free from defects in workmanship and materials. THERE ARE NO OTHER WARRANTIES, EXPRESS OR IMPLIED, NOR ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PURPOSE, WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. COWS's liability and Customer's exclusive remedy in any claim (whether in contract, tort, breach of warranty or otherwise,) arising out of the sale or use of any COWS' products, supplies, materials or services is expressly limited to the replacement of such products, supplies, materials or services or their return to COWS or, at COWS' option, an allowance to Customer of credit for the cost of such items.

Customer waives and releases all claims against COWS for any special, incidental, indirect, consequential or punitive damages.

Handwritten notes and signatures at the bottom of the page, including "A. RISE" and "1288".



COWS "Behavioral Safety Process"

BEST "Be Safe Today"

Date: 9-23-11 Location/Job Number 32832-32833 Observer: Ken Hamric
Supervisor: Alan Wade

What is your Bull for today? _____

Explanation of Hazard: no fence around pit

What actions were taken to correct hazard? stay away from pit

Immediately corrected? YES / NO Circle one

Anticipated date of correction: _____

Date Corrected: _____

Unsafe subcontractor behaviors: _____

Chemical Handling: (describe unsafe practices) _____

Reviewed Previous RBI:

"Daily Safety Huddle"

Attendance Initials:

<u>AM</u>	<u>KW</u>								
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COWS "Behavioral Safety Process"
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Reviewed Previous RBI:

"Daily Safety Huddle"

Attendance Initials:

<u>AM</u>	<u>KA</u>								
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CONSOLIDATED
OIL WELL
SERVICES, LLC

P.O. Box 884, Chanute, KS 66720
620/431-9210 • 1-800/467-8676

©

Sales Ticket

20446

#5949

Date 9-23, 20 11

Charge To Oil Sources

Mailing Address 7109 W 105th

City & State Overland Park KS 66212

Well No. & Farm Two bras County FR

Paid on
account

5000⁰⁰

Check # 571

Thanks!

Alan Mader

83-704/1010 571

OIL SOURCES CORP 03-18-201
KEVIN K. KLEWENO
7105 W. 105TH
OVERLAND PARK, KS 66212
913-481-4604

9/23/11 DATE

PAY TO THE ORDER OF

Consolidated
for Howard Smith \$ 5,000.00
DOLLARS

Peoples
Banking Unusual

212 S Broadway
Louisburg, KS 66053
Ph. 913-837-5321
Member FDIC

FOR

Two Bros #4 #3

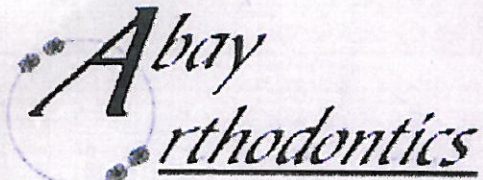
[Signature]

⑆ 10100 704 11 ⑆

20194625 0571

ROMAN

Security Features Reveal on Back



Annex C. II

Annex Records - 250.00 (125-125-)

Patient Name: Riley Monroe Date: 5-28-14

Orthodontic treatment is an excellent investment in the overall dental, medical and psychological well being of children and adults, and financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that different people have different needs in fulfilling their financial obligations, we provide the following payment options.

Total fee for orthodontic treatment (NOT INCLUDING DIAGNOSTIC RECORDS).	\$ <u>5200.00</u>
Less-estimated orthodontic insurance * <u>50% fam.</u>	less \$ <u>2600.00</u>
Estimated Patient Responsibility	\$ <u>4940.00</u>

Treatment times differ from patient to patient. Payment options do not correspond to the estimated treatment time but are merely provided for your convenience.

Option A: INITIAL PAYMENT PLAN

617.50 you
617.50 ins.

An initial payment of \$1235- is due when treatment begins.
The balance is paid in 18 monthly payments of \$205.83

102.92 you
102.91 ins. until they're

- Automatic monthly payments can be set up to be withdrawn from your checking or savings account.
- No hassle monthly payments.

Option B: PAYMENT IN FULL

A bookkeeping courtesy of 10% or \$ _____ is given for direct payment in full at start of treatment by cash, check or credit card resulting in a onetime payment of \$ _____.
We Accept All Major Credit Cards

TREATMENT FEE INCLUDES:

- All periodic adjustment visits
 - Placement of retainers
 - Retainer visits for the first year
- **The frequency of visits has no bearing on the treatment fee.**

Possible Additional Fees:

Recementation of brackets/bands or wire, 6th +: \$25.00 per bracket/band
 Retainer repairs: \$50.00 + (depending on lab fee)
 Replacement retainers per arch: \$275.00

If a patient becomes non-cooperative and it delays treatment then we will start charging the monthly fee at every appointment again until treatment is complete, or the patient and/or doctor can sign waiver to terminate treatment.

THIS FEE QUOTE WILL EXPIRE ON 5-28-15

*If for any reason the estimated amount is not paid by your insurance company, it becomes your obligation.
Responsible Party Initials confirming they understand possible additional fees. _____

EMELINE BELEN ABAY, D.M.D., M.S.
Practice Limited to Orthodontics
3305 E. Douglas, Ste. 201

marcy

(316) 686-4321
Fax: (316) 686-5335
Wichita, KS 67218

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

June 06, 2014

kevin kleweno
Oil Sources Corp.
12508 CATALINA ST.
LEAWOOD, KS 66209-2267

Re: ACO-1
API 15-059-25720-00-00
Two Bros 3
NE/4 Sec.05-16S-21E
Franklin County, Kansas

Dear kevin kleweno:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 9/3/2011 and the ACO-1 was received on June 05, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department