

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1216970

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
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:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
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 #:	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:
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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 Approved by: Date:



Operator Name:			Lease Name: _			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ring and shut-in pressu	ormations penetrated. Eures, whether shut-in predict final chart(s). Attach	essure reached stati	c level, hydrosta	atic pressures, bott		
		otain Geophysical Data a or newer AND an image		ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			on (Top), Depth an		Sample
Samples Sent to Geol	logical Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	ew Used			
			conductor, surface, inte		ion, 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 / SQL	JEEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Did you perform a hydrau	ulic fracturing treatment o	n this well?		Yes	No (If No, ski	p questions 2 aı	nd 3)
Does the volume of the to	otal base fluid of the hydr	aulic fracturing treatment ex	_	= :	No (If No, ski	p question 3) out Page Three	
Shots Per Foot	PERFORATIO Specify F	N RECORD - Bridge Plug ootage of Each Interval Per	s Set/Type forated		cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	HR. Producing Meth		Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:	Open Hole		Comp. Comp.	mmingled	PRODUCTIO	ON INTERVAL:
	bmit ACO-18.)	Other (Specify)	(Submit)	4CO-5) (Sub	omit ACO-4)		

Form	ACO1 - Well Completion
Operator	Oil Sources Corp.
Well Name	Crown 19
Doc ID	1216970

Casing

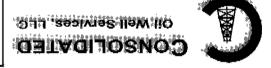
Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
surface	9	7	10	20	PORTLAN D	4	50/50
CASING	6.5	4.5	7	700	PORTLAN D	105	50/50

MAIN OFFICE

Fax 620/431-0012 9298-297/008-1 • 0126-157/029 Chanute, KS 66720 P.O. Box 884

OT THINK!

Dept. 970 Consolidated Oil Well Services, LLC



4346 Houston, TX 77210-4346 P.O. Box 4346

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696697	Invoice #				IMAOICE

ка 07/28/2014 2M17-16-21 00547 GEOMN #16

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63.00	4.20	00°ST	62 EĞDIBMENT MITEAGE (ONE MAK)	Þ
7082°00	00°580T	00.I	32 CEMENT FUMP	Þ
200.00	00.00T	2.00	98 80 BBT AWCDOM LEDGK (CEMENL)	ε
Total	Unit Price	ноига	Description	
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Total	Unit Price	ζτΥ	sart Number Description	ī

Amount Due 3132.33 if paid after 08/10/2014

THAYER, KS 620/839-5269

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Date

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GILLETTE, WY

AUG.02.2014 18:18

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CUSHING, OK

07178WA, K3 785/242-4044

785/672-8822 OAKLEY, KS

580/762-2303 PONCA CITY, ÓK

620/583-7664 EUREKA, KS

316/322-7022 EL DORADO, KS BARTLESVILLE, OK 918/338-0808

Signed

AUG.02.2014 18:18 #1217 P.002 /002

696697



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	FIELD TICKET & TREATMENT REPORT
Fred Wade	NAMEROF

		620-431-9210
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