



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221425
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: _____

1221425

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Signed _____ Date _____

Parts:	1286.00	Freight:	.00	Tax:	69.54	AR	2665.59
Labor:	.00	Misc:	.00	Total:	2665.59		
Sublt:	-376.95	Supplies:	.00	Change:	.00		

Amount Due 3071.38 if paid after 09/07/2014

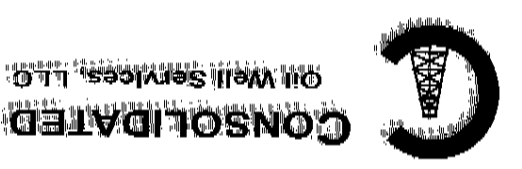
Part Number	Description	Qty	Unit Price	Total
1124	50/50 F0Z CEMENT MIX	104.00	11.5000	1196.00
1118B	PREMIUM GEL / BENTONITE	275.00	.2200	60.50
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
Sublet Performed				
9996-120	CEMENT MATERIAL DISCOUNT			-376.95
370	80 BRL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
495	CEMENT PUMP	1.00	1085.00	1085.00
495	EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
495	CASING FOOTAGE	761.00	.00	.00
503	MIN. BULK DELIVERY	1.00	368.00	368.00
Description				
	Hours	Unit Price	Total	

OIL SOURCES CORP
 12508 CATALINA ST
 LEAWOOD KS 66209
 (913) 481-4604
 TWOBROS #15
 48090
 NES-16-21
 8-21-14
 KS

INVOICE # 270635 Invoice Date: 08/28/2014 Terms: 0/30/10,n/30 Page 1

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

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



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.

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	20 MI	MILEAGE	495	84.00
5402	761	Casing footage	N/C	
5407	Minimum	100 Miles		368.00
5502	1/2 hr	80 Bbl var truck	320	150.00
1124	104 SKS	50/50 Per Mix Cement	1196.00	1256.00
1115B	275 #	Premium Grit	60.50	165.38
4902	1	2 1/2" Rubber Plug		25.00
		Material		879.55
		Less 30% Total		- 276.95
		SALES TAX		69.59
		ESTIMATED TOTAL		2665.59

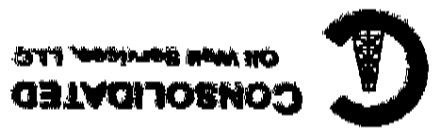
AUTHORIZATION: OK'd J. Green
 TITLE: Mr. Co Rep on Site
 DATE: _____

REMARKS: No id crew safety meetings. Establish circulation. Mix & Pump 100 # Col Flash. Mix & Pump 104 SKS 50/50 for mix. Cement 275 #. Connect to Sur face. Flush pump & lines. Clean Displace 2 1/2" Rubber plug to casing. IT. Pressure to 800 # PSL. Monitor Pressure for 30 min. MIT. Release pressure to set flood valve. Shut in casing.

SLURRY WEIGHT: 4.428 DISPLACEMENT PSI: _____
 WATER GALLONS: _____
 TUBING: _____
 DRILL PIPE: _____
 CASING DEPTH: 761
 HOLE TYPE: Longstring
 HOLE SIZE: 5 7/8
 HOLE DEPTH: 780
 CASING SIZE & WEIGHT: 2 7/8 EUE
 OTHER: _____
 CEMENT LEFT IN CASING: 2 1/2" plug
 RATE: 4 BPM

CITY	STATE	ZIP CODE
Stillwell	KS	66065
MAILING ADDRESS		
6950 W 163rd Terr		
CUSTOMER		
OIL Sources Corp		
DATE	CUSTOMER #	WELL NAME & NUMBER
8-21-14	5949	Two Bros #15
SECTION	TOWNSHIP	RANGE
N 5	14	21
DRIVER	TRUCK #	DRIVER
FR		
COUNTY	RANGE	COUNTY
FR	21	FR

FIELD TICKET & TREATMENT REPORT
 CEMENT
 FOREMAN Fred Madala
 LOCATION Oxtawa KS
 TICKET NUMBER 48090
 DATE 8-21-14
 CUSTOMER # 5949
 WELL NAME & NUMBER Two Bros #15
 SECTION N 5
 TOWNSHIP 14
 RANGE 21
 COUNTY FR



PO Box 884, Chanute, KS 66720
 820-431-9210 or 800-467-8676

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