



KANSAS CORPORATION COMMISSION 1060583  
OIL & GAS CONSERVATION DIVISION

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: 7105 W. 105TH ST  
Address 2: \_\_\_\_\_  
City: OVERLAND PARK State: KS Zip: 66212 + \_\_\_\_\_  
Contact Person: Lesli Stuteville  
Phone: (913) 980-8207  
CONTRACTOR: License # 33715  
Name: Town Oilfield Service  
Wellsite Geologist: NA  
Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SLOW
- 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 #: \_\_\_\_\_

<u>07/28/2011</u>	<u>07/29/2011</u>	<u>07/31/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25678-00-00

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

NE NW SW SE Sec. 17 Twp. 16 S. R. 21  East  West

1095 Feet from  North /  South Line of Section

4815 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE     NW     SE     SW

County: Franklin

Lease Name: DPC Well #: 1

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

Producing Formation: Squirrell

Elevation: Ground: 966 Kelly Bushing: 0

Total Depth: 738 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: 0

feet depth to: 20 w/ 3 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 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: 08/16/2011



1060583

Operator Name: Oil Sources Corp. Lease Name: DPC Well #: 1  
 Sec. 17 Twp. 16 S. R. 21  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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" 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 open hole
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CASING RECORD <input checked="" 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
Surface	9	6.2500	10	20	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	524.5	Portland	98	50/50 POZ

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	-			
	-			

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR: _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs. 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 32709  
LOCATION Ottawa KS  
FOREMAN Fred Mader

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

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/1/11	5949	DPC <del>782</del> #1	SW 17	16	21	FR
CUSTOMER			TRUCK #			
Oil Sources			DRIVER			
MAILING ADDRESS			TRUCK #			
7105 W 105 <sup>th</sup>			DRIVER			
CITY			TRUCK #			
Overland Park			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66212			DRIVER			
JOB TYPE <u>long string</u>			HOLE SIZE <u>5 7/8</u>			
HOLE DEPTH <u>738</u>			CASING SIZE & WEIGHT <u>2 7/8 EUE</u>			
CASING DEPTH <u>716</u>			DRILL PIPE			
SLURRY WEIGHT			TUBING			
SLURRY VOL			OTHER			
WATER gal/sk			CEMENT LEFT in CASING <u>2 1/2" Plug</u>			
DISPLACEMENT <u>4.16</u>			DISPLACEMENT PSI			
MIX PSI			RATE <u>4 BPM</u>			
REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush. Mix + Pump 98 SKS 50/50 for Mix Cement 29 Gal. Cement to Surface. Flush pump + lines clean. Displace 2 1/2" Rubber Plug to casing TD w/ 4.16 BBL Fresh water. Pressure to 700# PSI. Release pressure to set float valve. Shut in casing.						

*Fred Mader*

*Top Drilling*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 <sup>00</sup>
5406	20 mi.	MILEAGE		80 <sup>00</sup>
5402	716	Casing footage		N/C
5407	1/2 Minimum	Ton Miles		165 <sup>00</sup>
5502C	1 1/2 hrs	80 BBL Vac Truck		135 <sup>00</sup>
1124	98	50/50 for Mix Cement		1024 <sup>10</sup>
118B	265#	Premium Gel		53 <sup>00</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
			7.8%	SALES TAX 86 <sup>99</sup>
				ESTIMATED TOTAL 2546 <sup>29</sup>

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.

Franklin County, KS  
Well: DPC #1  
Lease Owner: Oil Source

Town Oilfield Service, Inc.  
(913) 837-8400

Commenced Spudding:  
7/28/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil	10
24	Lime	34
8	Shale	42
10	Lime	52
4	Shale	56
17	Lime	73
39	Shale	112
23	Lime	135
72	Shale	207
22	Lime	229
26	Shale	255
5	Lime	260
27	Shale	287
5	Lime	292
28	Shale	320
21	Lime	341
10	Shale	351
19	Lime	370
7	Shale	377
15	Lime	392
39	Shale	431
9	Sand	440
59	Shale	499
5	Sand	504
3	Sand	507
3	Sandy Shale	510
121	Shale	631
8	Lime	639
14	Shale	653
3	Lime	656
3	Shale	659
2	Sand	661
3	Sand	664
1	Limey Sand	665
4	Sand	669
1	Sand	670
1	Sand	671
3	Sand	674
6	Sandy Shale	680
58	Shale	738-TD