



KANSAS CORPORATION COMMISSION 1061369
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 Stutevillee
Phone: (913) 890-8207
CONTRACTOR: License # 33715
Name: Town Oilfield Service
Wellsite Geologist: NA
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 #: _____

<u>08/08/2011</u>	<u>08/09/2011</u>	<u>08/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25675-00-00

Spot Description: _____
SE NW SW SW Sec. 17 Twp. 16 S. R. 21 East West
945 Feet from North / South Line of Section
4665 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Franklin

Lease Name: DPC Well #: I-2

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 956 Kelly Bushing: 0

Total Depth: 698 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 Garrisor Date: 08/16/2011



1061369

Operator Name: Oil Sources Corp. Lease Name: DPC Well #: I-2
 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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>open hole</td> <td></td> <td></td> </tr> </table>	Name	Top	Datum	open hole		
Name	Top	Datum					
open hole							

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	115	50/50 POZ

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 <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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
202-9210 or 800-467-8678

TICKET NUMBER 26111
LOCATION Ottawa, KS
FOREMAN Carey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/9/11	8949	DPC # I-2	SW 17	16	21	FR

TRUCK #	DRIVER	TRUCK #	DRIVER
389	Coker	CK	
495	HarBac	HB	
510	CacPar	CP	
505-T104	ArtMcD	AM	

CUSTOMER: Oil Sources
MAILING ADDRESS: 7105 W. 105th
CITY: Overland Park STATE: KS ZIP CODE: 66212
JOB TYPE: Logging HOLE SIZE: 6" HOLE DEPTH: 698 CASING SIZE & WEIGHT: 2 1/2" GUE
CASING DEPTH: 684' DRILL PIPE: _____ TUBING: _____ OTHER: _____
SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: 2 1/2" rubber plug
DISPLACEMENT: 3.98 bbls DISPLACEMENT PSI: _____ MIX PSI: _____ RATE: 5.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel, followed by 10 bbls fresh water, mixed + pumped 115 sks 50/50 Pozmix cement w/ 293 Gel per sk, cement to surface, flushed pump clean, displaced 2 1/2" rubber plug to casing TD w/ 3.98 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure to set float valve, shut in casing.

[Handwritten signature]

QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 1	PUMP CHARGE cement pump	495	975.00
5406 20	MILEAGE pump truck	495	80.00
5402 684'	casing footage		
5407 minimum	tax mileage	510	330.00
5501C 1.5 hrs	water transport		1108.00
1124 115 sks	50/50 Pozmix cement		1201.75
1118B 293 #	Premium Gel		58.60
4402 1	2 1/2" rubber plug		28.00
		7.89%	SALES TAX 100.49
			ESTIMATED TOTAL 2941.84

#243337

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.

