



KANSAS CORPORATION COMMISSION 1064845  
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 # 5786  
Name: McGown Drilling, Inc.  
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 #: \_\_\_\_\_  
10/03/2011    10/04/2011    10/06/2011  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-059-25716-00-00  
Spot Description: \_\_\_\_\_  
NW NW NE NE Sec. 5 Twp. 16 S. R. 21  East  West  
100 Feet from  North /  South Line of Section  
1150 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Franklin  
Lease Name: Two Bros Well #: I-1  
Field Name: \_\_\_\_\_  
Producing Formation: Squirrel  
Elevation: Ground: 1014 Kelly Bushing: 0  
Total Depth: 763 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: 23 w/ 4 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: 10/24/2011



1064845

Operator Name: Oil Sources Corp. Lease Name: Two Bros Well #: I-1  
 Sec. 5 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 (Attach Additional Sheets)  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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, Submit Copy)  List All E. Logs Run:  Gamma Ray/ Neutron/ CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum Gamma Ray
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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	7	10	20	Portland	4	50/50 POZ
Completion	5.6250	2.8750	8	524.5	Portland	94	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 (Amount and Kind of Material Used)	Depth
3	716-726	2" DML RTG	10

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  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 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 32894  
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
10/6/11	5949	Twobras #1	NW 5	16	21	FR
CUSTOMER			TRUCK #			
Oil Sources Corp			DRIVER			
MAILING ADDRESS			TRUCK #			
7105 W 105th			DRIVER			
CITY			TRUCK #			
Overland Park			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66212			DRIVER			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 760 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 740 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
 DISPLACEMENT 4.34 DISPLACEMENT-PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Establish pump rate. Mix Pump 100% Premium Gel Flush.  
 Mix Pump 99 SKS 50/50 for Mix Cement 2 7/8" Gel. Cement  
 to surface. Flush pump & lines clean. Displace 2 1/2"  
 Rubber plug to casing TD w/ 4.34 BBL Fresh Water.  
 Pressure to 700\* PSI. Hold pressure for 30 min MIT.  
 Release pressure to set float valve. Shut in casing.

*Fred Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	975.00
5406	-0-	MILEAGE Truck on lease		N/C
5402	746	Casing footage		N/C
5407	1/2 minimum	Ton Miles		165.00
5502C	1 1/2 hrs	80 BBL Vac Truck		135.00
1124	9.4 SKS	50/50 for mix Cement		982.00
1118B	255*	Premium Gel.		51.00
4402	1	2 1/2" Rubber Plug		26.00
		<del>Sub Total</del>		
		Tax @ 7.8%		82.35
		Sub Total		2419.00
		Discount. Less 5%		-120.95
		<b>24843</b>		
		SALES TAX		
		ESTIMATED TOTAL		2298.13

RAWN 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

# McGown Drilling, Inc.

Mound City, Kansas

**Operator:**

Oil Sources Corporation  
7105 W 105th Street  
Overland Park, KS 66212

**Well:** Two Brothers # Inj. 1

**S-T-R:** S5-T16-R21

**County:** Franklin Co, KS

**API:**

**Spud Date:** 10/3/2011 **Surface Bit Size:** 9.875"

**Surface Casing:** 7" **Drill Bit Size:** 5.625"

**Surface Length:** 23.50'

**Surface Cement:** 4 sx

**Surface Call:** 10/3/2011 Chris M.

## Driller's Log

Top	Bottom	Formation	Comments
0	3	Soil	
3	46	Clay	
46	52	Lime	
52	55	Shale	
55	73	Lime	
73	79	Shale	
79	94	Lime	
94	96	Shale	
96	115	Lime	
115	167	Shale	
167	177	Lime	
177	253	Shale	
253	275	Lime	
275	301	Shale	
301	308	Lime	
308	349	Shale	
349	351	Lime	
351	369	Shale	
369	395	Lime	
395	401	Shale	
401	406	Lime	
406	434	Shale	

Office: 913-795-2259

Chris' Cell: 620-224-7406

mcgowndrilling@gmail.com

PO Box K  
Mound City, KS 66056

434	437	Lime	
437	554	Shale	
554	564	Sand	Clean - no oil
564	611	Shale	
611	620	Lime	
620	711	Shale	
711	732	Sand	See below
732	763	Shale	Muddy

763 TD

**Coring**

Core Run	Footage	Recovery
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**Long String:**

745.20'	2 7/8 from Buckeye
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**Long String and**

**Cement Call:**

**Sand 711-732**

711-715	Sandy shale with solid sand pieces
715-717	Sand with good bleed to pit and odor in samples
717-720	Sand laminated with shale, good bleed and odor
720-725	Sand with great bleed, saturation, and odor
725-728	Shaly sand - fair odor
728-732	Sandy shale - no oil