



KANSAS CORPORATION COMMISSION 1067237
 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 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 #: _____

| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |
|--------------------------------|-----------------|--------------------------------------|
| 10/06/2011 | 10/10/2011 | 11/10/2011 |

API No. 15 - 15-059-25730-00-00

Spot Description: _____
SW SE SE SE Sec. 18 Twp. 16 S. R. 21 East West
165 Feet from North / South Line of Section
490 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Franklin

Lease Name: Price Well #: 1

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 977 Kelly Bushing: 0

Total Depth: 703 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/ 5 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: 11/15/2011



1067237

Operator Name: Oil Sources Corp. Lease Name: Price Well #: 1
 Sec. 18 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: GammaRay/Neutron/CCL | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum GammaRay |
|--|---|

| 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 | 4 | 50/50 POZ |
| Completion | 5.6250 | 2.8750 | 8 | 690 | Portland | 99 | 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 |
|----------------|---|---|-------|
| 4 | 660.0-666.0 | 2" DML RTG | 6 |
| | | | |
| | | | |
| | | | |

| | | | |
|---|-----------|---|-----------------------------------|
| 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 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: _____ _____ |
|---|--|--|

McGown Drilling, Inc.

Mound City, Kansas

Operator:

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

Well: Price #1
S-T-R: S18-T16-R21
County: Franklin Co, KS
API: 059-25730

Spud Date: 10/6/2011 **Surface Bit Size:** 9.875"
Surface Casing: 7" **Drill Bit Size:** 5.625"
Surface Length: 20.20'
Surface Cement: 5 sx
Surface Call: 10/6/2011 Chris M.

Driller's Log

| Top | Bottom | Formation | Comments |
|-----|--------|-----------|----------|
| 0 | 3 | Soil | |
| 3 | 15 | Clay | |
| 15 | 33 | Lime | |
| 33 | 38 | Shale | |
| 38 | 53 | Lime | |
| 53 | 59 | Shale | |
| 59 | 74 | Lime | |
| 74 | 114 | Shale | |
| 114 | 138 | Lime | |
| 138 | 206 | Shale | |
| 206 | 229 | Lime | |
| 229 | 255 | Shale | |
| 255 | 262 | Lime | |
| 262 | 288 | Shale | |
| 288 | 292 | Lime | |
| 292 | 304 | Shale | |
| 304 | 306 | Lime | |
| 306 | 319 | Shale | |
| 319 | 342 | Lime | |
| 342 | 351 | Shale | |
| 351 | 389 | Lime | |
| 389 | 549 | Shale | |

Office: 913-795-2259
Chris' Cell: 620-224-7406

mcgowndrilling@gmail.com

PO Box K
Mound City, KS 66056

| | | | |
|-----|-----|------------|-----------|
| 549 | 553 | Lime | |
| 553 | 555 | Shale | |
| 555 | 558 | Lime | |
| 558 | 595 | Shale | |
| 595 | 598 | Lime | |
| 598 | 628 | Shale | |
| 628 | 631 | Lime | |
| 631 | 649 | Grey Shale | |
| 649 | 652 | Lime | |
| 652 | 657 | Shale | Muddy |
| 657 | 675 | Sand | See below |
| 675 | 703 | Shale | |
| | 703 | TD | |

Coring

| | | |
|-----------------|----------------|-----------------|
| Core Run | Footage | Recovery |
|-----------------|----------------|-----------------|

Long String: 10/10/2011
689.15' 2 7/8 from Buckeye

**Long String
Cement:**
Consolidated Oilwell Services

**Long String and
Cement Call:**
Chris M. 10/13/11

Sand Detail:

| | |
|---------|------------------------------------|
| 657-658 | Clean - no oil |
| 658-659 | Sandy shale |
| 659-666 | Good oil sand, good bleed and odor |
| 666-673 | Muddy sandy shale - no oil |



TICKET NUMBER 32938
 LOCATION Ottawa
 FOREMAN Alan Maden

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 |
|---|------------|--------------------|-------------------------------|----------|--------|--------|
| 10.13.11 | 5949 | Price #1 | SE 18 | 16 | 21 | Fu |
| CUSTOMER Oil Sources | | | TRUCK # DRIVER TRUCK # DRIVER | | | |
| MAILING ADDRESS 7105 W 105th | | | 576 | Alan M | Safety | Meat |
| CITY STATE ZIP CODE Overland Park KS 66212 | | | 495 | Harold B | HJB | |
| | | | 369 | Derek M | DM | |
| | | | 510 | Keith D | KD | |

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 703 CASING SIZE & WEIGHT 2 1/8
 CASING DEPTH 689 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 1.25
 DISPLACEMENT 4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew meeting. Established rate. Mixed & pumped 100# gel to fishy hole followed by 99 sk 50/50 pot plus 29% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

McGown Drilling, Rodney

Alan Maden

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|-----------------|-------------------|------------------------------------|------------|---------|
| 5401 | 1 | PUMP CHARGE | | 975.00 |
| 5406 | 15 | MILEAGE | | 60.00 |
| 5402 | 689 | Casings footage | | 165.00 |
| 5407 | 1/2 min | 10 min. les | | 135.00 |
| 5502C | 1 1/2 | 812 w/c | | |
| 1124 | 99 sk | 50/50 pot | | 1034.5 |
| 1118B | 266 # | gel | | 53.20 |
| 4402 | 1 | 2 1/2 plug | | 28.00 |
| | | | | 2537.77 |
| | | | | less 5% |
| | | | | 2450.69 |
| | | | | 7.8 |
| SALES TAX | | | | 870.2 |
| ESTIMATED TOTAL | | | | 2537 |

Rev'n 3737

AUTHORIZATION _____ TITLE _____ DATE _____

that the payment terms, unless specifically amended in writing on the front of the form or in the customer's... identified on this