



KANSAS CORPORATION COMMISSION 1065798  
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: Kevin Kleweno  
Phone: ( 913 ) 481-4604  
CONTRACTOR: License # 5786  
Name: McGown Drilling, Inc.  
Wellsite Geologist: n/a  
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 #: \_\_\_\_\_  
9/29/2011    10/03/2011    10/06/2011  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date    Recompletion Date

API No. 15 - 15-059-25717-00-00  
Spot Description: \_\_\_\_\_  
SW NE NW NE Sec. 5 Twp. 16 S. R. 21  East  West  
380 Feet from  North /  South Line of Section  
1845 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-3  
Field Name: \_\_\_\_\_  
Producing Formation: Squirrel  
Elevation: Ground: 1015 Kelly Bushing: 0  
Total Depth: 763 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 21 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: 21 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	
<input type="checkbox"/>	Letter of Confidentiality Received
Date: _____	
<input type="checkbox"/>	Confidential Release Date: _____
<input checked="" type="checkbox"/>	Wireline Log Received
<input checked="" type="checkbox"/>	Geologist Report Received
<input checked="" type="checkbox"/>	UIC Distribution
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Gerrico</u> Date: <u>10/25/2011</u>



1065798

Operator Name: Oil Sources Corp. Lease Name: Two Bros Well #: I-3  
 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 Wireline 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:  gamma ray/neutron/ccl	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum Gamma Ray
---	--

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	21	portland	4	50/50 POZ
completion	5.625	2.875	8	746	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	711.0-726.0	2" DML RTG	15

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)</i> <i>(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:** Two Brothers # Inj. 3  
**S-T-R:** S5-T16-R21  
**County:** Franklin Co, KS  
**API:**

**Spud Date:** 9/29/2011 **Surface Bit Size:** 9.875"  
**Surface Casing:** 7" **Drill Bit Size:** 5.625"  
**Surface Length:** 21.35'  
**Surface Cement:** 4 sx  
**Surface Call:** 9/29/2011 Chris M.

## Driller's Log

Top	Bottom	Formation	Comments
0	3	Soil	
3	48	Clay	
48	73	Lime	
73	80	Shale	
80	115	Lime	
115	159	Shale	
159	173	Lime	
173	250	Shale	
250	277	Lime	
277	298	Shale	
298	306	Lime	
306	347	Shale	
347	349	Lime	
349	364	Shale	
364	388	Lime	
388	401	Shale	
401	406	Lime	
406	433	Shale	
433	436	Lime	
436	554	Shale	
554	563	Sand	Clean - no oil
563	565	Sand	Muddy - cemented

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

mcgowndrilling@gmail.com

PO Box K  
Mound City, KS 66056

565	598	Shale	
598	619	Lime	
619	631	Shale	
631	644	Lime	
644	661	Shale	
661	682	Lime	
682	712	Shale	
712	726	Sand	See below
726	763	Shale	

763 TD

**Coring**

Core Run #1	Footage	Recovery
	712-731	20'

**Long String:** 10/3/2011  
754.05' 2 7/8 from Buckeye

**Long String and  
Cement Call:**

**Sand 712-731**

712-720	Mostly sand with a few shale laminations @ 713 & 717 Good saturation and bleed after washing
720-724	Laminated sand with grey shale, spotty oil bleed - poor sat.
724-726	Laminated sand with less shale - fair to good bleed & sat.
726-731	Sandy shale - little to no oil



TICKET NUMBER 32893  
 LOCATION Ottawa KS  
 FOREMAN Fred Maden

PO Box 884, Chanute, KS 68720  
 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	Twabras # 2-3	NW 5	16	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
O.I. Sources Corp			506	FREMAC	Safety Mtg	
MAILING ADDRESS			365	ARLMCD	ARM	
7105 W 105 <sup>th</sup>			370	DERMAS	DM	
CITY			548	HEIDET	KD	
Overland Park						
STATE						
KS						
ZIP CODE						
66212						

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 760' CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 746' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/ok \_\_\_\_\_ 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# Gel Flush.  
Mix + Pump 5ks 50/50 Por Mix Cement. 2 1/2' Rubber Plug to surface. Flush pump + lines clean. Displace 2 1/2' Rubber Plug to casing to 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.

Mc Graw Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	975 <sup>00</sup>
5406	15 mi	MILEAGE	368	600 <sup>00</sup>
5402	746	Casing Footage		N/C
5407	1/2 Min. min	Ten Miles	548	165 <sup>00</sup>
5502C	1 1/2 hrs	80 BBL Vac Truck	320	135 <sup>00</sup>
1104	94 sks	50/50 Por Mix Cement		982 <sup>30</sup>
1118B	255#	Premium Gel		5 <sup>00</sup>
4402	1	2 1/2' Rubber Plug		28 <sup>00</sup>
		Tax @ 7.18%		82 <sup>76</sup>
		Sub Total		2479 <sup>00</sup>
		5% Discount		123 <sup>95</sup>
		Total		2448 <sup>42</sup>
		SALES TAX		
		ESTIMATED TOTAL		2355 <sup>43</sup>

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.