



KANSAS CORPORATION COMMISSION 1067139
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 #: _____
10/13/2011 10/13/2011 11/09/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-25733-00-00
Spot Description: _____
NE NE SE SE Sec. 18 Twp. 16 S. R. 21 East West
1095 Feet from North / South Line of Section
165 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Price Well #: 6
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 988 Kelly Bushing: 0
Total Depth: 702 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/ 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 type="checkbox"/>	Geologist Report Received
<input type="checkbox"/>	UIC Distribution
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garriso</u> Date: <u>11/10/2011</u>



1067139

Operator Name: Oil Sources Corp. Lease Name: Price Well #: 6
 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
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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	4	50/50 POZ
Completion	5.6250	2.8750	8	689	Portland	104	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
4	670.0-674.0	2" DML RTG	4

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: _____ _____
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McGown Drilling, Inc.

Mound City, Kansas

Operator:

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

Well: Price #6
S-T-R S18-T16-R21
County: Franklin Co, KS
API: 059-25728

Spud Date: 10/13/2011 **Surface Bit Size:** 9.875"
Surface Casing: 7" **Drill Bit Size:** 5.625"
Surface Length: 20.55'
Surface Cement: 4 sx
Surface Call: 10/13/2011 Chris M.

Driller's Log

Top	Bottom	Formation	Comments
0	3	Soil	
3	21	Clay	
21	45	Lime	
45	51	Dk shale	
51	58	Lime	
58	64	Shale	
64	83	Lime	
83	114	Shale	
114	145	Lime	
145	161	Shale	
161	164	Lime	
164	216	Shale	
216	237	Lime	
237	263	Shale	
263	269	Lime	
269	296	Shale	
296	303	Lime	
303	330	Shale	
330	332	Lime	
332	340	Shale	
340	352	Lime	
352	360	Shale	

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

mcgowndrilling@gmail.com

PO Box K
Mound City, KS 66056

360	383	Lime	
383	387	Shale	
387	402	Lime	
402	435	Shale	
435	445	Sandy shale	
445	449	Sand	Clean
449	464	Sandy shale	
464	558	Shale	
558	565	Lime	
565	614	Shale	
614	618	Lime	
618	652	Shale	
652	654	Muddy shale	
654	658	Lime	
658	661	Muddy shale	
661	682	Sand	See below
682	702	Shale	
	702	TD	

Coring

Core Run	Footage	Recovery
1	662 - 682	19'

Long String: 10/18/2011
689.0' 2 7/8 from Buckeye

Long String

Cement:

Consolidated Oilwell Services

Long String and

Cement Call:

Chris M.

Squirrel Sand Detail

662 - 668	Sand - little to no oil saturation
668 - 670	Sand - fair initial saturation, but didn't bleed back well after washing
670 - 674	Laminated sand with fair oil saturation and bleed
674 - 681	Sandy shale - no oil

