



KANSAS CORPORATION COMMISSION 1064844  
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 #: \_\_\_\_\_

<u>09/13/2011</u>	<u>09/14/2011</u>	<u>10/04/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25724-00-00  
Spot Description: \_\_\_\_\_  
NW NE NW NE Sec. 5 Twp. 16 S. R. 21  East  West  
195 Feet from  North /  South Line of Section  
1730 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 #: 7  
Field Name: \_\_\_\_\_  
Producing Formation: Squirrel  
Elevation: Ground: 1018 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: 21 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	
<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 Garrick</u> Date: <u>10/17/2011</u>



1064844

Operator Name: Oil Sources Corp. Lease Name: Two Bros Well #: 7  
 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 <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
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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	5	50/50 POZ
Completion	5.6250	2.8750	8	524.5	Portland	110	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
3	716.0-730.0	2" DML RTG	14

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: _____ _____
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# McGown Drilling, Inc.

Mound City, Kansas

**Operator:**

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

**Well:** Two Brothers #7  
**S-T-R** S5-T16-R21  
**County:** Franklin Co, KS  
**API:**

**Spud Date:** 9/13/2011 **Surface Bit Size:** 9.875"  
**Surface Casing:** 7" **Drill Bit Size:** 5.625"  
**Surface Length:** 21.25'  
**Surface Cement:** 5 sx  
**Surface Call:** Chris M.

## Driller's Log

Top	Bottom	Formation	Comments
0	3	Soil	
3	51	Clay	
51	57	Lime	
57	59	Shale	
59	76	Lime	
76	85	Shale	
85	94	Lime	
94	100	Shale	
100	124	Lime	
124	166	Shale	
166	179	Lime	
179	197	Sandy Shale	
197	254	Shale	
254	257	Lime	
257	258	Shale	
258	277	Lime	
277	303	Sand, shale	
303	308	Lime	
308	367	Shale	
367	374	Lime	
374	378	Shale	
378	391	Lime	

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

[mcgowndrilling@gmail.com](mailto:mcgowndrilling@gmail.com)

PO Box K  
Mound City, KS 66056

391	401	Shale
401	424	Lime
424	428	Shale
428	432	Lime
432	435	Shale
435	441	Lime
441	550	Shale
550	555	Sandy Shale
555	567	Sand
567	580	Sandy Shale
580	602	Shale
602	604	Lime
604	614	Shale
614	623	Lime
623	673	Shale
673	675	Lime
675	715	Shale
715	717	Clean sand
717	730	Sand
730	763	Shale
	763	TD
712	727	Oil sand
727	763	Sandy Shale
	763	TD

Soft brown, mud grain, fair saturation, good stain

**Coring**

Core Run	Footage	Recovery
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**Long String:**

747.8'

2 7/8 from Buckeye

**Long String**

**Cement:**

**Long String and**

**Cement Call:**

