



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1064843

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 #: \_\_\_\_\_

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

API No. 15 - 15-059-25722-00-00

Spot Description: \_\_\_\_\_  
SE NW NW NE Sec. 5 Twp. 16 S. R. 21 ☒ East ☐ West  
485 Feet from ☒ North / ☐ South Line of Section  
2100 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 #: 5

Field Name: \_\_\_\_\_

Producing Formation: squirrel

Elevation: Ground: 1008 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**

☐ Letter of Confidentiality Received

Date: \_\_\_\_\_

☐ Confidential Release Date: \_\_\_\_\_

☒ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: Deanna Gertler Date: 10/17/2011



1064843

Operator Name: Oil Sources Corp. Lease Name: Two Bros Well #: 5  
 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 <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> Cores Taken <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> Electric Log Run <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> Electric Log Submitted Electronically <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>(If no, Submit Copy)</i>  List All E. Logs Run:  Gamma Ray/ Neutron/ CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <span style="float: right;"><input type="checkbox"/> Sample</span>  Name <span style="float: right;">Top</span> <span style="float: right;">Datum</span> 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	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 (Amount and Kind of Material Used)	Depth
3	704.0-714.0	2" DML RTG	10

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

# McGown Drilling, Inc.

Mound City, Kansas

**Operator:**

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

**Well:** Two Brothers #5

**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	
391	401	Shale	

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

mcgowndrilling@gmail.com

PO Box K  
Mound City, KS 66056

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, <sup>med.</sup> grain, fair  
saturation, good stain

#### Coring

Core Run

Footage

Recovery

#### Long String:

747.8'

2 7/8 from Buckeye

#### Long String

Cement:

#### Long String and

Cement Call:



**CONSOLIDATED**  
**Oil Well Services, LLC**

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT  
CEMENT

TICKET NUMBER 32922

LOCATION Chawa, KS

FOREMAN Casper K. Edwards

DATE		CUSTOMER #		WELL NAME & NUMBER		SECTION		TOWNSHIP		RANGE		COUNTY	
9/29/11		5949		Two Brothers # 5		NE: 5		16		21		FR	
CUSTOMER						Oil Sources							
MAILING ADDRESS						TRUCK # DRIVER TRUCK # DRIVER							
7105 W 105th						389 Corken ck							
CITY						495 Har Bec HB							
STATE						570 Kei Det KD							
ZIP CODE						370 Art McD AM							
Overland Park													
JOB TYPE <u>long string</u>		HOLE SIZE <u>5 1/2"</u>		HOLE DEPTH <u>763'</u>		CASING SIZE & WEIGHT <u>2 7/8" EUE</u>							
CASING DEPTH <u>746'</u>		DRILL PIPE		TUBING		OTHER							
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING <u>2 1/2" rubber plug</u>							
DISPLACEMENT <u>4.34 bbls</u>		DISPLACEMENT PSI		MIX PSI		RATE <u>5.5 bpm</u>							
REMARKS: <u>held safety meeting, established circulation, mixed &amp; pumped 100 # Premium Gel followed by 10 bbl fresh water, mixed &amp; pumped 104 sks 875 Pozmix cement w/ 2 1/2" Gel per recommendation to surface, flushed pump clean, displaced 2 1/2" rubber plug to casing top, 4.34 bbls fresh water, pressured to 800 PSI, released pressure to set float valve shot in casing.</u>													

[illegible]

Bayle 3737

AUTHORIZATION No Co. Rep. on location 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.