



KANSAS CORPORATION COMMISSION 1064664
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 #: _____
09/27/2011 09/29/2011 10/04/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-25723-00-00
Spot Description: _____
NE NW NW NE Sec. 5 Twp. 16 S. R. 21 East West
165 Feet from North / South Line of Section
2120 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 #: 6
Field Name: _____
Producing Formation: Squirrell
Elevation: Ground: 1010 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: 20 w/ 4 sx cmt.

Drilling Fluid Management Plan
(Date 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: 10/17/2011



1064664

Operator Name: Oil Sources Corp. Lease Name: Two Bros Well #: 6
 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
---	--

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	4	50/50 POZ
Completion	5.6250	2.8750	8	524.5	Portland	108	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	718-724	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: Two Brothers #6

S-T-R: S5-T16-R21

County: Franklin Co, KS

API:

Spud Date: 9/27/2011 **Surface Bit Size:** 9.875"

Surface Casing: 7" **Drill Bit Size:** 5.625"

Surface Length: 20'

Surface Cement: 4sx

Surface Call: Chris M.

Driller's Log

Top	Bottom	Formation	Comments
0	3	Soil	
3	44	Clay	
44	52	Lime	
52	58	Shale	
58	72	Lime	
72	78	Shale	
78	89	Lime	
89	93	Sand	
93	95	Sandy shale & shale	
95	114	Lime	
114	160	Shale	
160	175	Lime	
175	247	Shale	
247	271	Lime	
271	295	Shale	
295	302	Lime	
302	322	Shale	
322	326	Lime	
326	364	Shale	
364	386	Lime	
386	400	Shale	
400	414	Lime	
414	421	Shale	

Office: 913-795-2259

Chris' Cell: 620-224-7406

mcgowndrilling@gmail.com

PO Box K
Mound City, KS 66056

421	426	Lime
426	431	Shale
431	435	Lime
435	557	Shale
557	564	Sand
564	607	Shale
607	615	Lime
615	621	Shale
621	640	Lime
640	655	Shale
655	662	Lime
662	707	Shale
707	723	Sand
723	763	Shale
	763	TD

Coring

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

Long String:

750.25'

2 7/8 from Buckeye

Long String

Cement:

Long String and

Cement Call: