



KANSAS CORPORATION COMMISSION 1067248  
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 # 32834  
Name: JTC Oil, 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>10/24/2011</u>	<u>10/27/2011</u>	<u>11/10/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25734-00-00

Spot Description: \_\_\_\_\_  
SE SE SE Sec. 18 Twp. 16 S. R. 21  East  West  
330 Feet from  North /  South Line of Section  
330 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Franklin

Lease Name: Price Well #: I-5

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 980 Kelly Bushing: 0

Total Depth: 720 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/ 3 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 Gerrard Date: 11/22/2011



1067248

Operator Name: Oil Sources Corp. Lease Name: Price Well #: I-5  
 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 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:  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	3	50/50 POZ
Completion	5.6250	2.8750	8	700	Portland	112	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	656.0-663.0	2" DML RTG	7

<b>TUBING RECORD:</b>		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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# JTC Oil, Inc.

## Drillers Log

Well Name Price Well # I-5

API# 15 15-059-25734-00-00

Cement Amounts

Surface Date 10/24/11 20 ft 6.5

3 Sacks

Cement Date 10/27/11

Well Depth 720

Casing Depth 700

### Drillers Log

<u>Formation</u>	<u>Depth</u>	<u>Formation</u>	<u>Depth</u>
top soil	0		
shale	4		
lime	15		
coal	32		
lime	38		
shale	49		
lime	53		
shale	71		
red bed	79		
shale	82		
lime	103		
shale	144		
lime	204		
shale	227		
lime	255		
shale	294		
lime	303		
shale	399		
lime	542		
shale	551		
lime	609		
top oil sand	653-654		
	654-655 broken		
	655-656 broken		
	656-657 broken		
	657-658 broken mix		
	658-659 good		
	659-660 v good		
	660-661 v good		
	661-662 v good		
	662-663 v good		

Price I-5

663-664 broken  
664-665 broken  
665-666 broken  
666-668 broken  
668-670 shale

shale  
stop drilling  
casing pipe

668  
720  
700

**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 93026  
LOCATION off road  
FOREMAN Alan Maden

Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8876

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-27-11	5949	Price I-3	SE 18	16	21	KS

  

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
D:1 Sources MAILING ADDRESS 7105 W 105th CITY Overland Park STATE KS ZIP CODE 66212	516	Alann	Safety	
	368	Allen	AM	
	320	Gary M	GM	
	510	Keith C	KL	

JOB TYPE long string HOLE SIZE 6 HOLE DEPTH 720 CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 703 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 4.1 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm  
 REMARKS: Held crew next. Fests bled rate. Mixed & pumped 100# gel to flush hole followed by 112 sk 5000 pps, plus 2# gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minute M.L.T. Set float. Closed valve.

JTC Drilling

*Alan Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5421	1	PUMP CHARGE		975.00
5426	15	MILEAGE		60.00
5422	703'	casing footage		166.00
5427	1/2 min	ten miles		190.00
5502C	2	80 gal		
1124	117	50150 pps		1170.40
31123	288	gel		57.60
4402	1	2# plug		28.00
				2703.96
				less 570 136.70
				2597.26
SALES TAX				97.96
ESTIMATED TOTAL				2733.6

Rev 9/3/07

AUTHORIZATION *AL* TITLE \_\_\_\_\_ DATE \_\_\_\_\_

... terms unless specifically amended in writing on the front of the form or in the customer's ...