



KANSAS CORPORATION COMMISSION 1073484  
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: 120 Shoreline Dr.  
Address 2: \_\_\_\_\_  
City: LOUISBURG State: KS Zip: 66053 + 5403  
Contact Person: Kevin Kleweno  
Phone: ( 913 ) 481-4604  
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>1/03/2012</u>	<u>1/05/2012</u>	<u>2/06/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25891-00-00

Spot Description: \_\_\_\_\_

NW SE NW NW Sec. 1 Twp. 16 S. R. 20  East  West

4384 Feet from  North /  South Line of Section

4535 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Franklin

Lease Name: Crawford Well #: 104

Field Name: Leloup

Producing Formation: Mississippi

Elevation: Ground: 962 Kelly Bushing: 0

Total Depth: 732 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: \_\_\_\_\_

feet depth to: 21 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**

- 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: 02/07/2012



1073484

Operator Name: Oil Sources Corp. Lease Name: Crawford Well #: 104  
 Sec. 1 Twp. 16 S. R. 20  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/LLC	<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	7	10	21	Portland	4	50/50 POZ
Completion	5.6250	2.8750	8	721	Portland	111	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
2	674.0-684.0	2" DML RTG	23

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**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 36853

LOCATION Ottawa KS

FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/17/12	5949	Crawford # 104	NW 1	16	20	FR
CUSTOMER <u>Oil Services Corp</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>120 Shore Line Dr</u>			506	FREMAN	Safety	MK
CITY <u>Louisburg</u>			495	HARBEC	HAB	
STATE <u>KS</u>			370	GARMON	GM	
ZIP CODE <u>66453</u>			558	KEICAR	KL	

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 740 CASING SIZE & WEIGHT 2 7/8 EUE  
CASING DEPTH 722' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
DISPLACEMENT 4.238L DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE SAPM

REMARKS: Establish circulation - Mix + Pump in # Premium Gel Flush. Mix + Pump 111 sks 50/50 Poz Mix Cement 2% Gel Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. ~~Flush pump + lines clean. 1 Pressure to 900# PSI. Release pressure to set float valve. Shut in casing.~~

MCGraw Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1032. <sup>00</sup>
5406	-	MILEAGE		N/C
5402	722'	Casing footage		N/C
5407	Minimum	Ten Miles		350. <sup>00</sup>
5502C	1/2 hr	80 BBVAC Truck		135. <sup>00</sup>
1124	111 sks	50/50 Poz Mix Cement		1215. <sup>45</sup>
118B	287 #	Premium Gel		60. <sup>27</sup>
4402	1	2 1/2" Rubber Plug		28. <sup>00</sup>
		<u>2172.58</u>		
		7.5%	SALES TAX	101. <sup>69</sup>
			ESTIMATED	
			TOTAL	2920. <sup>41</sup>

AUTHORIZATION [Signature] 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

McGown Drilling, Inc.  
Mound City, Kansas

**Operator:**  
Oil Sources Corp.  
Overland Park, KS

**Crawford #104**

Franklin Co, KS  
1-16S-20E  
API: 059-25891

<b>Spud Date:</b>	1/3/2012	<b>Surface Bit:</b>	9.875"
<b>Surface Casing:</b>	7"	<b>Drill Bit:</b>	5.625"
<b>Surface Length:</b>	20.70'	<b>Longstring:</b>	721.65'
<b>Surface Cement:</b>	4 sx	<b>Longstring Date:</b>	1/5/2012

**Driller's Log**

Top	Bottom	Formation	Comments
0	3	Soil	
3	15	Clay	
15	23	Shale	
23	50	Lime	
50	56	Shale	
56	66	Lime	
66	78	Shale	
78	89	Lime	
89	90	Shale	
90	92	Lime	
92	131	Shale	
131	169	Lime	
169	230	Shale	
230	252	Lime	
252	256	Shale	
256	257	Lime	
257	267	Shale	
267	277	Lime	
277	302	Shale	
302	307	Lime	
307	335	Shale	
335	361	Lime	
361	374	Shale	
374	390	Lime	
390	397	Shale	
397	406	Lime	

Crawford #104  
Franklin Co., KS

406	576	Shale	
576	598	Lime	
598	601	Coal	
601	665	Shale	
665	671	Shale	Muddy
671	685	Sand	See below
685	732	Shale	
732		TD	

**Sand Detail:**

671-673 Sand / Muddy Sand - odor and slight bleed

673-676 Good Dark Sand - with good odor and bleed - Best

676-685 Sand laminated with shale - good bleed and odor where oil sand present

685-692 Shale

	<b>Coring</b>	
<b>Run</b>	<b>Footage</b>	<b>Rec.</b>
1	674-692	18'