



KANSAS CORPORATION COMMISSION 1073466
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 #: _____

11/23/2011	12/07/2011	2/06/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25809-00-00
Spot Description: _____
NE_SW_NW_NE Sec. 5 Twp. 16 S. R. 21 East West
4390 Feet from North / South Line of Section
2057 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 #: I-5
Field Name: Paola-Rantoul
Producing Formation: Squirrel
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

(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 Gantsoi Date: 02/07/2012



1073466

Operator Name: Oil Sources Corp. Lease Name: Two Bros. Well #: I-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 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	20	Portland	4	50/50 POZ
Completion	5.6250	2.8750	8	745	Portland	97	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	708.5-721.5	2" DML RTG	13

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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.
Mound City, Kansas

Operator:
Oil Sources Corp.
Overland Park, KS

Two Bros. #1-5
Franklin Co, KS
5-16S-21E
API: 15-059-25809-00-00

Spud Date:	11/23/2011	Surface Bit:	9.875"
Surface Casing:	7"	Drill Bit:	5.625"
Surface Length:	20'	Longstring:	745'
Surface Cement:	4 sx	Longstring Date:	12/7/2011

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	36	Clay	
36	44	Shale	
44	53	Lime	
53	56	Shale	
56	73	Lime	
73	77	Shale	
77	90	Lime	
90	94	Sand	
94	96	Shale	
96	113	Lime	
113	156	Shale	
156	175	Lime	
175	249	Shale	
249	271	Lime	
271	297	Shale	
297	303	Lime	
303	363	Shale	
363	381	Lime	
381	382	Shale	
382	385	Lime	
385	394	Shale	
394	422	Lime	
422	424	Shale	
424	435	Lime	
435	553	Shale	553-556--muddy sand

Two Bros. #I-2
Franklin Co., KS

			556-561--odor, good gas sand
553	564	Sand	561-564--muddy sand
564	595	Shale	
595	597	Lime	
597	607	Shale	
607	615	Lime	
615	621	Shale	
621	631	Lime	
631	652	Shale	
652	655	Lime	
655	705	Shale	705-707--shale & sand odor
705	725	Sand	707-708--good odor, slight bleed
725	727	Sandy Shale	708-710--strong odor, good bleed
727	763	Shale	710-720--strong odor, excellent bleed
763		TD	720-723--good odor, fair bleed
			723-725--clean



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33182

LOCATION Ottawa

FOREMAN Alan Maden

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-12-11	3949	fwobras I-5	NE 5	16	21	FK
CUSTOMER <u>Oil Sources</u>			TRUCK #			
MAILING ADDRESS <u>120 Shoreline Dr</u>			DRIVER			
CITY <u>Louisburg</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66053</u>			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 3 5/8 HOLE DEPTH 763 CASING SIZE & WEIGHT 2 1/2
 CASING DEPTH 745 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT 4.3 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4.5 gpm

REMARKS: Held crew meet. Mixed & pumped 100# gel followed by 97sk 50/150 p/z plus 20# gel. Mixed with salt water from Price lease at customer request. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minute MIT. Set float. Closed valve.

McGown Drilling, Rodney

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	15	MILEAGE		60.00
5402	745'	casing footage		
5407	1/2 mi	tax miles		175.00
5502C	1 1/2	8D vac		135.00
3124	97 sk	50/150 p/z		1062.15
1183	263#	gel		55.23
4402	1	2 1/2 plug		28.00
				2634.72
		less 5% 131.74		
				2502.98

SCANNED

Rev'n 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

SALES TAX 89.34
ESTIMATED TOTAL 2634.72

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.