



KANSAS CORPORATION COMMISSION 1088996
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: 6950 W. 163rd TERR

Address 2: _____

City: STILWELL State: KS Zip: 66085 +

Contact Person: Kevin Kleweno

Phone: (913) 481-4604

CONTRACTOR: License # 5786

Name: McGown Drilling, Inc.

Wellsite Geologist: Kevin Kleweno

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 #: _____

07/10/2012 07/11/2012 07/20/2012

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-25725-00-00

Spot Description: _____

NW SE NW NE Sec. 5 Twp. 16 S. R. 21 East West

700 Feet from North / South Line of Section

1840 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 #: 8

Field Name: _____

Producing Formation: Paola-Rantoul

Elevation: Ground: 1011 Kelly Bushing: 0

Total Depth: 730 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: _____ w/ _____ 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 Gortner Date: 08/13/2012



1088996

Operator Name: Oil Sources Corp. Lease Name: Two Bros Well #: 8
 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 Yes No Log Formation (Top), Depth and Datum Sample
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No Name Top Datum
 open hole

Cores Taken Yes No
 Electric Log Run Yes No
 Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

List All E. Logs Run:

CASING RECORD New 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	50/50poz
completion	5.625	4.5	8	524.50	portland	108	50/50poz

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				

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
(Amount and Kind of Material Used)

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:

Vented Sold Used on Lease
 (If vented, Submit ACO-18.)

METHOD OF COMPLETION:

Open Hole Perf. Dually Comp. Commingled (Submit ACO-5)
 Other (Specify) _____

PRODUCTION INTERVAL:



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

TICKET NUMBER 37423

LOCATION Off Ave

FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-12	5949	Two bras	NE 5	16	21	FR
CUSTOMER O:1 Sources			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 6950 W 163rd Terrace			576	Alc Mad	Safety	Maed
CITY STATE ZIP CODE St. Lucie KS 66095			368	Alc Mad	AM	
			370	Kei Cox	KC	
			510	Set Inc	ST	

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 711 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 705 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 11 DISPLACEMENT PSI _____ MIX PSI 200 RATE 4 bpm

REMARKS: Hold crew meet. Established rate Mixed & pumped 100# gel to flush hole. Mixed & pumped 5 bbl dye marker followed by 11 gal 50/150 cement plus 200 gal. Circulated dye. Displaced casing with 11 bbl clean water. Circulated 5 bbl cement. Closed valve

McGowan Drilling

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		10.30.00
3406	15	MILEAGE		60.00
5402	705'	Casing Footage		5
5407	min	Tax miles		350.00
5502C	2	80 gal		180.00
1124	111	50/150 cement		1215.45
1118-B	286#	gel		60.06
			SALES TAX	99.49
			ESTIMATED TOTAL	2995.00

Form 3737

NO COMPANY REP
Jim OK'd

AUTHORIZATION _____ 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 fo

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