

KANSAS CORPORATION COMMISSION 1100900
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 34585
Name: Oil Sources Corp.
Address 1: 12508 CATALINA ST.
Address 2:
City: LEAWOOD State: KS Zip: 66209 + 2267
Contact Person: kevin kleweno
Phone: (913) 481-4604
CONTRACTOR: License # 33715
Name: Town Oilfield Service
Wellsite Geologist: kevin kleweno
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 #:

12/15/2011	12/16/2011	01/17/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25837-00-00

Spot Description:

SW NW NW NW Sec. 1 Twp. 16 S. R. 20 ☒ East ☐ West
4704 Feet from ☐ North / ☒ South Line of Section
5139 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Franklin

Lease Name: Crawford Well #: 100

Field Name:

Producing Formation: mississippi

Elevation: Ground: 958 Kelly Bushing: 0

Total Depth: 687 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: 1800 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: 11/15/2012



1100900

Operator Name: Oil Sources Corp.

Lease Name: Crawford

Well #: 100

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
 (Attach Additional Sheets)
☐ Yes ☒ No☐ Log

Formation (Top), Depth and Datum

☐ Sample

Samples Sent to Geological Survey

☐ Yes ☒ No

Name

Top

Datum

see attached

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	9.875	7	19.00	20	portland	4	0

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

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.
(Submit ACO-5)☐ Commingled
(Submit ACO-4)☐ Other (Specify)

PRODUCTION INTERVAL:



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER **36850**

LOCATION **Ottawa KS**

FOREMAN **Fred Mader**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/17/12	5949	Crawford # 100	NW 1	16	20	FR
CUSTOMER			TRUCK #			
Oil Sources Corp			DRIVER			
MAILING ADDRESS			TRUCK #			
120 Shoreline Dr			DRIVER			
CITY	STATE	ZIP CODE				
Louisburg	KS	66053				

JOB TYPE Plug	HOLE SIZE 5 7/8	HOLE DEPTH 680'	CASING SIZE & WEIGHT N/A
CASING DEPTH 0	DRILL PIPE 1"	TUBING 680'	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING FULL
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE 1 BPM

REMARKS: Wash down 4 5/8" tubing. Mix 10 sks Cement - Spent @ 680' thru 1". Pull 1" to 350' Fill to surface w/ Cement. Pull remaining 1" + Top off well w/ Cement. Wash out 1" tubing.

63 sks 50/50 Por Mix Cement 6% Gel

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE		103.00
5406	15 m.	MILEAGE		60.00
5407	1/4 minimum	Ten Miles		87.50
3502C	1 1/2 hr	80 BBL Vac Truck		135.00
1124	63 sks	50/50 Por Mix Cement		689.85
1118B	318 #	Premixed Gel		66.75
2472.10				
		7.8%	SALES TAX	59.20
			ESTIMATED TOTAL	2128.15

Rev 01/07

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