



KANSAS CORPORATION COMMISSION 1100902
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: 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 #:
11/30/2011 12/1/2011 12/7/2011
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-121-28958-00-00
Spot Description:
SW SE NW NW Sec. 4 Twp. 16 S. R. 22 East West
4213 Feet from North / South Line of Section
4439 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: Hillsdale Well #: 22
Field Name:
Producing Formation: bartlesville
Elevation: Ground: 1003 Kelly Bushing: 0
Total Depth: 750 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 Gamsor Date: 11/15/2012



1100902

Operator Name: Oil Sources Corp. Lease Name: Hillsdale Well #: 22
 Sec. 4 Twp. 16 S. R. 22 East West County: Miami

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
 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				

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

Shots Per Foot	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) (Submit ACO-4)
 Other (Specify) _____

PRODUCTION INTERVAL:



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 33166

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/7/11	5949	Reed Hillsdale #	NW 4	16	22	ML
CUSTOMER Oil Sources Corp			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 120 Shoreline Dr						
CITY Louisburg		STATE KS	ZIP CODE 66053			
JOB TYPE <u>Plug</u>			HOLE SIZE <u>5 5/8</u>			
CASING DEPTH <u>N/A</u>			HOLE DEPTH <u>900'</u>			
SLURRY WEIGHT			CASING SIZE & WEIGHT <u>N/A</u>			
DISPLACEMENT			OTHER			
DISPLACEMENT PSI			WATER gal/sk			
MIX PSI			CEMENT LEFT in CASING			
RATE			RATE			

REMARKS: Establish circulation thru 1" tubing spot 10 sks Cement @ TD. Pull 1" tubing to 350', Kill to surface. Pull 1" tubing + Top off well.

65 sks Total

Hoehn Pulley

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	495	10.30 ⁰⁰
5406	10 mi	MILEAGE	495	40 ⁰⁰
5407	1/2 Mintramm	Ton Miles	503	175 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	370	180 ⁰⁰
1124	65 sks	50/50 Por Mix Cement		711.75
115B	328 #	Premium Gel	68 ⁸⁸	2264.57
			7.55%	SALES TAX 58 ²¹
				ESTIMATED TOTAL 2264 ⁵⁷

Ravin 9737

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 form.