

KANSAS CORPORATION COMMISSION 1100840
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 #:

2/15/2012 2/16/2012 2/27/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-059-25922-00-00

Spot Description:

SW NW SE NW Sec. 1 Twp. 16 S. R. 20 ☒ East ☐ West
3584 Feet from ☐ North / ☒ South Line of Section
3653 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Franklin

Lease Name: Crawford

Well #: 112

Field Name:

Producing Formation: mississippi

Elevation: Ground: 972 Kelly Bushing: 0

Total Depth: 720 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



1100840

Operator Name: Oil Sources Corp.

Lease Name: Crawford

Well #: 112

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

Cores Taken

☐ Yes ☒ No

see attached

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	19.0	20	portland	4	none

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:



O Box 884, Chanute, KS 66720
 920-431-9210 or 800-467-8676

TICKET NUMBER 34198

LOCATION OKHawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE		CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
2/27/12		5989	Crawford # 112		NW 1	16	20	FR
OIL SOURCES CORP								
MAILING ADDRESS								
120 Shoreline Dr								
CITY		STATE	ZIP CODE					
Louisburg		KS	66003					
JOB TYPE		HOLE SIZE		HOLE DEPTH				
PUMP		10"		700'				

JOB TYPE Photo

HOLE SIZE

HOLE DEPTH 7002

CASING SIZE & WEIGHT N/A

CASING DEPTH

DRILL PIPE

TUBING

OTHER

SLURRY WEIGHT

SLURRY VOL

WATER gal/sk

CEMENT LEFT in CASING

DISPLACEMENT

DISPLACEMENT PSI

MIX P50

RATE

REMARKS: Wash down 1" tubing to TD. mix + Pump 10 size Cement
Spud @ TD. Pull 1" tubing to 350' Fill to surface. Pull
remaining 1" tubing Top off well. Wash out Tubing

6.35 kcs Total Cement.

50/50 Pot. Mix = 6% Gal

Fred Maden

[illegible]

AUTHORIZATION Kennedy

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.