

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1101071

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		API No. 15
Name: Oil Sources Corp.		Spot Description:
12509 CATALINA ST		NE_SW_NW_NW Sec. 1 Twp. 16 s. R. 20 ▼ East West
Address 2:		4553 Feet from North / South Line of Section
City: LEAWOOD State: KS	Zip:66209+ _2267	Feet from East / West Line of Section
Contact Person: kevin kleweno		Footages Calculated from Nearest Outside Section Corner:
Phone: (913) 481-4604	· · · · · · · · · · · · · · · · · · ·	□NE □NW ☑SE □SW
CONTRACTOR: License # 33715		County: Franklin
Name: Town Oilfield Service		Lease Name: Crawford Well #: 101
Wellsite Geologist: kevin kleweno	_	Field Name:
Purchaser:	-	Producing Formation: misssippi
Designate Type of Completion:		Elevation: Ground: 962 Kelly Bushing: 0
✓ New Well Re-Entry	Workover	Total Depth: 763 Plug Back Total Depth:
✓ Oil ☐ wsw ☐ swi	D □ SIOW	Amount of Surface Pipe Set and Cemented at: 20 Feet
☐ Gas ☐ D&A ☐ ENH	=	Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
☐ OG ☐ GSW	N Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)		If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.,):	feet depth to: sx cmt
If Workover/Re-entry: Old Well Info as follow	rs:	WSASIN
Operator:		Dally State of the
Well Name:		Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Comp. Date:	nal Total Depth:	Chloride content: 1800 ppm Fluid volume: 80 bbls
Deepening Re-perf. Co	env. to ENHR	**
□ Co	nv. to GSW	Dewatering method used: Evaporated
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #	:	Operator Name:
Dual Completion Permit #	•	Lease Name: License #:
SWD Permit #	:	
☐ ENHR Permit #	·	QuarterSec TwpS. R East West
GSW Permit #	-	County: Permit #:
12/13/2011 12/14/2011	1/17/2012	
Spud Date or Date Reached TD Recompletion Date	Completion Date or Recompletion Date	

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 I III Approved by: Oceans Garrison Date: 12/14/2012						

1101071

Operator Name: Oil S	Sources Corp.			Lease	Name: _	Crawford		_ Well #:10	<u>1</u>	
Sec. 1 Twp. 16	s. R. <u>20</u>	 Œ East □	West	County	_{/:} <u>Franl</u>	klin				
INSTRUCTIONS: Sho time tool open and clos recovery, and flow rates line Logs surveyed. At	ed, flowing and shut- s if gas to surface tes	in pressure: t, along with	s, whether s i final chart(hut-in pres	sure rea	ched static level,	hydrostatic pres	sures, bottom i	nole temp	erature, fluid
Drill Stem Tests Taken (Attach Additional Si	heets)	Yes	√ No		□L/	og Formatio	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geold Cores Taken Etectric Log Run Etectric Log Submitted (If no, Submit Copy)	Yes Yes Yes Yes	Yes VNo Yes VNo Yes VNo			Name see attatched		Тор	Ī	Datum	
List All E. Logs Run:										
		Report a		RECORD conductor, s	✓ Ne	w Used	ion, etc.			
Purpose of String	Size Hale Drilled		Casing n O.D.)		ight / Ft.	Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
surface	9.875	7		19.00		20	portland	4	0	
Purpose:	Depth Top Bottom		ADDITIONAL	L CEMENT		JEEZE RECORD	Type and	Percent Additives		
Perforate Protect Casing Plug Back TD Plug Off Zone	-									
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs S Specify Footage of Each Interval Perfora						cture, Shot, Ceme mount and Kind of M		d	Depth
										-
TUBING RECORD:	Size:	Set At:		Packer A	At:	Liner Run:	Yes N	0		
Date of First, Resumed F	Production, SWD or EN	ir. P	roducing Met	hod:	ng 🔲	Gas Lift 🔲 C	Other (Explain)		·	
Estimated Production Per 24 Hours	Oil B	lbis.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio		Gravity
DISPOSITIO	Used on Lease			METHOD O	_	Comp. Cor	nmingled mit ACO-4)	PRODUCTIO	ON INTER	VAL:



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-4 March 2009 Type or Print on this Form Form must be Signed

		K.A.R. 8		(D	All blanks must be Filled				
OPERATOR: License #: 34585 Name: Oil Sources Corp. Address 1: 120 Shoreline Dr. Address 2: City: Cortact Person: Kevin Kleweno Phone: (913) 481-4604 OG D&A Cathodic Type of Well: (Check one) ✓ Oil Well Gas Well Gas Well Gas Vell				API No. 15 - 15-059-25838-00-00 Spot Description: SE_NW_NW_NW_Sec. 1 Twp. 16 S. R. 20 Feast Wes 4811 Feet from North / South Line of Section 4870 Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County: Franklin Lease Name: Crawford Well #: 101 Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: 1/17/2012 Plugging Completed: 1/17/2012					
Show depth and thickness of a	ll water, oil and gas forma	ntions.	· I						
Oil, Gas or Water I	Records		Casing Record (Surf	ace, Conductor & Produ	uction)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
		Surface	7	22					

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Pumped cement through 1" from bottom to surface. Remove 1" pumped 68 sacks of cement to T.D.

Plugging Contractor License #:5786	Name: _	McGown Drilling, Inc.		
Address 1: PO BOX K	Address	2 :	<u> </u>	
City: MOUND CITY		State: KS	Zip: 66056	_ + <u>0299</u> _
Phone: (913) 795-2258				
Name of Party Responsible for Plugging Fees: Kevin Kleweno			···	
State of County,		_ , SS.		
(Print Name)		Employee of Operator or	•	
being first duly sworn on oath, says: That I have knowledge of the facts statement	ts, and matter	s herein contained, and the log of the	above-described we	ll is as filed, and

Submitted Electronically



TICKET NUMBER 36851

LOCATION OXYGUM KS

FOREMAN Fred Mada

ESTIMATED TOTAL

DATE

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.
1/17/12	5949	Crawfor	9 2 101	NW 1	16	20	FR
CUSTOMER						1/01	
011	Sources	COTP	1,1	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	<u> </u>			506	FREMAD	Sately ;	wh.
120	shore 1	ine Dr		495	HARBEC	HAB	1
CITY		STATE	ZIP CODE	370	GARMOD	GM	
Louisk	2√4g	KS.	66053	548	RY45IN	R.S	<u> </u>
JOB TYPE	PUL	HOLE SIZE	578 HOLE DE		CASING SIZE & W	/EIGHT_ <i>N]A</i>	
CASING DEPTH		DRILL PIPE	/ '\ TUBING_	40 689,		OTHER	
SLURRY WEIGH	rt	SLURRY VOL_	WATER g	al/sk	CEMENT LEFT in		 -
DISPLACEMENT	г	DISPLACEMENT			RATE BPM		
REMARKS: E	stablish	circula			2:x 10 s Ks (<u> </u>
	Spart +h	1 7 7 11	6.24 @ 680°.		y 40 350		
	30140	er all	Comers. P.	Il remail	Time 1 XUL	· Vy r	
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CODE	QUANIT	Y or UNITS	DESCRIPTION	N of SERVICES or Pi	RODUCT	UNIT PRICE	TOTAL
54050		1	PUMP CHARGE Plac		495		: 10305
5406			MILEAGE				· N/c
5407	44 mlini	ארטאל	You miles		548		8750
55020		1/2 hr .	80 BBL Vac	Truck	טל צ		13509
9 -					,		
1124		13 SKS	50/50 Por M.	x Consut			689 8
1118-8		318#	Premium (,		6675
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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

TITLE