

ALT ☐ I ☒ II ☐ III Approved by: Deanna Garrison Date: 12/14/2012

1101071

Operator Name: Oil Sources Corp. Lease Name: Crawford Well #: 101  
 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 ☐ Yes ☒ No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No

Electric Log Submitted Electronically ☐ Yes ☐ No  
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample  
 Name Top Datum  
 see attached

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)		METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____		PRODUCTION INTERVAL: _____ _____	
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**Notice:** Fill out COMPLETELY  
and return to Conservation Division at  
the address below within  
60 days from plugging date.

**KANSAS CORPORATION COMMISSION**      **1077024**  
**OIL & GAS CONSERVATION DIVISION**  
**WELL PLUGGING RECORD**  
K.A.R. 82-3-117

Form CP-4  
March 2009  
**Type or Print on this Form**  
**Form must be Signed**  
**All blanks must be Filled**

OPERATOR: License #: 34585  
Name: Oil Sources Corp.  
Address 1: 120 Shoreline Dr.  
Address 2: \_\_\_\_\_  
City: LOUISBURG State: KS Zip: 66053 + 5403  
Contact Person: Kevin Kleweno  
Phone: (913) 481-4604  
Type of Well: (Check one) ☒ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic  
☐ Water Supply Well ☐ Other: \_\_\_\_\_ ☐ SWD Permit #: \_\_\_\_\_  
☐ ENHR Permit #: \_\_\_\_\_ ☐ Gas Storage Permit #: \_\_\_\_\_  
Is ACO-1 filed? ☐ Yes ☒ No If not, is well log attached? ☐ Yes ☐ No  
Producing Formation(s): List All (If needed attach another sheet)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - 15-059-25838-00-00  
Spot Description: SE NW NW NW Sec. 1 Twp. 16 S. R. 20 ☒ East ☐ West  
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 all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
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: \_\_\_\_\_  
City: MOUND CITY State: KS Zip: 66056 + 0299  
Phone: (913) 795-2258  
Name of Party Responsible for Plugging Fees: Kevin Kleweno  
State of \_\_\_\_\_ County, \_\_\_\_\_, ss. \_\_\_\_\_  
(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

**Submitted Electronically**

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



## FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 36851  
LOCATION Oxiana KS  
FOREMAN Fred Madia

JOB TYPE <u>PIG</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>650'</u>	CASING SIZE & WEIGHT <u>N/A</u>
CASING DEPTH _____	DRILL PIPE <u>1"</u>	TUBING <u>to 680'</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>Full</u>
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>3 BPM</u>

REMARKS: Establish circulation thru 1" tubing mix 100% cement. Spurt thru 1" tubing @ 680'. All tubing to 350' fill to surface w/ cement. All remaining 1" tubing + top off w/ cement. Wash out 1" pipe.

1/3 sls 50/50 Por mix Cement 6% Gal

First Modern

[illegible]

Rayin 3737

## 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.**