

APR 12 2013

CONSERVATION DIVISION
WICHITA, KS

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION



ORIGINAL

Form Must Be Typed
Form must be Signed
Blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34075 34075
Name: OneSource Financial Services
Address 1: PO Box 40181
Address 2: _____
City: South Padre Island State: TX Zip: 78597
Contact Person: Kevin Andrews
Phone: (785) 332-6174
CONTRACTOR: License # _____
Name: _____
Wellsite Geologist: _____
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 #: _____
8-9-12 8-11-12 8-13-12
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-023-21350-00-00
Spot Description: _____
C 26 ^{se 1/4} ^{sw 1/4} ^{ne 1/4} Sec. 26 Twp. 4 S. R. 40 East West
2,300 Feet from North / South Line of Section
340 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Cheyenne
Lease Name: Jones Well #: 26-1
Field Name: Cherry Creek Niobrara
Producing Formation: Niobrara
Elevation: Ground: 3550 Kelly Bushing: _____
Total Depth: 1542 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: _____ 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: 5000 ppm Fluid volume: 50 bbls
Dewatering method used: Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.
Signature: _____
Title: President Date: 04-1-13

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: PJA Dg Date: 4/16/13

Operator Name: OneSource Financial Services Lease Name: Jones Well #: 26-1
 Sec. 26 Twp. 4 S. R. 40 East West County: Cheyenne

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)

Log Formation (Top), Depth and Datum Sample

Name Top Datum

List All E. Logs Run:

CASING RECORD <input 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	9-7/8"	7	17	344.70	50x50	170	2%CaCl, 25% Flo-Cal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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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BISON OIL WELL CEMENTING, INC.



1730 Wynkoop St. Ste 107
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-296-8143
E-mail: bisonoil@comcast.net

REF NUMBER: 10997
LOCATION: St. Francis
FOREMAN: Randel Newton

TREATMENT REPORT

DATE	WELL NAME	SITING	TOP	SEA	CEMENT	FORMATION
8-11-12	Sonos 26-1	26	45	40W	drypack	
OWNER	ONE SOURCE Financial Services					
OPERATOR	Excell					
OPERATION	Excell Rig 2					
DATE TO LOCUS	75 mi					
TIME TO LOCUS	7:00 AM					
TIME WORKED ON WELL	2:30 AM					

WELL DATA			PRESSURE LIMITATIONS		
PAK SIZE	9 5/8"	DEPTH	THEORETICAL	RESTRICTED	
FORM DEPTH	350'	ALIAS DEPTH	FRAC PROCE ADJUS LOGG		
FORM DEPTH	7"	TRUSS DEPTH	SURF		
FORM DEPTH	344'	TREATMENT VOLUME	TRUSS		
FORM DEPTH	17'	TREATMENT VOLUME	TYPE OF TREATMENT		
STATUS	GOOD	TREATMENT VOLUME	TREATMENT RATE		

PRESSURE SUMMARY			TREATMENT RATE		
CREATING OR PROPAGATING	SP	AVERAGE	DP	INITIAL OPR	
FORM CAPLACEMENT	PS	TRP	DS	TRIAL OPR	
ADJUSTING	PS	6 MIN OPR	SS	ABNORMAL OPR	
TRANSITION	PS	15 MIN OPR	NS	MAXIMUM OPR	
ADJUSTING	PS			AVERAGE OPR	
				TRIP OPR - TIME #1 THROUGH #400	

MTRU 5m with mt 1.00k of B3 - fix @ 15.215/gal
 water req. 4.2 gal/sk 17 bbl air water 4' chd ac 1.07 cur/sk 2nd plug
 Displace w/ 12.5 bbls water shut in rig down
 Analy 2646 cap. 04150

JOB SUMMARY	DESCRIPTION OF JOB EVENTS	MTRU	5m	CRIC	mt	DRIFTING
		2:30 AM	5:00 AM	6:20 AM	6:26 AM	6:35 AM
	Displace					
	6:36					
	6:38 / D 100 PSI		Shut in		Rig down	
	6:42 / 2.5 200 PSI		6:43 AM		6:45	
	3 BDLs cement to pit					

DATE: DAEII TITLE: _____ DATE: _____
 I hereby certify that the above information is true and correct to the best of my knowledge and belief.

RECEIVED
KANSAS CORPORATION COMMISSION

APR 12 2013

CONSERVATION DIVISION
WICHITA, KS

BISON OIL WELL CEMENTING, INC.



1728 Wykeop St. Ste 100
 Denver, Colorado 80202
 Phone 303-796-3010
 Fax 303-288-0143
 E-mail: bisonoil@wykeoil.com

REF. INVOICE # 10998
 LOCATION St. Francis
 FOREMAN Ricky Hunter

TREATMENT REPORT

DATE <u>8-12-12</u>	WELL NAME <u>Jones 26-1</u>	SECTION <u>26</u>	TWP <u>45</u>	R12 <u>40W</u>	COUNTY <u>Logan</u>	TREATMENT
SERVICE TO <u>Excell</u>		OWNER <u>ONE SOURCE Financial</u>				
ADDRESS		OPERATOR				
CITY		ESTIMATION <u>Excell Log 2</u>				
STATE ZIP CODE		DEPT. TO LOCATION <u>75m</u>				
TEL. ADDRESS (LOCATION) <u>3:00am</u>		TIME LEFT LOCATION <u>6:30am</u>				

WELL DATA				PRESSURE LIMITATIONS	
WELL SIZE	THROU SIZE	IDENTIFIERS		THEORETICAL	INSTRUCTED
<u>6 1/4"</u>			SOFTWARE FOR NUMERICAL LOGS		
WELL DEPTH	THROU DEPTH	STATUS	STATUS		
<u>6044'</u>	<u>1295'</u>	OPEN HOLE	STATUS		
CASING SIZE	CASING DEPTH		STATUS		
<u>3 1/2"</u>	<u>12.3</u>	TREATMENT VIA			
CASING WEIGHT	THROU DEPTH		TYPE OF TREATMENT		TREATMENT RATE
			1 SURFACE PORE	DISPERSED OPM	
			1 PLUGGING CEMENT	INITIAL OPM	
			1 COLLECT CEMENT	TOTAL OPM	
			1 PACK DISPERSED	RESIDUAL OPM	
			1 PACK SEDIMENT	MAXIMUM OPM	
			1 PACK SPOTTING	RELEASE OPM	
			1 PACK PUMP		
			1 OTHER <u>PHA</u>		

INTERESTED PARTIES FROM TO JOB MTRCA 5m CTL 15' plug 1345-1220' w/ 35' LB 3 1/2 @ 15.2
16 1/2" w/ 4.2 gal/sd 3.5 bbl mix yield of 1.07 w/ 2.4 gal w/ 9 bbls water
2nd plug 4.34-259' w/ 3.55 bbls B3-1.7c as above Displace w/ 2 bbls 3rd plug
62'-12' w/ 10.8 bbls B3-1.7c 1.6 bbl mix water Displace w/ 0.5 bbl water

JOB SUMMARY						
DESCRIPTION OF JOB EVENTS	MTRCA	5m	1st	CTL	2nd	CTL
	4:00am	4:40am	4:45am	4:47am	4:49am	5:38am
MTR	Displace	2nd	CTL		4:51 9 200	
5:40am	5:42am	6:00am	MTR	Displace		
5:44	2:100		6:02	6:03	6:03 5 100	

1:30 am
6:05

[Signature]

DATE

WARRANTY: We warrant that the work was done in accordance with the terms and conditions of the work order attached, unless otherwise specified. The operator is responsible for the safety of the well and the operator's equipment.

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