



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



1061748

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum |
|---|---|

| 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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 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 <i>(Amount and Kind of Material Used)</i> | 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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: _____ _____ |
|--|--|---|

ALLIED CEMENTING CO., LLC. 037191

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Great Bend KS,

| | | | | | | | |
|--|--------------------|--------------------------------------|------------------|------------|--------------------|-------------------------|--------------------------|
| DATE <u>4-22-2011</u> | SEC. <u>14</u> | TWP. <u>18S</u> | RANGE <u>24W</u> | CALLED OUT | ON LOCATION | JOB START <u>6:00PM</u> | JOB FINISH <u>6:30PM</u> |
| LEASE <u>Debes</u> | WELL # <u>R #3</u> | LOCATION <u>Ness City 3W 1N 1/2E</u> | | | COUNTY <u>Ness</u> | STATE <u>KS</u> | |
| OLD OR <input checked="" type="radio"/> NEW (Circle one) | | | <u>N/A TO</u> | | | | |

CONTRACTOR Duke #4
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 222 FT
 CASING SIZE 8 5/8 DEPTH 222 FT
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 222 FT
 TOOL _____ DEPTH _____
 PRES. MAX 250 PSI MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 15 FT
 CEMENT LEFT IN CSG. 15 FT
 PERFS. _____
 DISPLACEMENT Freshwater 13 BBLS,
 EQUIPMENT _____

PUMP TRUCK CEMENTER David W.
 # 366 HELPER Bob R.
 BULK TRUCK _____
 # 341 DRIVER Kevin W.
 BULK TRUCK _____
 # _____ DRIVER _____

OWNER Trans Pacific Oil
 CEMENT AMOUNT ORDERED 160 SX Class A + 3% CC + 2% Gel
 COMMON 160 @ 14.25 2400.00
 POZMIX @ _____
 GEL 3 @ 21.25 63.75
 CHLORIDE 6 @ 58.20 349.20
 ASC @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING 169 @ 2.25 380.25
 MILEAGE 169 X 62.11 = 1052.57

REMARKS:

Pipe on bottom break circ
Mix 160sx AT + 3% CC + 2% Gel shot
Down Release Plug Displace with
13 BBLS Fresh water shot in
Cement did circ

TOTAL 4545.78

SERVICE

DEPTH OF JOB 222 FT
 PUMP TRUCK CHARGE 1125.00
 EXTRA FOOTAGE @ _____
 MILEAGE 124 @ 7.00 = 868.00
 MANIFOLD @ _____
Grand Total 124 @ 4.00 = 496.00

RECEIVED

2489.00

TOTAL

CHARGE TO: Trans Pacific Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

BY _____
 PLUG & FLOAT EQUIPMENT

Wooden Plug @ 54.00 54.00
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL 54.00

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Rich Wheeler
 SIGNATURE Rich Wheeler

Thank you

SALES TAX (If Any) _____
 TOTAL CHARGES 2489.00
 DISCOUNT _____ IF PAID IN 30 DAYS

~~RECEIVED~~
~~APR 23 2011~~

JOB LOG

SWIFT Services, Inc.

DATE 6-6-11 PAGE NO. 9

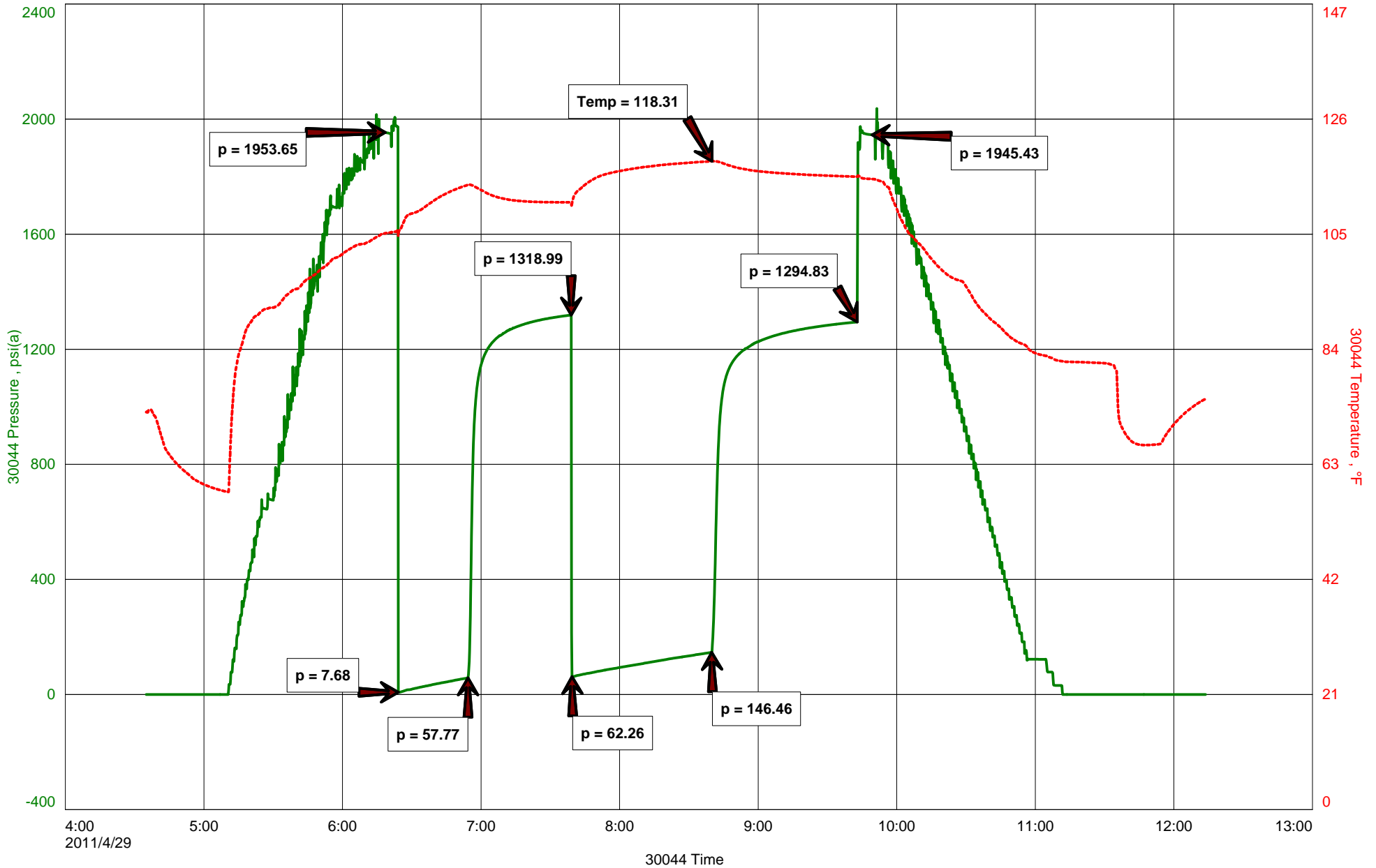
CUSTOMER TRANS PACIFIC OIL WELL NO. # 3 LEASE DEBES JOB TYPE TOOLS - CNT PORT COLLAR TICKET NO. 20525 - 20751

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------------|-------|---|----------------|--------|---|
| | | | | T | C | TUBING | CASING | |
| | 0900 | | | | | | | CN LOCATION |
| | | | | | | | | 2 3/8 x 4 1/2 RBP = 3368 PORT COLLAR = 1538' |
| | 0915 | | | | | | | START TOOLS IN WELL 4 1/2" RBP = OPENING TOOL |
| | 1045 | | 60 | ✓ | ✓ | | 1000 | CIRCULATE WELL CLEAN - TEST RBP - HELD |
| | 1115 | | 9 | ✓ | | | | SPOT 1 SK SAND = 3338' |
| | 1230 | 3 | 2 | ✓ | | | 300 | OPEN PORT COLLAR - INT RATE |
| | 1240 | 3 1/2 | 125 | ✓ | | | 400 | MIX CEMENT 225 SKS SAND |
| | 1355 | 3 1/2 | 5 | ✓ | | | 650 | DISPASE CEMENT |
| | 1405 | | | ✓ | | | 1000 | CLOSE PORT COLLAR - PSE TEST - HELD CIRCULATED 15 SKS CNT TO PRT |
| | 1420 | 4 | 20 | | ✓ | | 500 | RUN 5 JTS - CIRCULATE CLEAN |
| | 1500 | 4 | 45 | | ✓ | | 600 | RUN TUBING CIRCULATE SAND OFF RBP LEAVE RBP SET - PULL 1 JT SLAB DOWN - FULL RBP 6-7-11 |
| | 1300 | | | | | | | (LOST CIRCULATION = 55 BBLs MIXED SHUT DOWN) |
| | | | | | | | | RECEIVED |
| | 1530 | | | | | | | JOB COMPLETE |
| | | | | | | | | THANK YOU WADE, JEFF, JOHN |

TRANS PACIFIC OIL
DST#1 3986-4064 KC 220'/MARM
Start Test Date: 2011/04/29
Final Test Date: 2011/04/29

DEBES R #3
Formation: DST#1 3986-4064 KC 220'/MARM
Pool: WILDCAT
Job Number: M148

DEBES R #3



DIAMOND TESTING

Pressure Survey Report

General Information

| | | | |
|------------------|------------------------------|----------------|-------------------|
| Company Name | TRANS PACIFIC OIL | Job Number | M148 |
| Well Name | DEBES R #3 | Representative | MIKE COCHRAN |
| Unique Well ID | DST#1 3986-4064 KC 220'/MARM | Well Operator | TRANS PACIFIC OIL |
| Surface Location | SEC.14-18S-24W NESS CO. KS. | Report Date | 2011/04/29 |
| Field | WILDCAT | Prepared By | MIKE COCHRAN |
| Well Type | Vertical | Qualified By | MAX LOVELY |
| | | Test Unit | NO. 1 |

Test Information

| | | | |
|---------------------|------------------------------|-----------------|----------|
| Test Type | CONVENTIONAL | | |
| Formation | DST#1 3986-4064 KC 220'/MARM | | |
| Test Purpose (AEUB) | Initial Test | | |
| Start Test Date | 2011/04/29 | Start Test Time | 04:35:00 |
| Final Test Date | 2011/04/29 | Final Test Time | 12:15:00 |
| | | Well Fluid Type | 01 Oil |
| Gauge Name | 30044 | | |
| Gauge Serial Number | | | |

Test Results

Remarks

RECOVERED:
192' MW 93% WTR, 7% MUD, VERY LIGHT SCUM OF OIL
63' GMW 1% GAS, 92% WTR, 7% MUD
255' TOTAL FLUID

CHLOR: 58,000 PPM
PH: 7.5
RW: .12 @ 82DEG

TOOL SAMPLE: 2% GAS, 71% WTR, 27% MUD, THICK SCUM OF OIL



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

| | |
|------------------------------|--|
| Recovered _____ ft. of _____ | Price Job Other Charges Insurance Total |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Remarks: _____ | |

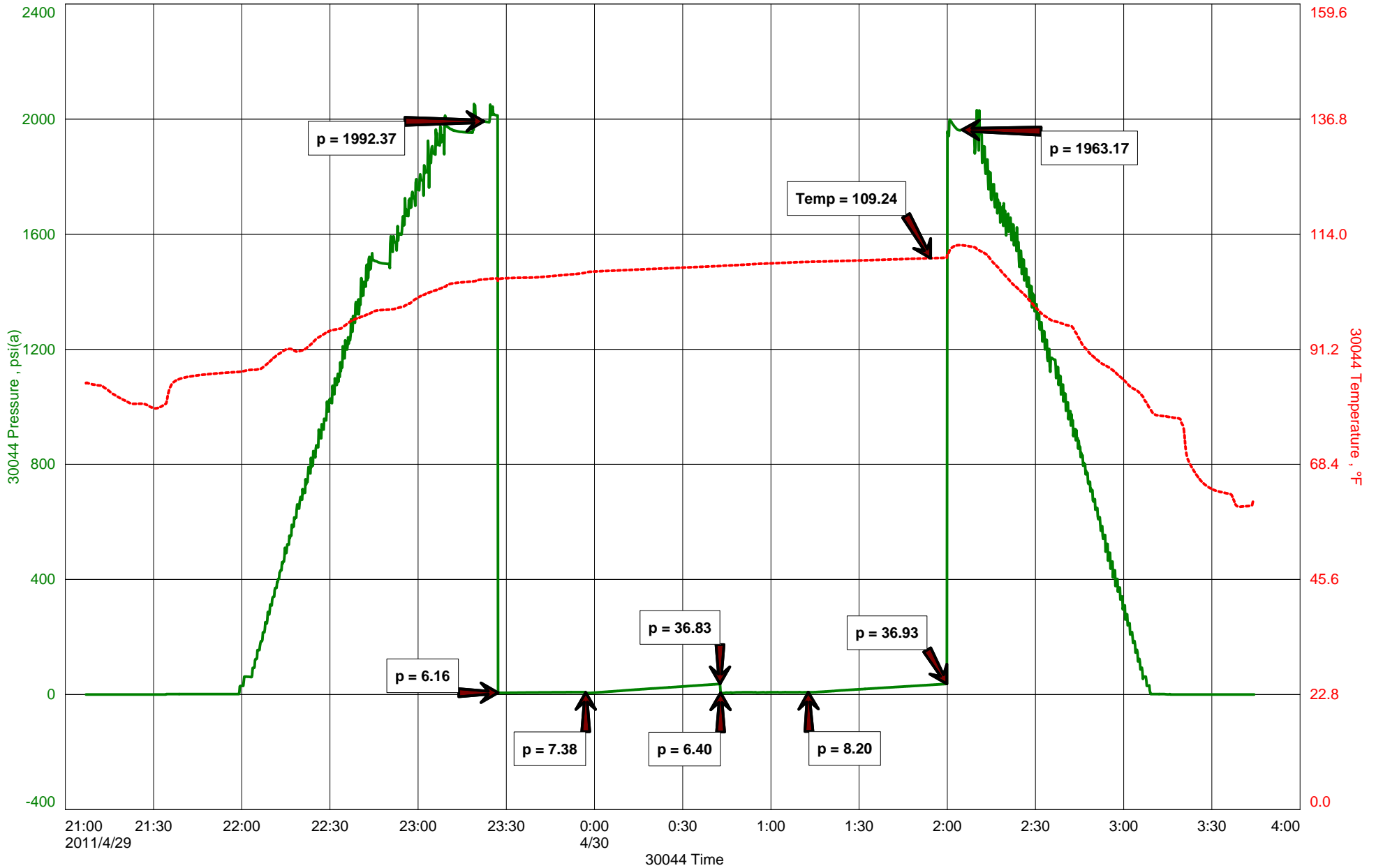
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

TRANS PACIFIC OIL
DST#2 4060-4111 ALTAMONT
Start Test Date: 2011/04/29
Final Test Date: 2011/04/30

DEBES R #3
Formation: DST#2 4060-4111 ALTAMONT
Pool: WILDCAT
Job Number: M149

DEBES R #3



DIAMOND TESTING

Pressure Survey Report

General Information

| | | | |
|------------------|-----------------------------|----------------|-------------------|
| Company Name | TRANS PACIFIC OIL | Job Number | M149 |
| Well Name | DEBES R #3 | Representative | MIKE COCHRAN |
| Unique Well ID | DST#2 4060-4111 ALTAMONT | Well Operator | TRANS PACIFIC OIL |
| Surface Location | SEC.14-18S-24W NESS CO. KS. | Report Date | 2011/04/30 |
| Field | WILDCAT | Prepared By | MIKE COCHRAN |
| Well Type | Vertical | Qualified By | MAX LOVELY |
| | | Test Unit | NO. 1 |

Test Information

| | | | |
|---------------------|--------------------------|-----------------|----------|
| Test Type | CONVENTIONAL | | |
| Formation | DST#2 4060-4111 ALTAMONT | | |
| Test Purpose (AEUB) | Initial Test | | |
| Start Test Date | 2011/04/29 | Start Test Time | 21:07:00 |
| Final Test Date | 2011/04/30 | Final Test Time | 03:45:00 |
| | | Well Fluid Type | 01 Oil |
| Gauge Name | 30044 | | |
| Gauge Serial Number | | | |

Test Results

Remarks

RECOVERED:
5' DM 100% MUD
5' TOTAL FLUID

TOOL SAMPLE: 100% MUD W/ OIL SPECKS



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

| | |
|------------------------------|---------------|
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | Price Job |
| Recovered _____ ft. of _____ | Other Charges |
| Remarks: _____ | Insurance |
| | Total |

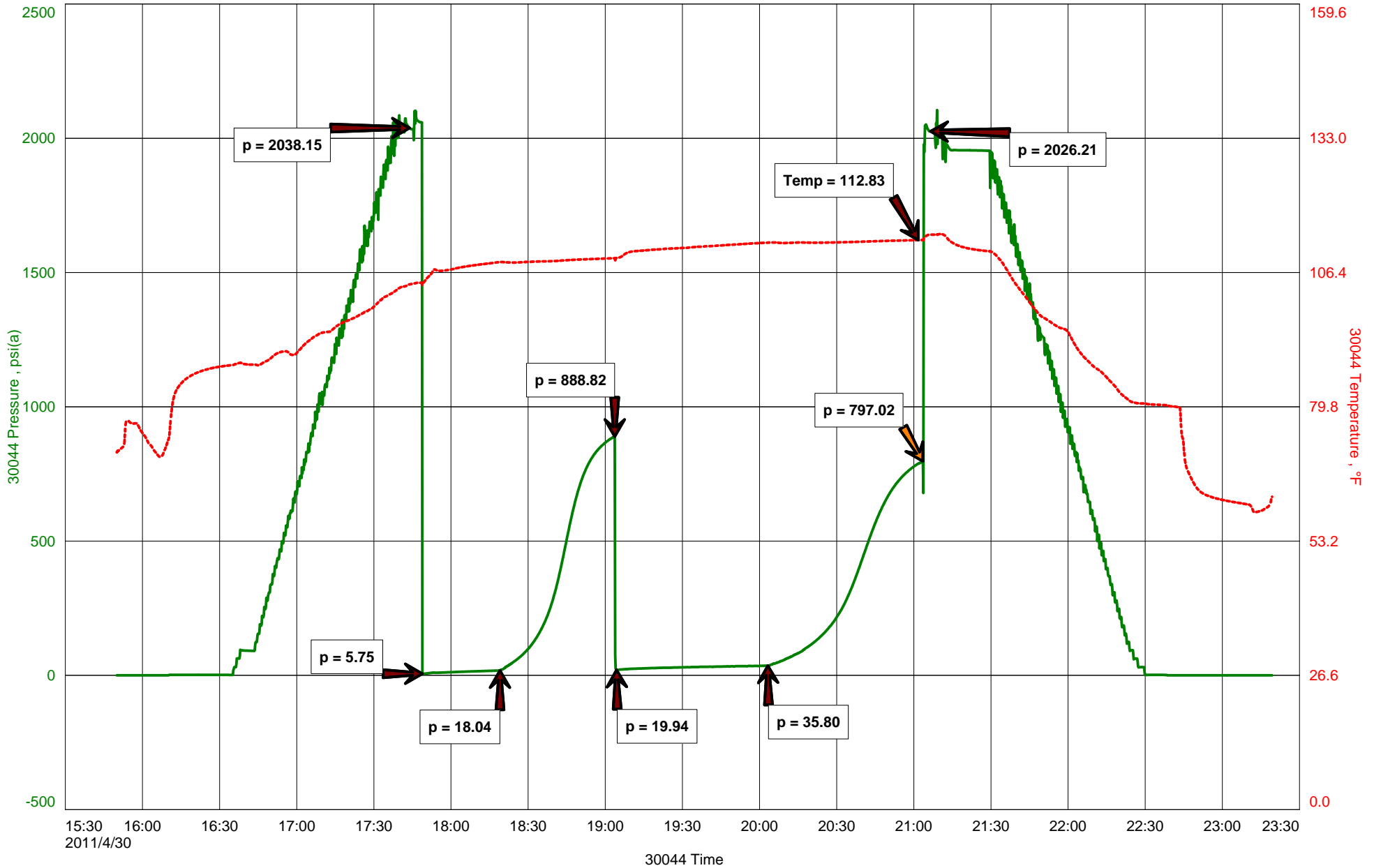
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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TRANS PACIFIC OIL
DST#3 4168-4222 FT. SCOTT
Start Test Date: 2011/04/30
Final Test Date: 2011/04/30

DEBES R #3
Formation: DST#3 4168-4222 FT. SCOTT
Pool: WILDCAT
Job Number: M150

DEBES R #3



DIAMOND TESTING

Pressure Survey Report

General Information

| | | | |
|------------------|-----------------------------|----------------|-------------------|
| Company Name | TRANS PACIFIC OIL | Job Number | M150 |
| Well Name | DEBES R #3 | Representative | MIKE COCHRAN |
| Unique Well ID | DST#3 4168-4222 FT. SCOTT | Well Operator | TRANS PACIFIC OIL |
| Surface Location | SEC.14-18S-24W NESS CO. KS. | Report Date | 2011/04/30 |
| Field | WILDCAT | Prepared By | MIKE COCHRAN |
| Well Type | Vertical | Qualified By | MAX LOVELY |
| | | Test Unit | NO. 1 |

Test Information

| | | | |
|---------------------|---------------------------|-----------------|----------|
| Test Type | CONVENTIONAL | | |
| Formation | DST#3 4168-4222 FT. SCOTT | | |
| Test Purpose (AEUB) | Initial Test | | |
| Start Test Date | 2011/04/30 | Start Test Time | 15:50:00 |
| Final Test Date | 2011/04/30 | Final Test Time | 23:20:00 |
| | | Well Fluid Type | 01 Oil |
| Gauge Name | 30044 | | |
| Gauge Serial Number | | | |

Test Results

Remarks

RECOVERED:
375 G.I.P.
68' GOSM 17% GAS, 2% OIL, 81% MUD
68' TOTAL FLUID

TOOL SAMPLE: 2% GAS, 1% OIL, 97% MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

| | |
|------------------------------|---------------|
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | Price Job |
| Recovered _____ ft. of _____ | Other Charges |
| Remarks: _____ | Insurance |
| | Total |

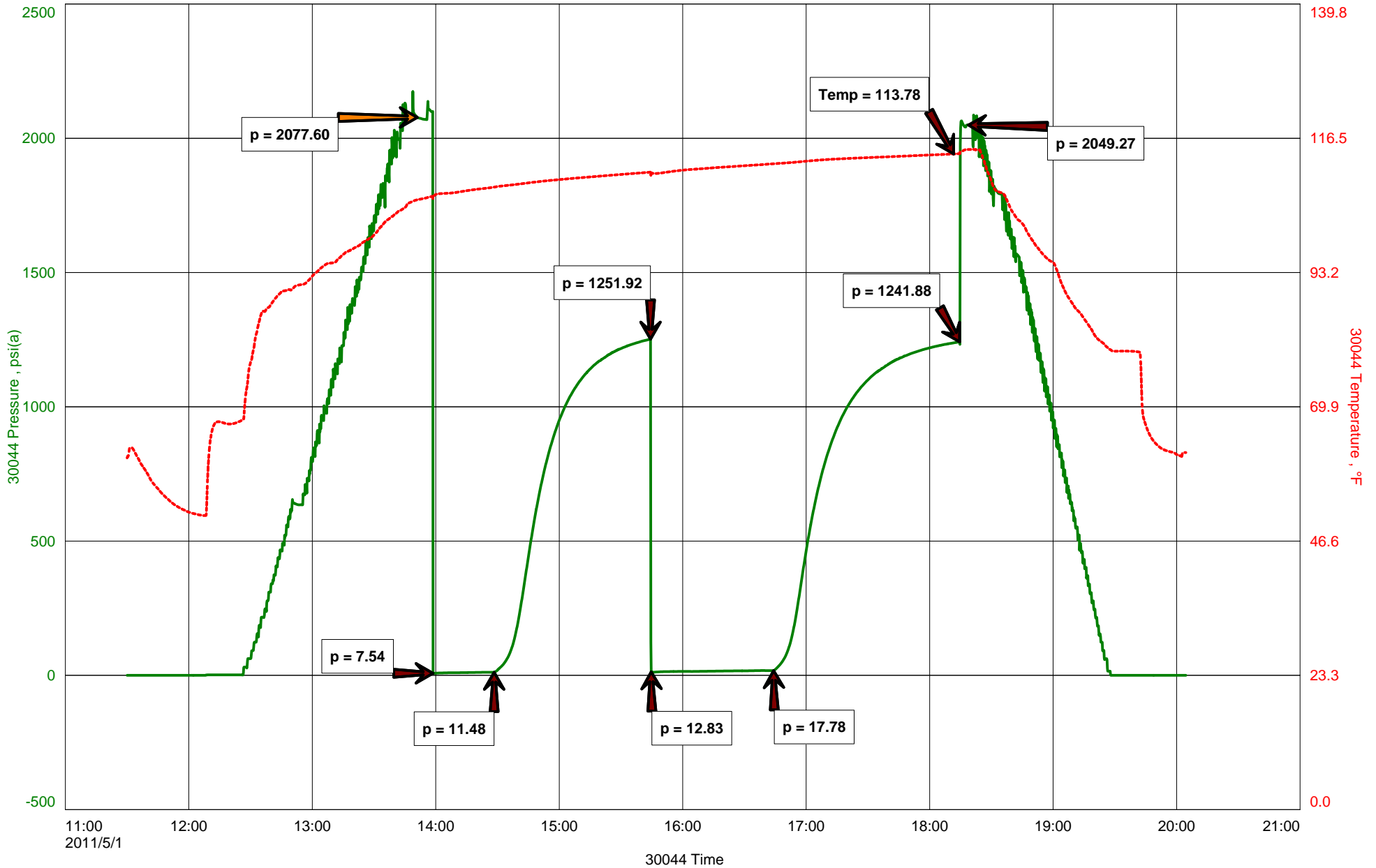
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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TRANS PACIFIC OIL
DST#4 4245-4301 MISS
Start Test Date: 2011/05/01
Final Test Date: 2011/05/01

DEBES R #3
Formation: DST#4 4245-4301 MISS
Pool: WILDCAT
Job Number: M151

DEBES R #3



DIAMOND TESTING

Pressure Survey Report

General Information

| | | | |
|------------------|-----------------------------|----------------|-------------------|
| Company Name | TRANS PACIFIC OIL | Job Number | M151 |
| Well Name | DEBES R #3 | Representative | MIKE COCHRAN |
| Unique Well ID | DST#4 4245-4301 MISS | Well Operator | TRANS PACIFIC OIL |
| Surface Location | SEC.14-18S-24W NESS CO. KS. | Report Date | 2011/05/01 |
| Field | WILDCAT | Prepared By | MIKE COCHRAN |
| Well Type | Vertical | Qualified By | MAX LOVELY |
| | | Test Unit | NO. 1 |

Test Information

| | | | |
|---------------------|----------------------|-----------------|----------|
| Test Type | CONVENTIONAL | | |
| Formation | DST#4 4245-4301 MISS | | |
| Test Purpose (AEUB) | Initial Test | | |
| Start Test Date | 2011/05/01 | Start Test Time | 11:30:00 |
| Final Test Date | 2011/05/01 | Final Test Time | 20:05:00 |
| | | Well Fluid Type | 01 Oil |
| Gauge Name | 30044 | | |
| Gauge Serial Number | | | |

Test Results

Remarks

RECOVERED:
10' CO 100% OIL
20' SOCM 10% OIL, 90% MUD
30' TOTAL FLUID

TOOL SAMPLE: 43% OIL, 57% MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

| | |
|------------------------------|--|
| Recovered _____ ft. of _____ | Price Job Other Charges Insurance Total |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Remarks: _____ | |

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Max R. Loveley

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY: Trans Pacific Oil Co.

LEASE: Devers #3

FIELD: Mangabe

LOCATION: 301 FSI, 130 FSI

SEC: 14

COUNTY: Ness

STATE: KS

CONTRACTOR: Dura #4

SPUD: 4-22-2011

RTO: 4901

HEAD UP: 3492

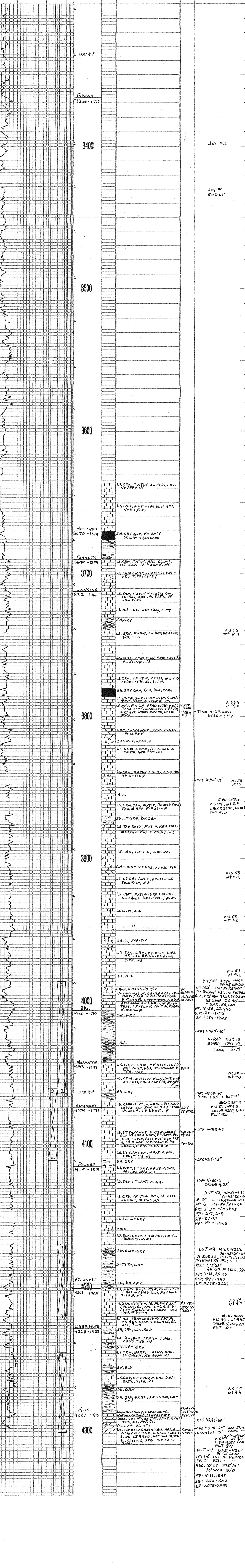
TYPE HOLE: Clean

FORMATION TOPS AND STRUCTURAL POSITION

Table with columns: FORMATION, SURFACE ELEVATION, TOP LOG TOP, DATE, STRUTURAL POSITION, and well names like TOPEKA, HARBINGER, TORONTO, etc.

REMARKS

LEGEND table with lithology symbols and names: Anhydrite, Salt, Sandstone, Shale, Carb sh, Limestone, Oil Lino, Chert, Dolomite.



Additional remarks and data at the bottom of the log, including well names like MISS. and sample descriptions.

Well: Debes R #3

STR:14-18S-24W

Cty: Ness

State: Kansas

Log Tops:

| | |
|----------------|--------------------|
| Anhydrite | 1555' (+741) +5' |
| B/Anhydrite | 1586' (+710) +7' |
| Heebner | 3670' (-1374) +1' |
| Lansing | 3713' (-1417) +1' |
| BKC | 4008' (-1712) +2' |
| Marmaton | 4046' (-1750) flat |
| Pawnee | 4119' (-1823) flat |
| Fort Scott | 4206' (-1910) +3' |
| Cherokee Shale | 4230' (-1934) +2' |
| Mississippian | 4292' (-1996) flat |
| RTD | 4301' (-2005) |

CONFIDENTIAL

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 19, 2011

Glenna Lowe
Trans Pacific Oil Corporation
100 S MAIN STE 200
WICHITA, KS 67202-3735

Re: ACO1
API 15-135-25234-00-00
Debes R 3
SE/4 Sec.14-18S-24W
Ness County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Glenna Lowe