



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
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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: _____



1066087

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
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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
_____ 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 <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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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

October 25, 2011

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

Re: ACO1
API 15-135-25305-00-00
STUM 3
NW/4 Sec.07-19S-23W
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

GENERAL INFORMATION

Client Information:

Company: TRANS PACIFIC OILCORP

Contact: BRYCE BIDLEMAN

Phone: Fax: e-mail:

Site Information:

Contact: CHRISTINA GOODRICH

Phone: Fax: e-mail:

Well Information:

Name: STUM #1

Operator: TRANS PACIFIC OIL CORP

Location-Downhole:

Location-Surface: S7/19S/23W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: CHRISTINA GOODRICH

Test Type: CONVENTIONAL Job Number: D1039

Test Unit:

Start Date: 2011/10/17 Start Time: 21:30:00

End Date: 2011/10/18 End Time: 04:40:00

Report Date: 2011/10/18 Prepared By: JOHN RIEDL

Qualified By: BETH ISERN

Remarks:

RECOVERY: 10' VERY SLIGHTLY OIL CUT MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ 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 BOWEN 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: _____

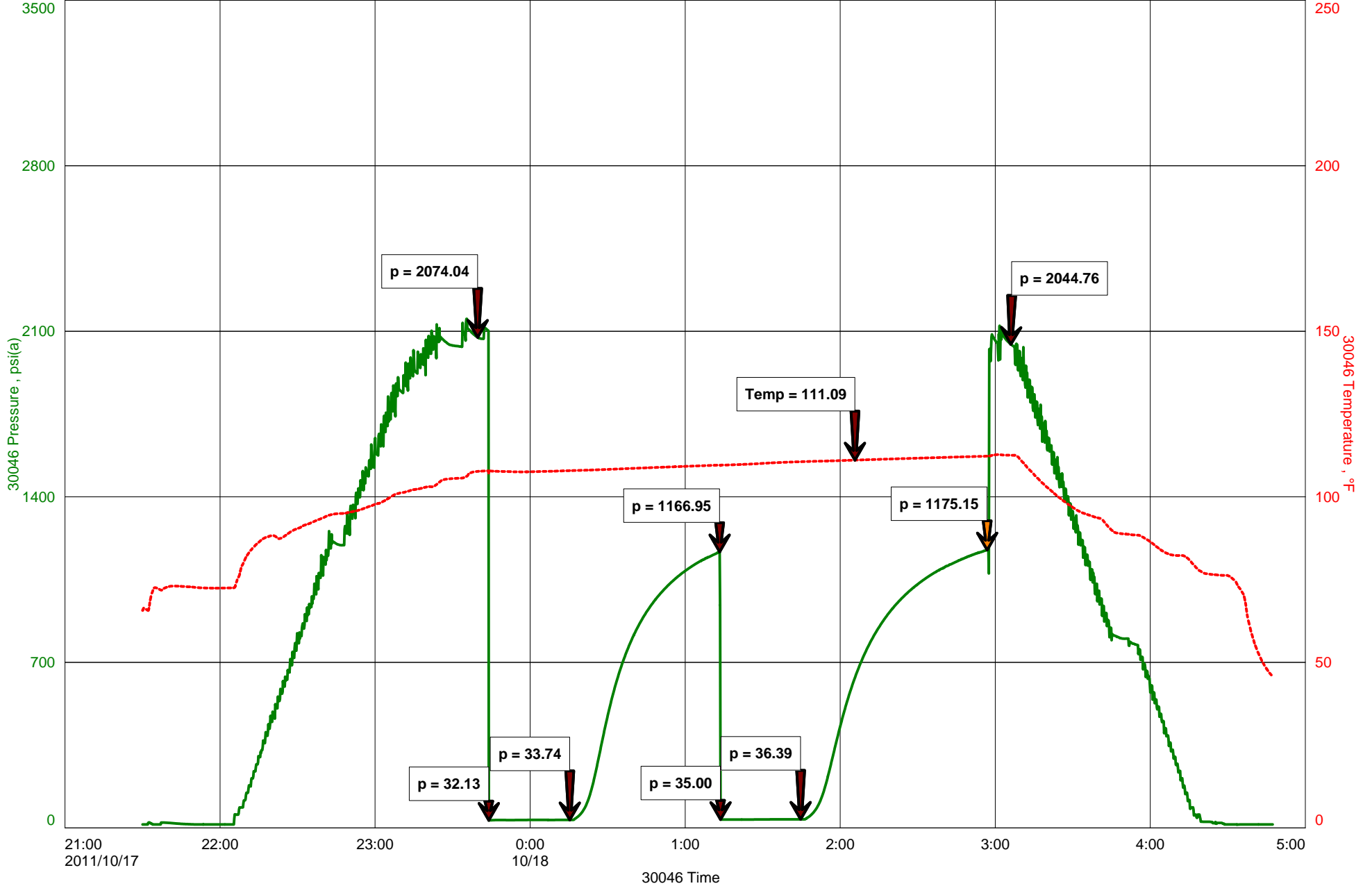
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	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.	

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.

STUM#1



GENERAL INFORMATION

Client Information:

Company: TRANS PACIFIC OIL CORP

Contact: BRYCE BIDLEMAN

Phone: Fax: e-mail:

Site Information:

Contact: CHRISTINA GOODRICH

Phone: Fax: e-mail:

Well Information:

Name: STUM #3

Operator: TRANS PACIFIC OIL CORP

Location-Downhole:

Location-Surface: S7/19S/23W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: CHRISTINA GOODRICH

Test Type: CONVENTIONAL Job Number: D1040

Test Unit:

Start Date: 2011/10/18 Start Time: 11:00:00

End Date: 2011/10/18 End Time: 18:00:00

Report Date: 2011/10/18 Prepared By: JOHN RIEDL

Remarks: Qualified By: BETH ISERN

RECOVERY: 220' MUDDY WATER WITH SOME OIL SPECKS



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ 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 BOWEN 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: _____

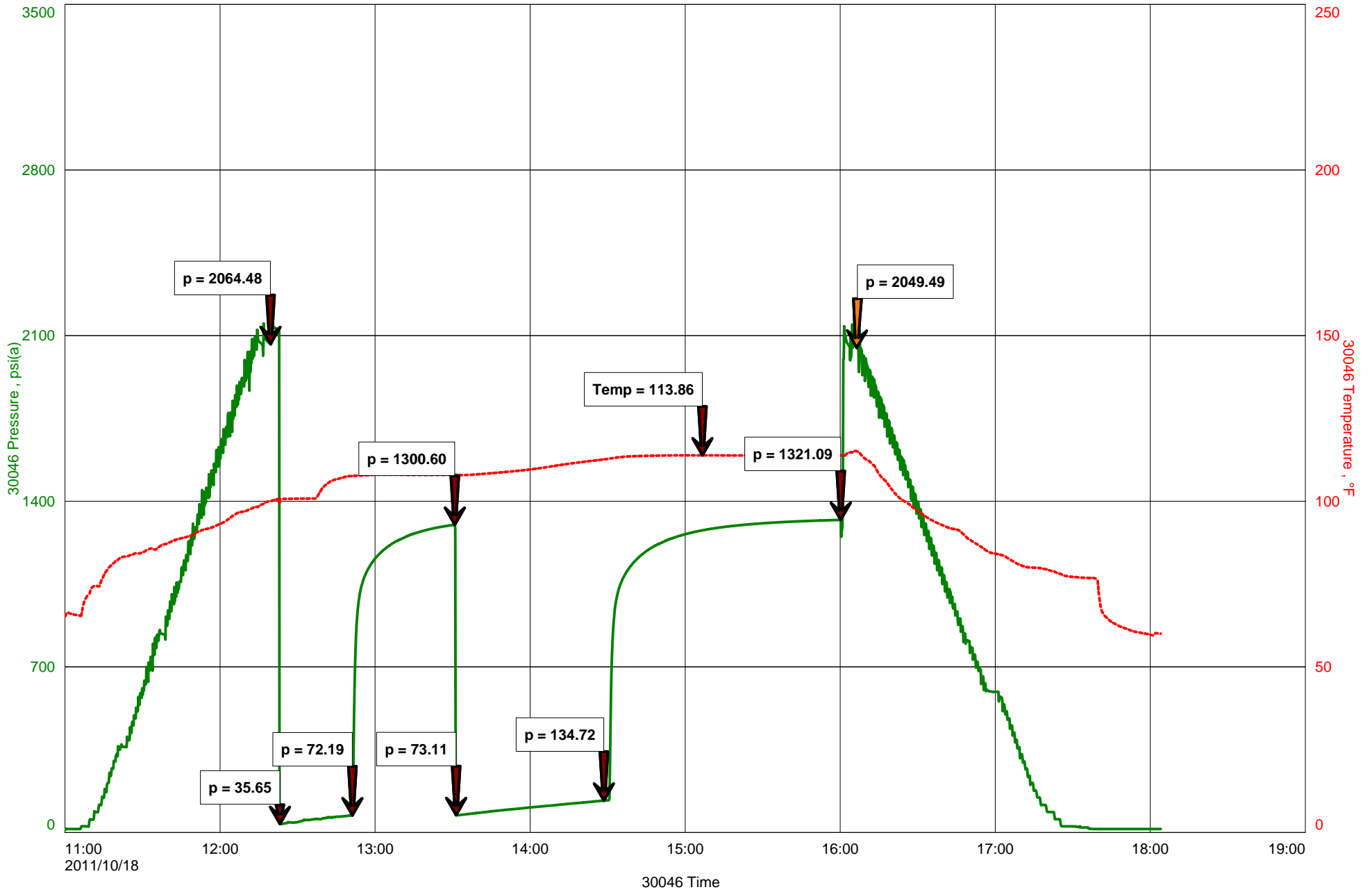
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	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.	

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.

STUM #1



Well: Stum 3

STR: 7-19S-23W

Cty: Ness

State: Kansas

Log Tops:

Anhydrite	1490' (+758) +2'
B/Anhydrite	1528' (+720) +4'
Heebner	3645' (-1397) +16'
Lansing	3686' (-1438) +20'
Ft. Scott	4191' (-1943) +19'
Cherokee Sand	4270' (-2022) +20'
Mississippian	4316' (-2068) +54'
RTD	4370' (-2122)

ALLIED CEMENTING CO., LLC. 037397

Federal Tax I.D.# 20-5975804

REMIT TO PO. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Grant Brand, KS

DATE <u>12-11-11</u>	SEC <u>7</u>	TWP <u>19</u>	RANGE <u>23</u>	CALLED OUT	ON LOCATION	JOB START <u>5:30 PM</u>	JOB FINISH <u>6:00 PM</u>
LEASE <u>Sjw</u>	WELL.# <u>3</u>	LOCATION <u>Ness city KS</u>	<u>2 South</u>	COUNTY <u>Ness</u>	STATE <u>KS</u>		

OLD OR (NEW) (Circle one)

CONTRACTOR Duke #4

TYPE OF JOB Surf Face

HOLE SIZE 12 1/4 I.D.

CASING SIZE 8 5/8 DEPTH 213

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG

PERFS.

DISPLACEMENT

OWNER Transpacific Oil & Gas

CEMENT

AMOUNT ORDERED 150 sk Class A

390 cc 2% gel

COMMON	<u>150</u>	@	<u>16.25</u>	<u>2,437.50</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>21.25</u>	<u>63.75</u>
CHLORIDE	<u>5</u>	@	<u>58.20</u>	<u>291.00</u>
ASC		@		
HANDLING	<u>158</u>	@	<u>2.25</u>	<u>355.50</u>
MILEAGE	<u>158 x 3 x .11</u>	@		<u>52.14.00</u>
				TOTAL <u>3,199.25</u>

EQUIPMENT

PUMP TRUCK # 366 CEMENTER Greg

HELPER Dustin / Shirek

BULK TRUCK # 341 DRIVER Doug

BULK TRUCK # DRIVER

REMARKS:

Pipe on bottom - fresh circ.

600 ft Rigging milk 150 sk

Class A 390 cc 2% gel

Shut down - Release plunger

Displace with 12.61 lbs

fresh water shut in

Cement did circulate

plug down 6 pm

CHARGE TO: Transpacific Oil & Gas

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>1125.00</u>
EXTRA FOOTAGE	@		
MILEAGE Hum	<u>6</u>	@	<u>7.00</u> <u>42.00</u>
MANIFOLD	@		
Hum	<u>6</u>	@	<u>4.00</u> <u>24.00</u>
TOTAL <u>1191.00</u>			

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		
TOTAL			

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 4390.89

DISCOUNT 878.17 IF PAID IN 30 DAYS

3,512.72

RECEIVED

ALLIED CEMENTING CO., LLC. 037403

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend, KS

DATE <u>10-29-11</u>	SEC <u>7</u>	TWP <u>19</u>	RANGE <u>23</u>	CALLED OUT	ON LOCATION	JOB START <u>12:45 PM</u>	JOB FINISH <u>1:45 PM</u>
LEASE <u>3/10/11</u>	WELL # <u>3</u>	LOCATION <u>Ness City, KS 2 south</u>		COUNTY <u>Ness</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)		<u>1/2 West South into</u>					

CONTRACTOR Duke #4 OWNER Trans Pacific Oil Corp
 TYPE OF JOB Rotary Plug
 HOLE SIZE 7 7/8 TD. 4370
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

CEMENT AMOUNT ORDERED 270 sks 60/40
400 gel 1/4 glassal

COMMON	138	@ 16.25	2,242.50
POZMIX	92	@ 8.50	782.00
GEL	8	@ 21.25	170.00
CHLORIDE		@	
ASC		@	
<u>1/4 seal</u>	<u>57 #</u>	@ 2.70	153.90
HANDLING	270	@ 2.25	597.00
MILEAGE	240 x .3 x .11		79.20
TOTAL			3,967.60

EQUIPMENT

PUMP TRUCK CEMENTER Greg S.
 # _____ HELPER Ken
 BULK TRUCK # 344/170 DRIVER Dustin / John
 BULK TRUCK # _____ DRIVER _____

REMARKS:

MIX 50 sks @ 1510 ft.
MIX 50 sks @ 720 ft.
MIX 50 sks @ 240 ft.
MIX 50 sks @ 60 ft.
500 30 sks L 80 ft

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			1250.00
EXTRA FOOTAGE	@		
MILEAGE <u>HUM</u>	6	@ 7.00	42.00
MANIFOLD	@		
<u>HUM</u>	6	@ 4.00	24.00
TOTAL			1316.00

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

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

TOTAL _____

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 5,283.60
 DISCOUNT 20% 1,056.72
4,226.88 IF PAID IN 30 DAYS

BY _____

GEOLOGIST'S REPORT
DRILLING TIME AND SAMPLE LOG

Geologist on Well Beth Isern & Cristina Goodrich
 LEASE STUM #3
 FIELD 1996 FNL & 426 FWL
 LOCATION 7 TMS 19S RWE 2.3w
 SEC 7 NESS STATE Kansas
 COUNTY NESS STATE Kansas
 CONTRACTOR Duke Drilling Rig #4
 SPUD 10/12/2011 COMP 10/19/2011

ELEVATIONS
 KB 2248
 DF _____
 GL 2239
 Measurements are All From Kelly Bushings

CASINGS
 RTD 4370' LTD 4373'
 MUD UP TYPE MUD CHEMICAL
 SAMPLES SAVED FROM 3600' TO TD
 DRILLING TIME KEPT FROM 3600' TO TD
 SAMPLES EXAMINED FROM 3600' TO TD
 GEOLOGICAL SUPERVISION FROM 3700'-TD

REFERENCE WELL Stum #1, Palomino Ped.
 Formation _____
 Sample Tops _____
 E-log Tops _____
 Structure _____
 Paces _____
 Anthyllite 1482 (+750) 1480 (+750) +2
 Base Anthyllite 1531 (+717) 1528 (+720) +4
 Heebner 3616 (-1398) 3615 (-1397) +16
 Laming 3691 (-1411) 3681 (-1389) +20
 Fort Scott 4199 (-1941) 4191 (-1943) +19
 Cherokee Sand 4214 (-1968) 4215 (-1967) +18
 Cherokee Sand 4268 (-2020) 4270 (-2022) +20
 MISSISSIPPI 4310 (-2062) 4316 (-2089) +54

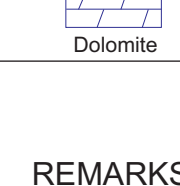
CONDUCTOR SURFACE 856 @ 213'
 PRODUCTION _____
 ELECTRICAL SURVEYS _____
 LOG-TECH _____
 LOG/IN/COL _____

DIAMOND TOOL BIT

REMARKS

The Stum #3 drilled structurally high to the Stum #2. However, the Cherokee Sand contained abundant chert that prevented good reservoir development, as shown by DST #1. DST #2 tested water with a slight show of oil. Based on the negative DST results and lack of sand development in the Cherokee section, it was decided to plug and abandon this well.

Sincerely,
 Beth Isern & Cristina Goodrich



LEGEND

