



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1082510
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1082510

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Trans Pacific Oil Corporation
Well Name	Speer 'A' 1-28
Doc ID	1082510

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
	Open Hole from 4650'-4656'	500 gal of 15% MCA	
		750 gal of 20% NE/Fe	
		1500 gal of 20% NE/Fe	
		4000 gal of 15% SGA	
		500 gal of 15% NE/Fe	
		500 gal of 15% MCA	

GENERAL INFORMATION

Client Information:

Company: TRANS PACIFIC OIL CORP

Contact: BRYCE BIDLEMAN

Phone: Fax: e-mail:

Site Information:

Contact: MIKE KIDWELL

Phone: Fax: e-mail:

Well Information:

Name: SPEER "A" 1-28

Operator: TRANS PACIFIC OIL CORP

Location-Downhole:

Location-Surface: S28/19S/28S

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: MIKE KIDWELL

Test Type: CONVENTIONAL Job Number: D1095

Test Unit:

Start Date: 2012/02/24 Start Time: 14:00:00

End Date: 2012/02/24 End Time: 22:00:00

Report Date: 2012/02/24 Prepared By: JOHN RIEDL

Qualified By: MIKE KIDWELL

Remarks:

RECOVERY: 70' DRILLING 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: _____

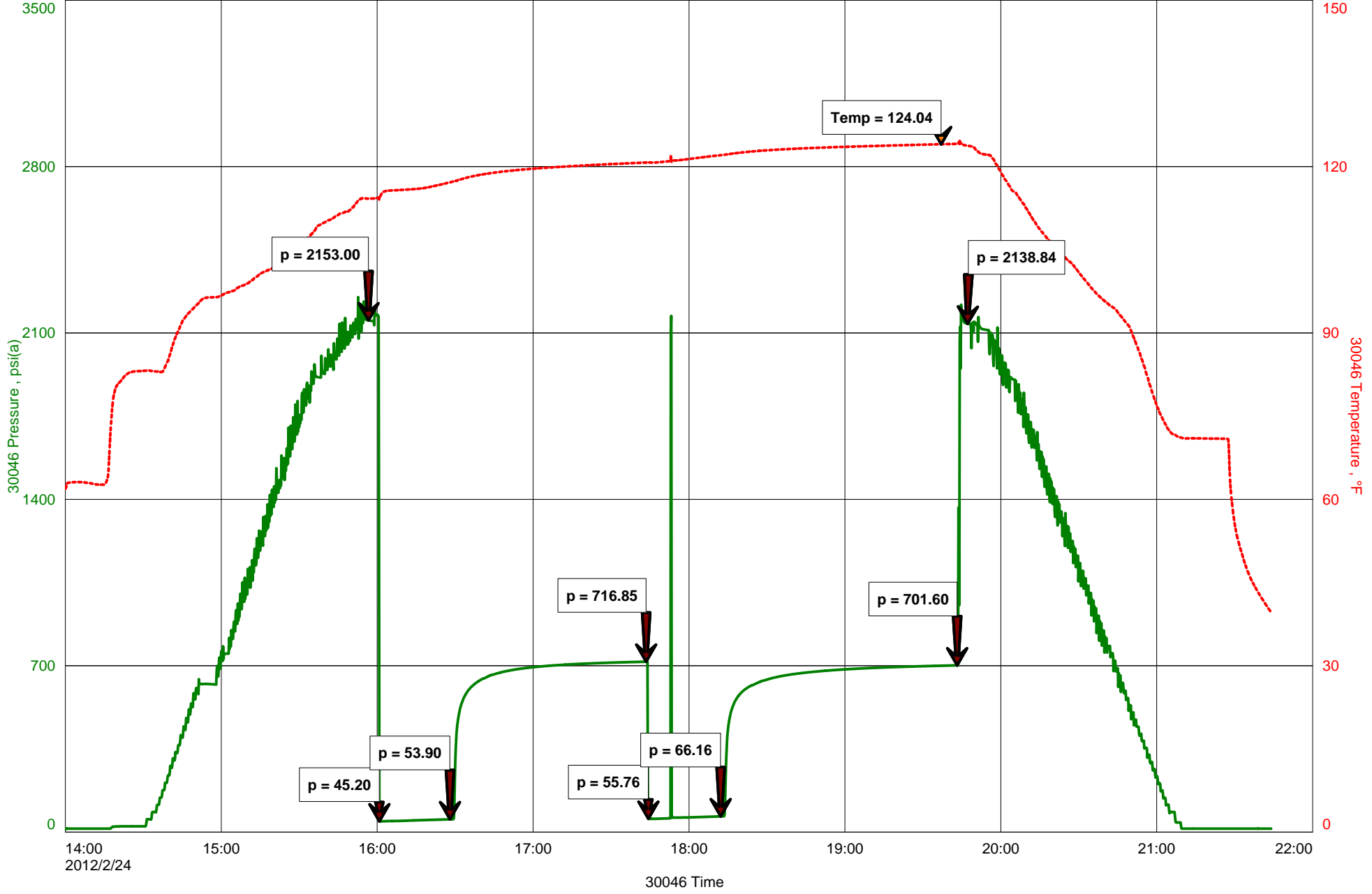
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

STEER "A" 1-28



GENERAL INFORMATION

Client Information:

Company: TRANS PACIFIC OIL CORP

Contact: BRYCE BIDLE,MAN

Phone: Fax: e-mail:

Site Information:

Contact: MIKE KIDWELL

Phone: Fax: e-mail:

Well Information:

Name: SPEER A 1-28

Operator: TRANS PACIFIC OIL CORP

Location-Downhole:

Location-Surface: S28/19S/28W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: MIKE KIDWELL

Test Type: CONVENTIONAL Job Number: D1096

Test Unit:

Start Date: 2012/02/25 Start Time: 12:00:00

End Date: 2012/02/25 End Time: 18:45:00

Report Date: 2012/02/25 Prepared By: JOHN RIEDL

Qualified By: MIKE KIDWELL

Remarks:

RECOVERY: 3' DRILLING 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: _____

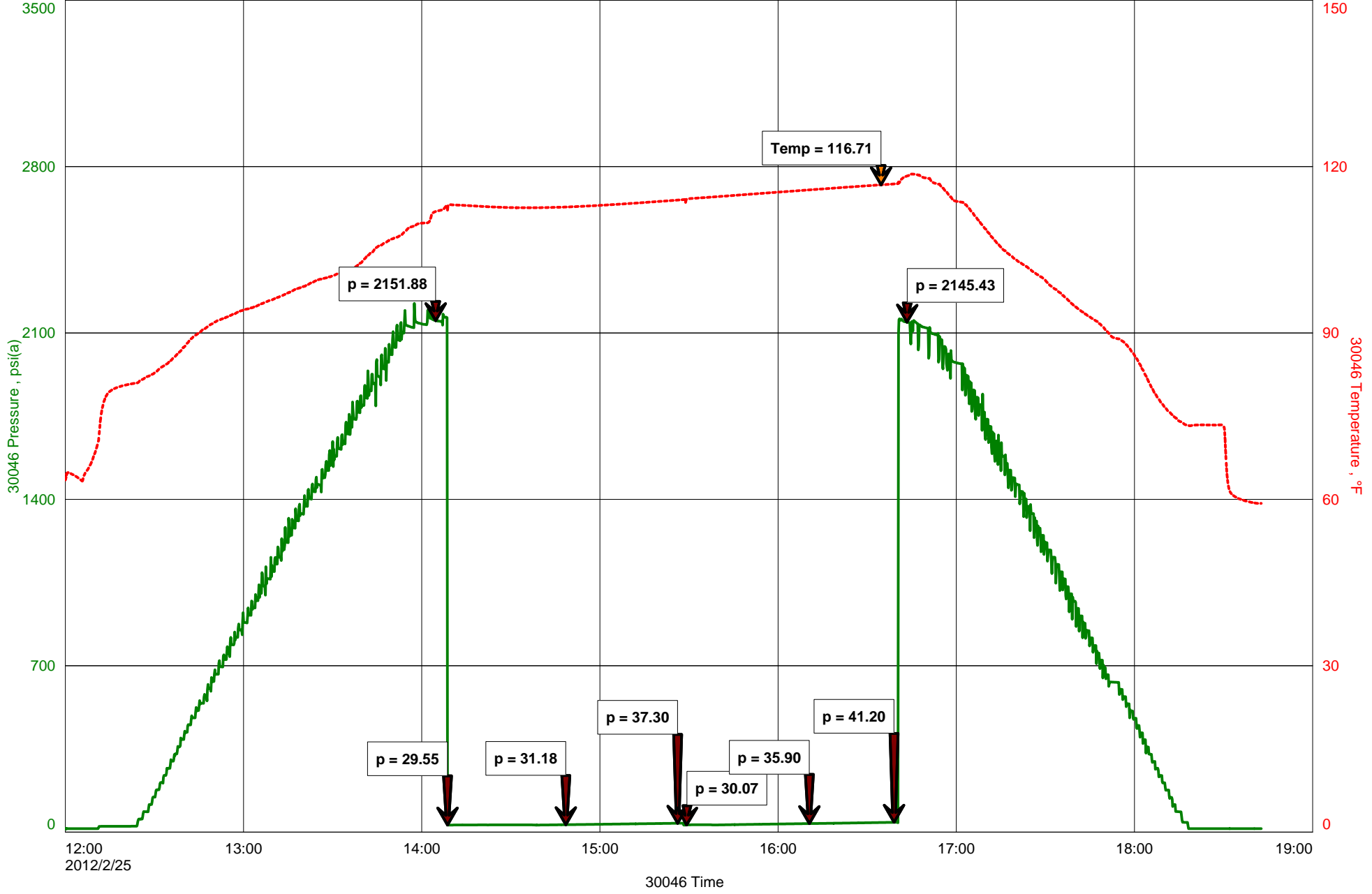
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

SPEER A 1-28



GENERAL INFORMATION

Client Information:

Company: TRANS PACIFIC OILCORP

Contact: BRYCE BIDLEMAN

Phone: Fax: e-mail:

Site Information:

Contact: MIKE KIDWELL

Phone: Fax: e-mail:

Well Information:

Name: SPEER "A" 1-28

Operator: TRANS PACIFIC OIL CORP

Location-Downhole:

Location-Surface: S28/19S/28W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: MIKE KIDWELL

Test Type: CONVENTIONAL Job Number: D1097

Test Unit:

Start Date: 2012/02/27 Start Time: 01:30:00

End Date: 2012/02/27 End Time: 10:40:00

Report Date: 2012/02/27 Prepared By: JOHN RIEDL

Remarks: Qualified By: MIKE KIDWELL

RECOVERY: 2200' GAS IN PIPE, 160' GASSY OIL, 120' SLIGHTLY MUD CUT GASSY OIL



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: _____

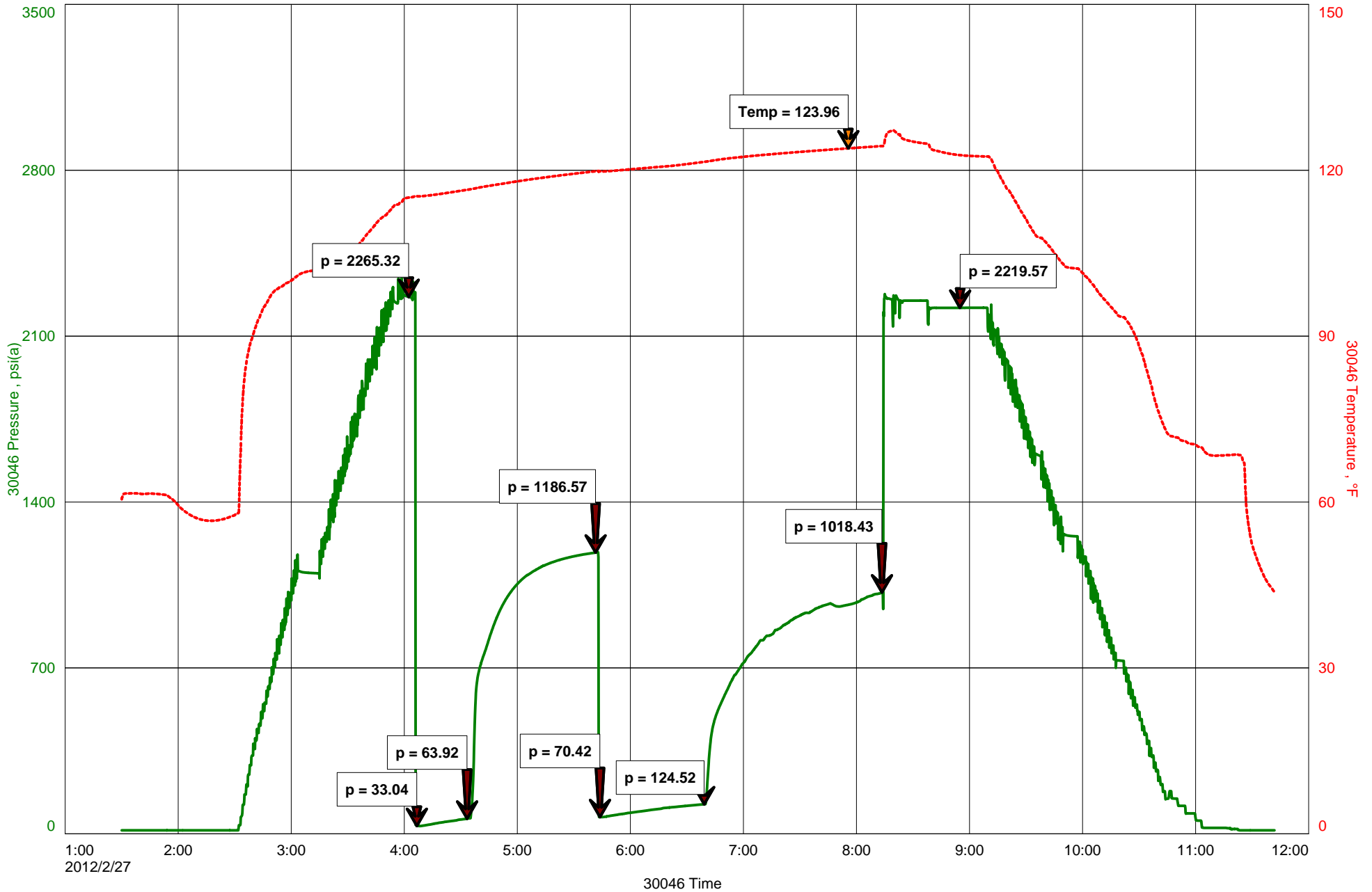
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

SPEER "A" 1-28



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

May 25, 2012

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

Re: ACO1
API 15-101-22353-00-00
Speer 'A' 1-28
NW/4 Sec.28-19S-28W
Lane 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

Well: Speer A 1-28

STR: 28-19S-28W

Cty: Lane

State: Kansas

Log Tops:

Anhydrite	2123' (+670) -2'
B/Anhydrite	2149' (+644) +2'
Heebner	3982' (-1189) -8'
Lansing	4022' (-1229) -6'
Stark	4302' (-1509) -9'
Pleasanton	4384' (-1591) -3'
Ft. Scott	4550' (-1757) -8'
Mississippi	4649' (-1856) -4'
RTD	4656' (-1863) -6'

ALLIED CEMENTING CO., LLC. 042485

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
G-crt Band 43

DATE <u>2-18-11</u>	SEC <u>28</u>	TWP <u>19S</u>	RANGE <u>28W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00 pm</u>	JOB FINISH <u>7:30 pm</u>
LEASE <u>Spec</u>	WELL # <u>1-28</u>	LOCATION <u>Dighton 6 South</u>	COUNTY <u>Lawe</u>	STATE <u>KS</u>			
OLD OR <u>NEW</u> (Circle one)			<u>2 East 1 1/4 South</u>				

CONTRACTOR Dave Y
TYPE OF JOB Surface
HOLE SIZE 12 1/4 T.D. 224
CASING SIZE 8 5/8 DEPTH 223
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG. 15
PERFS.
DISPLACEMENT 13.24 BBLs Fresh

OWNER Tram Pacific Oil
CEMENT
AMOUNT ORDERED 150 BX Class A + 3 1/2 c + 2% Gel

EQUIPMENT
PUMP TRUCK CEMENTER Wayne
366 HELPER Shane
BULK TRUCK
341 DRIVER Jon
BULK TRUCK
DRIVER

COMMON <u>150</u>	@ <u>16.25</u>	<u>2437.50</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>
MILFAGE <u>158 x 70 x .11</u>		<u>195.30</u>
TOTAL		<u>3842.25</u>

REMARKS:

Pipe on Bottom Break
Circulation with Rig mud
Mix 150 BX Class A + 3 1/2 c + 2% Gel
Shut Down Release Plus
Displace 13.24 BBLs Fresh water
Shut in

SERVICE

DEPTH OF JOB <u>223</u>		
PUMP TRUCK CHARGE		<u>1125.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>Hum 80</u>	@ <u>7.00</u>	<u>560.00</u>
MANIFOLD	@	
<u>Hum 80</u>	@ <u>4.00</u>	<u>320.00</u>
	@	
TOTAL		<u>2005.00</u>

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

PLUG & FLOAT EQUIPMENT

<u>Wooden Plug</u>	@ <u>92.00</u>	<u>92.00</u>
	@	
	@	
	@	
TOTAL		<u>92.00</u>

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

SALES TAX (If Any) _____
TOTAL CHARGES 5939.25
70% 26% 1975.58
DISCOUNT _____ IF PAID IN 30 DAYS
3964.36

RECEIVED

BY _____

JOB LOG

SWIFT Services, Inc.

DATE 28 Feb 12 PAGE NO. 1

CUSTOMER J. Lewis Pac. Fic. WELL NO. 1-28 LEASE Spear A JOB TYPE Cement Plug String TICKET NO. 22011

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								210 sls EA-2 TD: 4656 4 1/2" 10.5# 109 jts
								Insert 4656 ⁴⁶⁵⁰ Basket 1-57 3 jts out
								Packer collar 2093' 5/2 packer clw @ 4652'
								Cent 1,2,3,5,7,9,11,13,15,17 57,59
	0600							on loc TRR 114
	0650							start 4 1/2" 10.5# casing in well
	0945							circulate
	1015						1200	Drop ball - set packer shoe
	1020	4 3/4	12				200	pump 500 gal mud flush
		4 3/4	20				200	pump 20 bbl KCL flush
	1028		7					plug RH 30 sls
	1030	4 3/4	43				250	MIX EA-2 180 sls @ 15.3 ppg
	1050							Drop latch down plug
								wash out pump & line
	1055	6 3/4					200	Displace plug
		6 3/4	55				850	
	1110	6 3/4	72				1000	Land plug
	1112							Release pressure to truck - dried up
								wash truck
								RACK up
	1145							job complete
								Blaine, Dave & Doug

JOB LOG

SWIFT Services, Inc.

DATE 7 MAR 12 PAGE NO.

CUSTOMER TRANS PACIFIC WELL NO. LEASE SPEER A 1-28 JOB TYPE CEMENT PORT COLLAR TICKET NO. 22066

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1140							ON LOCATION
								PORT COLLAR @ 2050
	1202				✓		1000	TEST - HELD
	1203	3			✓		500	OPEN PORT COLLAR - TAKE INJ. RATE
	1205	4	105	✓		800		MIX 190SX SMD
		3	7	✓		400		DISPLACE CEMENT
								CIRCULATE 20SX TO PIT
	1234				✓		1000	CLOSE PORT COLLAR TEST - HELD
	1241							RUN 4 JTS
	1245	3	23		✓		300	REVERSE CEMENT OUT OF TUBING
	1252							WASH TRUCK
	1315							JOB COMPLETE
								THANKS #110
								JASON JEFF ISAAC WAYNE.

Trans Pacific Oil, Corp.
SPEER "A" #1-28

2793

825' FNL 825' FWL
28 195 28W

2784

LANE KS

KB

DUKE Rig #4

896 @ 223

2/18/12 2/27/12
4656 4656
3700 chem

DUAL
comp D
BHG

3900
3840
3900
3800

RTD
RTD
RTD
RTD

Michael R. Kidwell

Anhydrite
B/Anhydrite
Hecobner sh
Lansing
Stark sh
Pleasanton
H. Scott
Miss Dolo

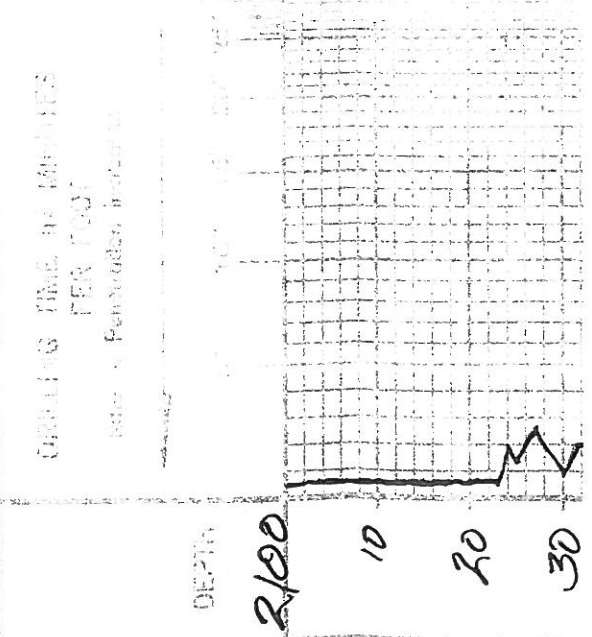
2122	1671	
2149	1644	
3782	1189	same
4023	1230	4022
4302	1509	4303
4384	1591	4386
4550	1757	same
4649	1456	4651



REMARKS



SCALE = 100

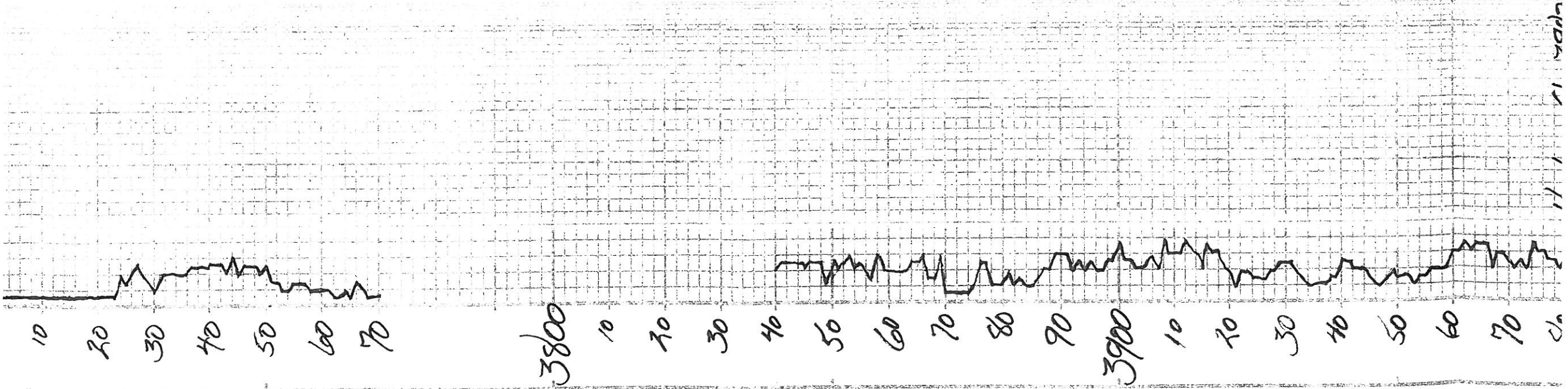


SAMPLE DESCRIPTIONS

DEPTH

2100
10
20
30

REMARKS



LS - 6m H tan fm -
 vi fm xln, poodlar
 sl dry sl see xln

LS - tan 6m fo xln
 sl dry
 6m - 6m fresh

Sh - blk
 sl sh - gra dry

LS - 6m H tan xln
 xln sl dry sl pass

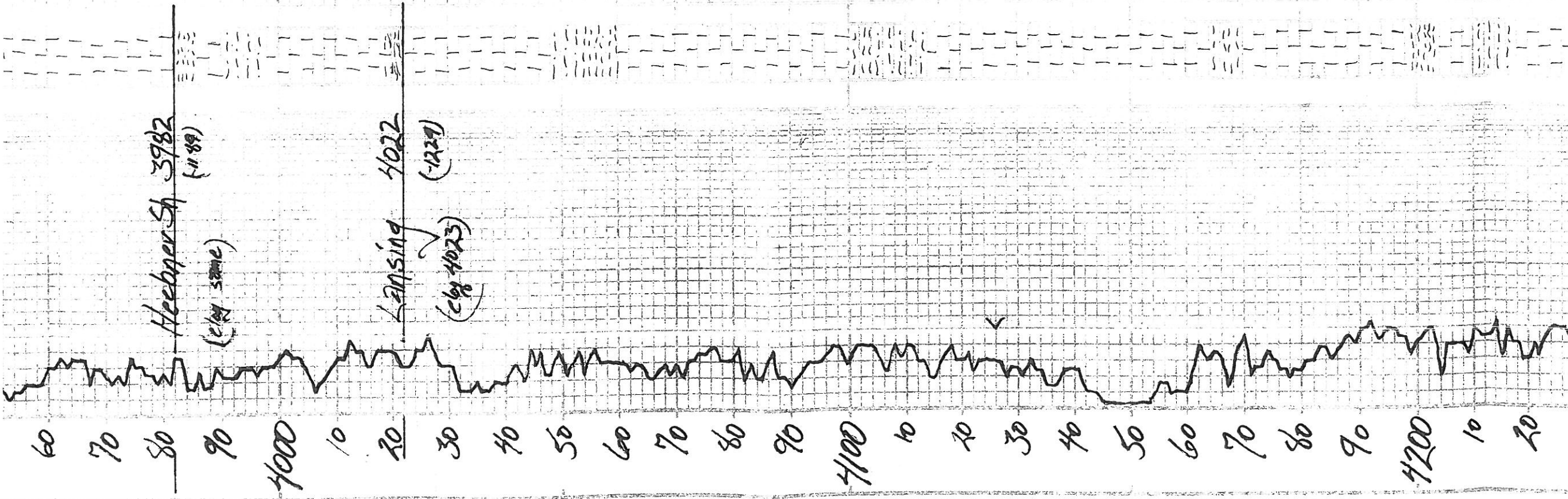
LS - 10m tan vi fo xln

LS - H tan vi fo xln
 sl see xln sl dry

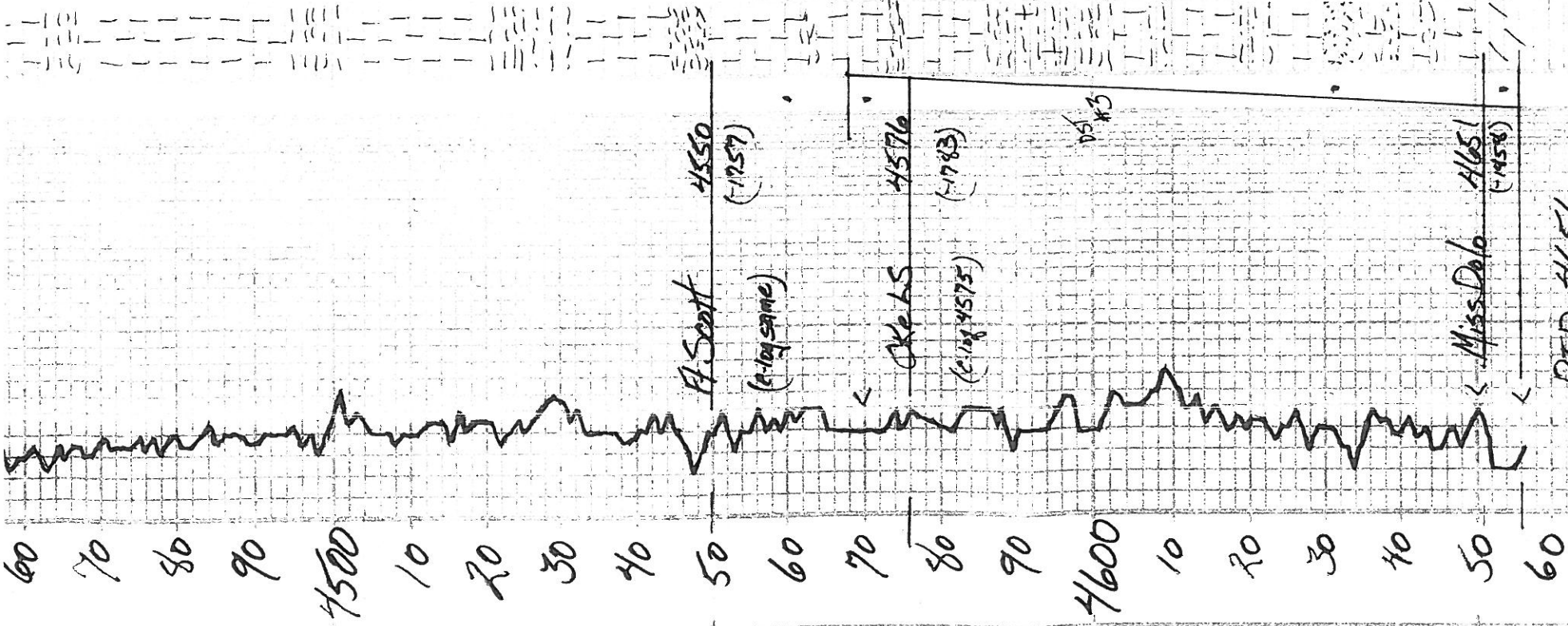
LS - H tan 6m vi fo xln
 sl dry sl pass

LS - tan H tan fm -
 xln sl see xln sl dry
 sl pass

LS - 6m tan vi fo -
 sl dry sl pass sl dry



LS - H-tan crm vr faxh
 sh-gy slck sl fass
 LS - tan H-tan fg-mud
 sh-gy slck sl fass
 LS - crm tan vr fo-faxh
 sh-gy slck sl fass
 sh-blk-crdb
 LS - gry vr fo-xh
 sh-sltsh-gry-grn
 LS - crm vr fo-xh
 sh-ck
 LS - H-tan vr fo-xh
 sh-gry
 LS - crm H-tan vr fo-xh
 sh-gy slck sl fass
 chrt - crm H-gry fresh
 LS - H-gry vr fo-xh
 ool
 chrt - gry fresh frmsld
 sltsh - sh - gry grn
 red
 sh-gry blk
 LS - H-gry H-tan vr fo-xh
 ool
 fass
 LS - crm vr fo-xh
 ool sl-see-kim-ckly
 LS - H-tan vr fo-xh
 ool
 chrt - gry op fresh
 sh-gry
 sltsh - gry red
 LS - H-tan H-gry vr fo-xh
 ool
 sh-gy
 LS - tan fo-xh ool
 sh-see-kim-ckly
 LS - crm vr fo-xh ool
 chrt - crm fresh op
 LS - H-tan crm vr fo-xh
 ool ool ool ool ool ool ool
 LS - crm H-tan vr fo-xh
 ool ool ool ool ool ool ool
 sh-gry
 LS - H-gry vr fo-xh
 LS - crm vr fo-xh
 ool ool ool ool ool ool ool
 LS - gry vr fo-xh-dise
 sh-blk
 LS - H-tan vr fo-xh
 ool ool ool ool ool ool ool
 sltsh - grn
 LS - crm vr fo-xh
 ool ool ool ool ool ool ool
 LS - crm H-tan vr fo-xh
 ool ool ool ool ool ool ool



Sh-gry blk
 LS - 1' tan yr fr xln
 LS - crm / tan yr fr xln sticky
 LS - Heavy gray yr fr xln
 Sh - gray blk
 LS - crm yr fr xln sticky
 Sh - gray
 Sh - tan brn yr fr xln
 Sh - gray blk
 LS - 1' tan / gray yr fr xln
 Sh - gray
 LS - 1' tan crm yr fr xln
 Sh - blk
 LS - tan yr fr xln
 Sh - gray
 Sh - stn - gray
 Sh - gray
 LS - gray yr fr xln
 Sh - stn - gray
 LS - crm yr fr xln
 Sh - stn - gray
 LS - crm yr fr xln cky
 Sh - yr fr xln well sand
 well sort pr. nr. & sh - blk
 Sh - yr fr xln bin well
 sort SFO. no amt
 Sh - stn - gray
 LS - brn yr fr xln
 Dolo - Heavy xln yr fr
 sh. SFO. xln yr fr
 japp & SFO. SFO.

DST #3
 4568 - 4656
 30' 75" - 60" 90"
 15' open - Bo
 2' open - Bo.
 Rec: 2
 1
 1
 2
 IFO. 33-64
 FFP 70-125
 ISIP 1187
 FSIP 1014
 IHP 2265
 FHP 2219

