



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1086667
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: _____

1086667

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 <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 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				

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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GENERAL INFORMATION

Client Information:

Company: TRANS PACIFIC OIL CORP

Contact: ALAN BANTA

Phone: Fax: e-mail:

Site Information:

Contact: CHRISTINA GOODRICH

Phone: Fax: e-mail:

Well Information:

Name: BENTLEY "B" 1-35

Operator: TRANS PACIFIC OIL CORP

Location-Downhole:

Location-Surface: S35/15S/28W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: CHRISTINA GOODRICH

Test Type: CONVENTIONAL Job Number: D1030

Test Unit:

Start Date: 2012/05/03 Start Time: 02:00:00

End Date: 2012/05/03 End Time: 08:00:00

Report Date: 2012/05/03 Prepared By: JOHN RIEDL

Qualified By: CHRISTINA GOODRICH

Remarks:

RECOVERY:10' 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: _____

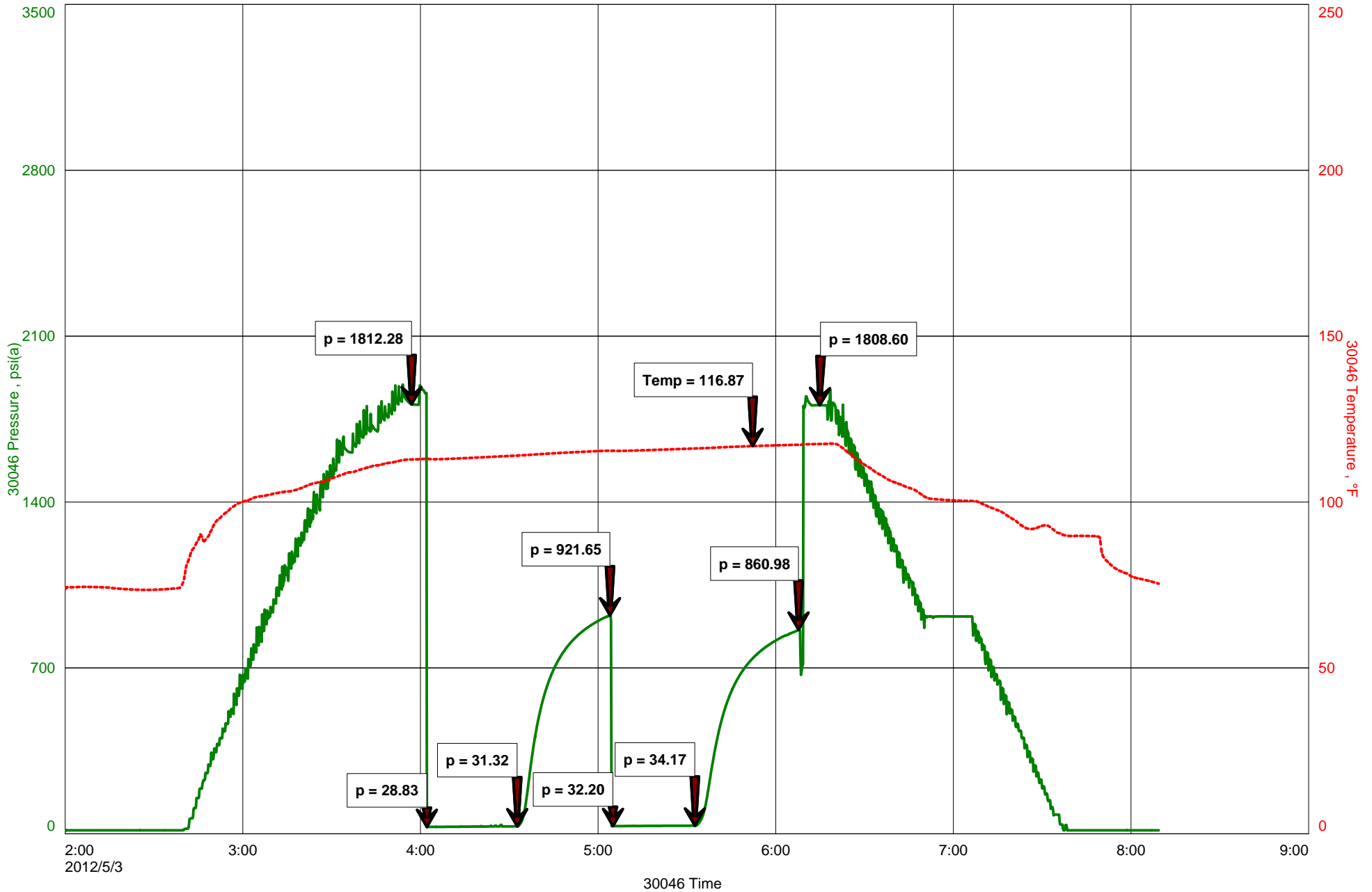
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

BENTLEY "B" 1-35



GENERAL INFORMATION

Client Information:

Company: TRANS PACIFIC OIL

Contact: SCOTT OATSDEAN

Phone: Fax: e-mail:

Site Information:

Contact: CHRISTINA GOODRICH

Phone: Fax: e-mail:

Well Information:

Name: BENTLEY "B" 1-35

Operator: TRANS PACIFIC OIL CORP

Location-Downhole:

Location-Surface: S35/15S/28W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: CHRISTINA GOODRICH

Test Type: CONVENTIONAL Job Number: D1130

Test Unit:

Start Date: 2012/05/03 Start Time: 15:00:00

End Date: 2012/05/03 End Time: 20:30:00

Report Date: 2012/05/03 Prepared By: JOHN RIEDL

Remarks: Qualified By: CHRISTINA GOODRICH

RECOVERY: 12' 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

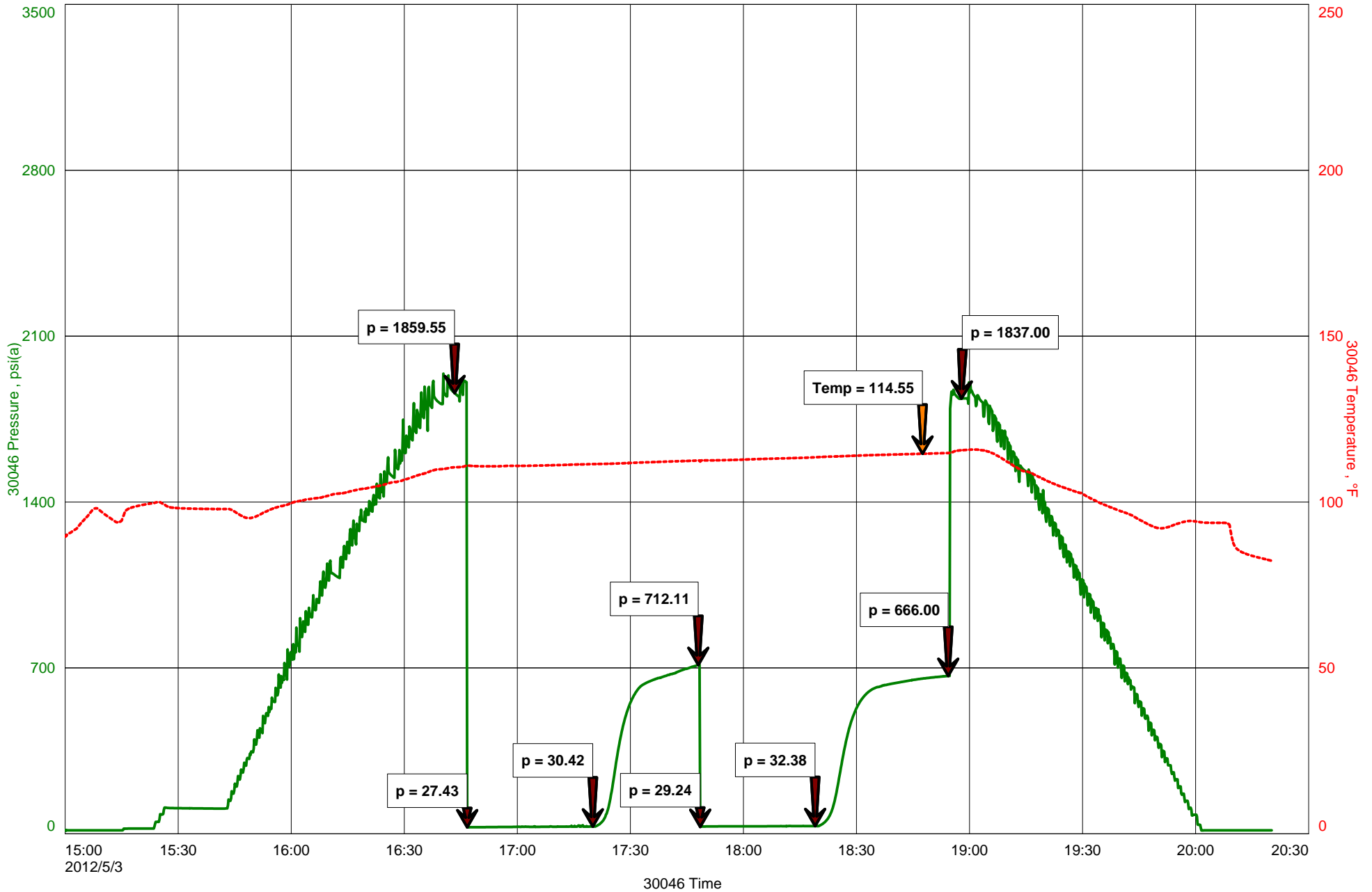
Time Set Packer(s) _____	A.M. P.M.	Time Started Off Bottom _____	A.M. P.M.	Maximum Temperature _____
Initial Hydrostatic Pressure _____	(A)	_____	P.S.I.	
Initial Flow Period _____	Minutes	(B)	_____	P.S.I. to (C) _____ P.S.I.
Initial Closed In Period _____	Minutes	(D)	_____	P.S.I.
Final Flow Period _____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

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TRANS PACIFIC OIL
Start Test Date: 2012/05/03
Final Test Date: 2012/05/03

BENTLEY "B" 1-35
Formation: KC 180'
Job Number: D1130

BENTLEY "B" 1-35



GENERAL INFORMATION

Client Information:

Company: TRANS PACIFIC OILCORP

Contact: SCOTTOATSDEAN

Phone: Fax: e-mail:

Site Information:

Contact: CHRISTINA GOODRICH

Phone: Fax: e-mail:

Well Information:

Name: BENTLEY "B" 1-35

Operator: TRANS PACIFIC OILCORP

Location-Downhole:

Location-Surface: S35/15S/28W

Test Information:

Company: DIAMOND TESTING

Representative: JOHNRIEDL

Supervisor: CHRISTINA GOODRICH

Test Type: CONVENTIONAL Job Number: D1131

Test Unit:

Start Date: 2012/05/04 Start Time: 03:30:00

End Date: 2012/05/04 End Time: 11:50:00

Report Date: 2012/05/04 Prepared By: JOHN RIEDL

Remarks: Qualified By: CHRISTINA GOODRICH

RECOVERY: 860' WATER



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.

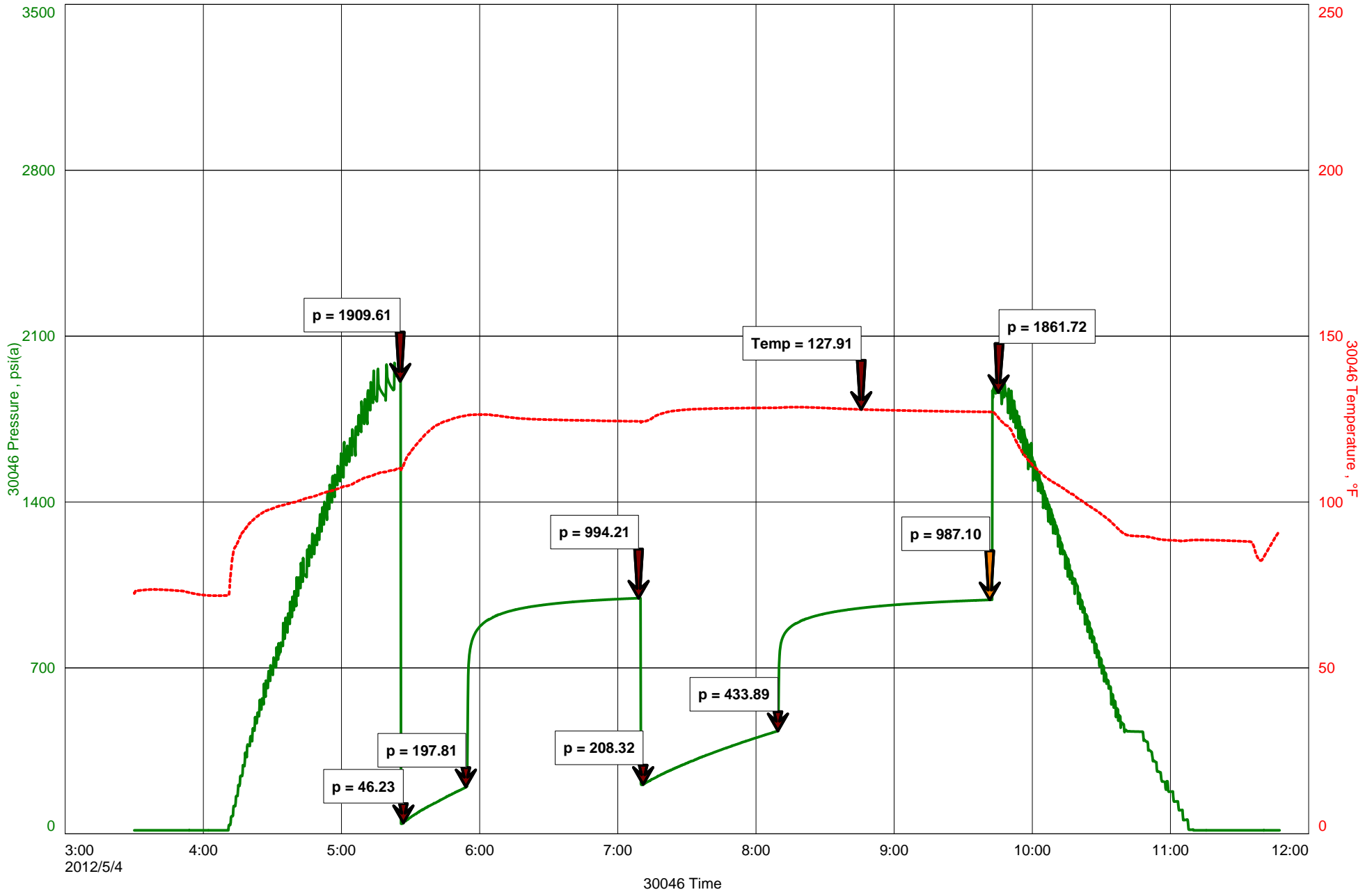
Final Flow Period Minutes (E) _____ P.S.I. to (F) _____ P.S.I.

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.

BENTLEY "B" 1-35



GENERAL INFORMATION

Client Information:

Company: TRANS PACIFIC OILCORP

Contact: SCOTT OATSDEAN

Phone: Fax: e-mail:

Site Information:

Contact: CRISTINA GOODRICH

Phone: Fax: e-mail:

Well Information:

Name: BENTLEY "B" 1-35

Operator: TRANS PACIFICOIL CORP

Location-Downhole:

Location-Surface: S35/15S/28W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: CRISTINA GOODRICH

Test Type: CONVENTIONAL Job Number: D1132

Test Unit:

Start Date: 2012/05/04 Start Time: 19:00:00

End Date: 2012/05/05 End Time: 03:20:00

Report Date: Prepared By:

Remarks: Qualified By:

RECOVERY: 1200' GAS IN PIPE, 190'GASSY OIL, 30' OIL+MUD CUT WATER



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: _____

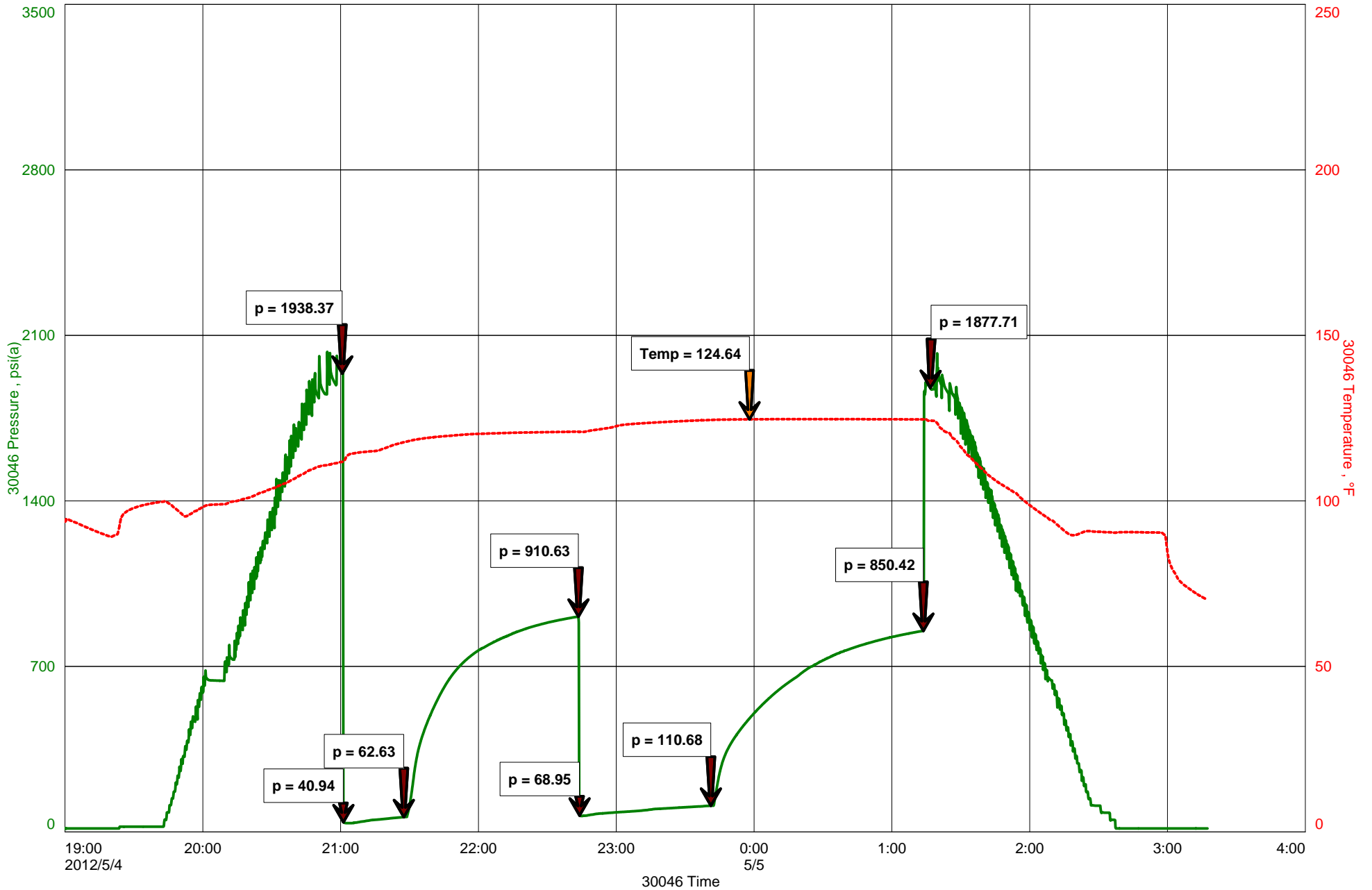
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.	

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BENTLEY "B" 1-35



GENERAL INFORMATION

Client Information:

Company: TRANS PACIFIC OILCORP

Contact: SCOTT OATSDEAN

Phone: Fax: e-mail:

Site Information:

Contact: CRISTINA GOODRICH

Phone: Fax: e-mail:

Well Information:

Name: BENTLEY "B" 1-35

Operator: TRANS PACIFIC OILCORP

Location-Downhole:

Location-Surface: S35/14S/28W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: CRISTINA GOODRICH

Test Type: CONVENTIONAL Job Number: D1133

Test Unit:

Start Date: 2012/05/05 Start Time: 19:00:00

End Date: 2012/05/06 End Time: 01:20:00

Report Date: 2012/05/06 Prepared By: JOHN RIEDL

Qualified By: CRISTINA GOODRICH

Remarks:

RECOVERY: 14' OIL SPECKED 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: _____

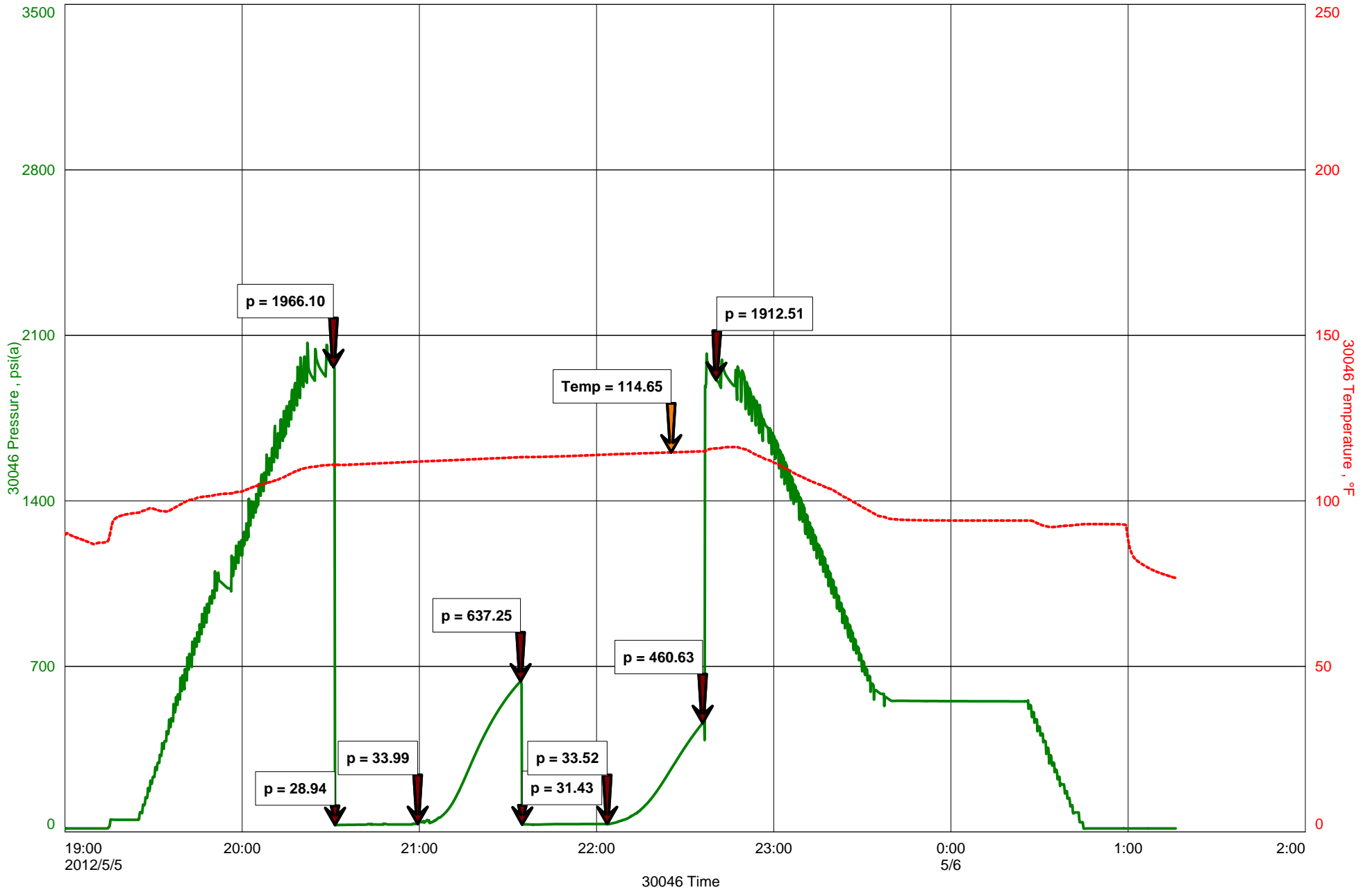
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

BENTLEY "B" 1-35



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

July 11, 2012

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

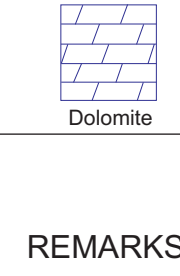
Re: ACO1
API 15-063-21939-00-00
Bentley B 1-35
SE/4 Sec.35-15S-28W
Gove County, Kansas

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



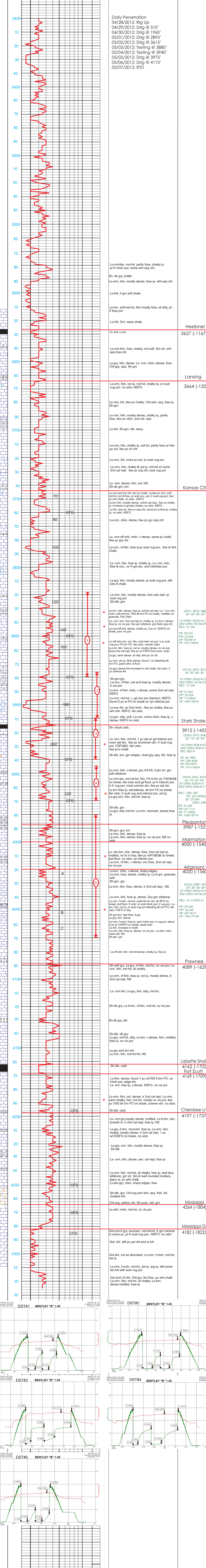
GEOLOGIST'S REPORT
DRILLING TIME AND SAMPLE LOG

Geologist on Well: Christina Goodrich		ELEVATIONS	
LEASE: Bentley "B" #1-35	LOC: 1125' FSL & 3N5' FEL	KB: 2460	DF: _____
FIELD: _____	SEC: 35 T1MSP 1SS REE 28W	GL: 2451	_____
LOCATION: 1125' FSL & 3N5' FEL	COUNTRY: GIVE STATE Kansas	_____	_____
CONTRACTOR: Duke Drilling Rig #4	SPUD: 04/28/2012	CONDUCTOR: _____	_____
RTD: 4/29/12	LTD: 4/29/12	CASING: _____	_____
MUD UP: _____	TYPE MUD: CHEMICAL	SURFACE: 8 5/8" @ 216'	_____
SAMPLES SAVED FROM: 3600'	TO: TD	PRODUCTION: 4 1/2"	_____
DRILLING TIME KEPT FROM: 3600'	TO: TD	ELECTRICAL SURVEYS: _____	_____
SAMPLES EXAMINED FROM: 3600'	TO: TD	GEOLOGICAL SUPERVISION FROM: 3650' - TD	_____
REFERENCE WELL: Bentley A #1-36	Superior Well Services	Diamond Testing Ltd	_____
Formation	Sample Tops	E-log Tops	Strat
Anhydrite	1882 (-578)	1882 (-578)	+12
Base Anhydrite	1919 (+541)	1914 (+546)	+13
Heebner	3627 (-1167)	3626 (-1166)	+17
Lansing	3654 (-1204)	3654 (-1204)	+12
Stark Shale	3915 (-1455)	3919 (-1459)	+10
Marmaton	3987 (-1527)	3991 (-1527)	+13
Pleasanton	4000 (-1540)	4001 (-1541)	+10
Fort Scott	4169 (-1709)	4171 (-1711)	+2
Mississippi Dol	4264 (-1804)	4265 (-1825)	+2

REMARKS
 The Bentley "B" #1-35 was drilled as a wildcat location to explore for Lansing and Mississippi production. Based on the positive structural position and the results of DST#4, it was decided to run production casing. Ran 101 its new 4-1/2" 10.5# csg w/float shoe on bottom & insert baffle in first collar. Tagged bottom & pulled up 20' setting csg at 4305', baffle at 4262'. PC at 1836'. Ran cmt baskets above float shoe and below PC. Ran centralizers on collars #1,2,3,4,5,7,9,11,13,15, and above and below PC. Swift pumped 500 gal mud flush followed by 195 sx EA-2 containing 10% salt. 5% caiseal, 1/4# flocele, 1/2% CFR. Plugged rat hole with 35 sx. Plug down 6:00 P.M. 5/7/2012.
 Sincerely,
 Christina Goodrich, Geologist

LEGEND

	Anhydrite		Sandstone		Limestone		Shale		Carb Sh		Cherty LS		Chert		Dolomite
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Well: Bentley B 1-35

STR: 35-15S-28W

Cty: Gove

State: Kansas

Log Tops:

Anhydrite	1882' (+578) +12'
B/Anhydrite	1914' (+546) +14'
Heebner	3626' (-1166) +14'
Lansing	3664' (-1204) +17'
Stark	3919' (-1459) +8'
Marmaton	4001' (-1541) +13'
Ft. Scott	4171' (-1711) +11'
Mississippi Dolomite	4285' (-1825) -1'
RTD	4325' (-1865)

JOB LOG

SWIFT Services, Inc.

DATE 7/11/12 PAGE NO. 7

CUSTOMER TRANS-PACIFIC WELL NO. 1-35 LEASE Bentley B JOB TYPE Cement long string TICKET NO. 23652

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								225 sks SA-2 w/ 1/4 # floccula
								101jt 4 1/2" 10.5# casing RTD 4325' LTD 4325'
								shoejt 42' insert 4263'
								Centralizer 1,2,3,4,5 7,9,11,13,15 57,59
								Basket 1, 57 Part collar #58 1836'
	1400							on loc TRK 114
	1520							start 4 1/2" 10.5# casing in well
	1650							Drop ball - circulate
	1715	4 1/2	12				300	Pump 500 gal mud flush
		4 1/2	20				300	Pump 20 bbl KCL flush
	1725		7					Plug RH <u>30SKS</u>
	1728	4 1/2	47				300	mix SA-2 cement @ 15.3 ppg
	1745							Drop latch down plug wash out pump & line
	1750	6 3/4					400	Displace plug
		6 3/4	58				700	
	1800	6 3/4	68				1500	Land plug
	1804							Release pressure to truck - derrick up
								wash truck
								Rack up
	1845							job complete
								RECEIVED
								JUNE 10 2012
								BY: <u>Blaine DAVE</u> 15000

