



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1090642
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: _____

1090642

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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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: _____	

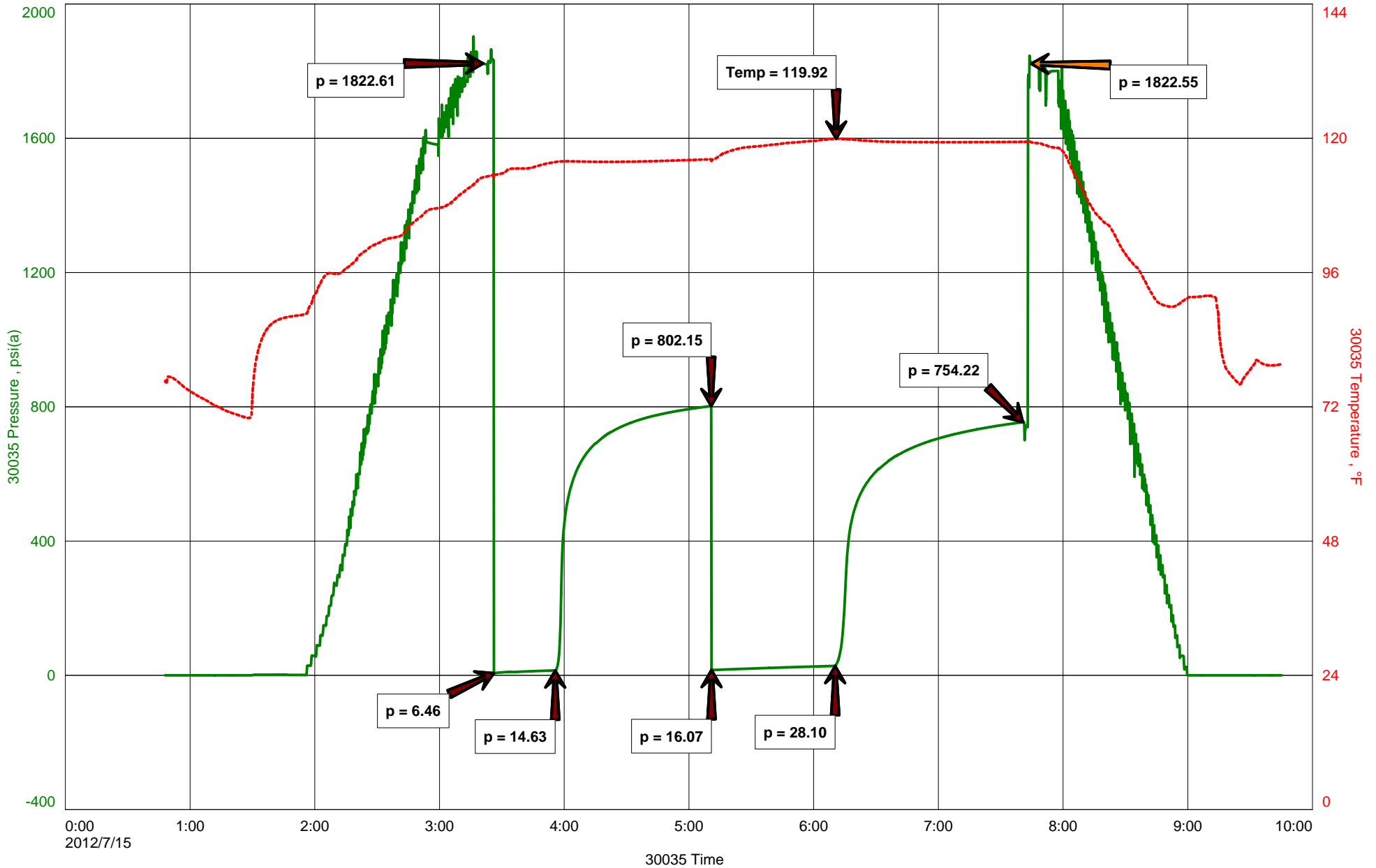
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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 Company
DST #1 KC 70' Zone 3820-3835'
Start Test Date: 2012/07/15
Final Test Date: 2012/07/15

Jacobs Trust A Unit
Formation: DST #1 KC 70' Zone 3820-3835'
Pool: Wildcat
Job Number: S0179

Jacobs Trust A Unit



Diamond Testing

General information Report

General Information

Company Name Trans Pacific Oil Company

Contact	Glenna Lowe	Job Number	S0179
Well Name	Jacobs Trust A Unit	Representative	Jacob McCallie
Unique Well ID	DST #1 KC 70' Zone 3820-3835'	Well Operator	Trans Pacific Oil Company
Surface Location	SEC 8-14S-22W Gove County	Report Date	2012/07/15
Well License Number		Prepared By	Jacob McCallie
Field	WC		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #1 KC 70' Zone 3820-3835'		
Well Fluid Type	01 Oil	Start Test Time	00:48:00
		Final Test Time	09:46:00
Start Test Date	2012/07/15		
Final Test Date	2012/07/15		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
55' OS Mud Cut WTR 1% OIL 89% WTR 10% MUD
55' TOTAL FLUID

PH: 9.0
RW: .18 @ 85 degrees F
CHLORIDES: 31,000 ppm

TOOL SAMPLE:
1% OIL 59% WTR 40% 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: _____	

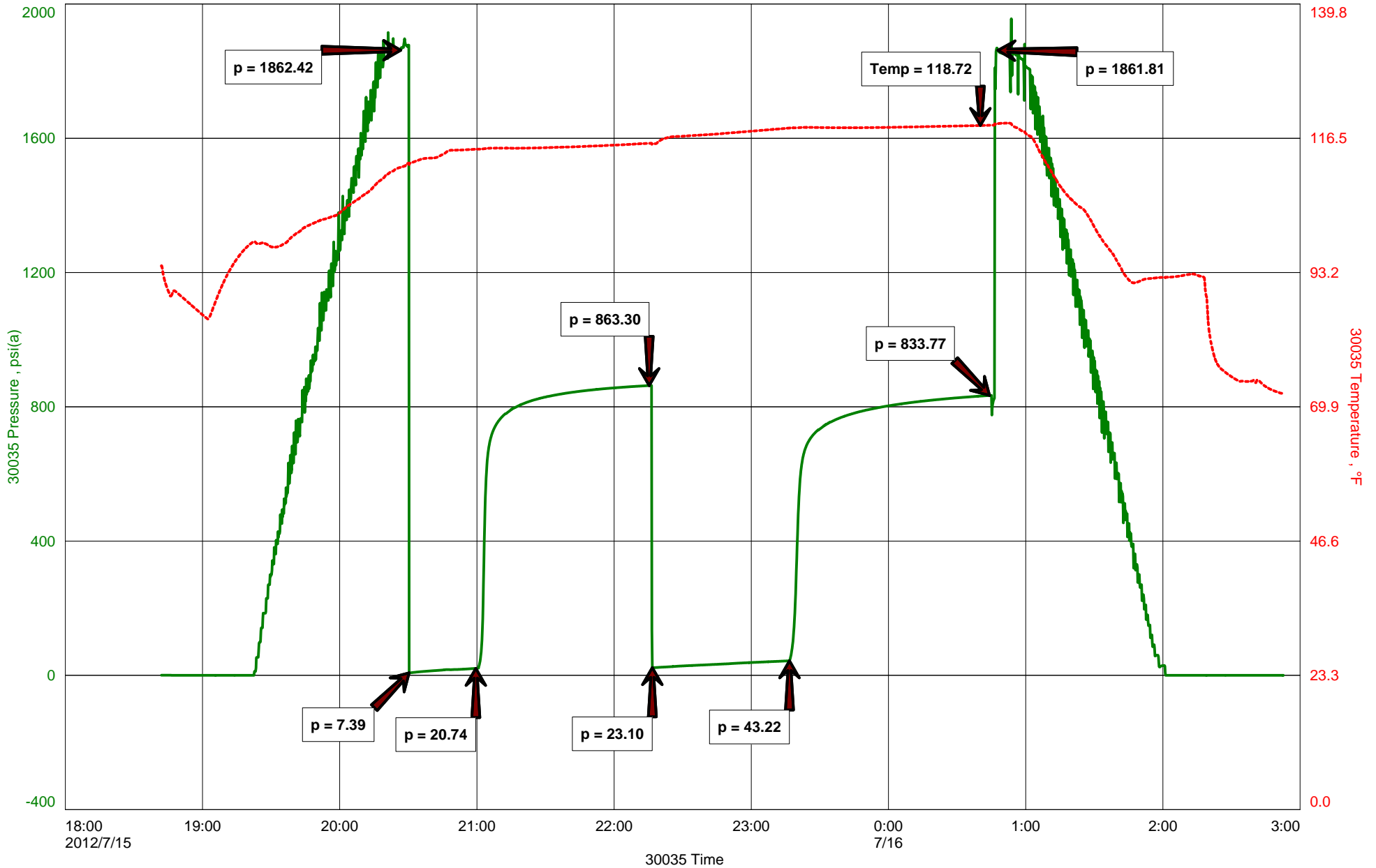
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

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Trans Pacific Oil Corp
DST #2 KC 120 & 140' 3886-3920'
Start Test Date: 2012/07/15
Final Test Date: 2012/07/16

Jacobs Trust A Unit
Formation: DST #2 KC 120 & 140' 3886-3920'
Pool: Wildcat
Job Number: S0180

Jacobs Trust A Unit



Diamond Testing

General information Report

General Information

Company Name Trans Pacific Oil Corp

Contact	Glenna Lowe	Job Number	S0180
Well Name	Jacobs Trust A Unit	Representative	Jacob McCallie
Unique Well ID	DST #2 KC 120 & 140' 3886-3920'	Well Operator	Trans Pacific Oil Corp
Surface Location	SEC 8-14S-22W Gove County	Report Date	2012/07/16
Well License Number		Prepared By	Jacob McCallie
Field	WC		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #2 KC 120 & 140' 3886-3920'		
Well Fluid Type	06 Water	Start Test Time	18:42:00
		Final Test Time	02:54:00
Start Test Date	2012/07/15		
Final Test Date	2012/07/16		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
78' OS Watery Mud 2% OIL 46% WTR 52% MUD
78' TOTAL FLUID

PH: 7
RW: .2 @ 75 degrees F
CHLORIDES: 30,000 ppm

TOOL SAMPLE:
2% OIL 73% WTR 25% 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.

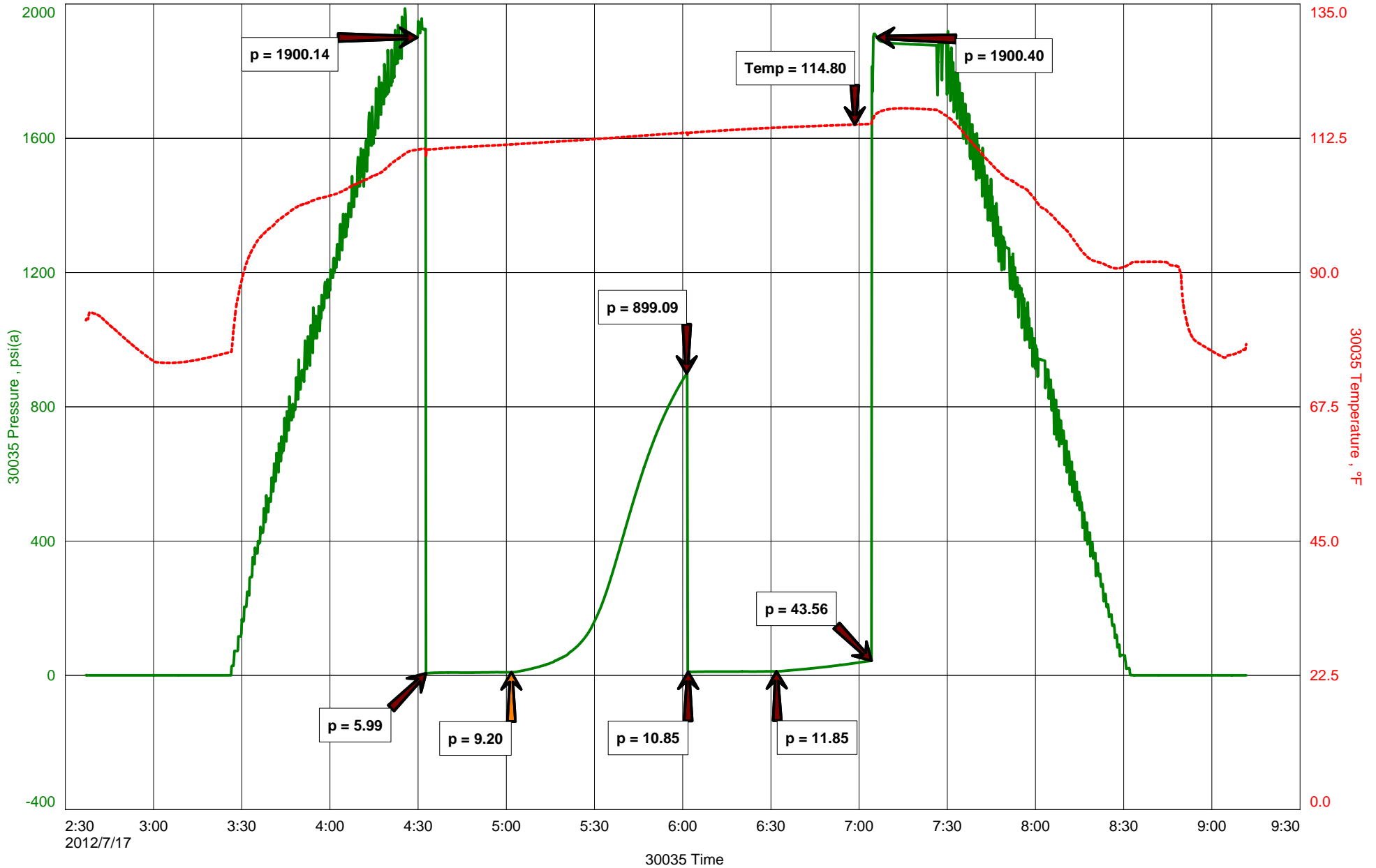
Blow: 1st Open: _____
2nd Open: _____

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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Jacobs Trust A Unit 1-8



Diamond Testing

General information Report

General Information

Company Name Trans Pacific Oil Corp

Contact

Glenna Lowe

Well Name

Jacobs Trust A Unit 1-8

Job Number

S0181

Unique Well ID

DST #3 KC 180 & 200 Zone 3954-4005

Representative

Jacob McCallie

Surface Location

SEC 8-14S-22W Gove County

Well Operator

Trans Pacific Oil Corp

Well License Number

Report Date

2012/07/17

Field

WC

Prepared By

Jacob McCallie

Well Type

Vertical

Test Type

Drill Stem Test

Formation

DST #3 KC 180 & 200 Zone 3954-4005

Well Fluid Type

01 Oil

Start Test Time

02:37:00

Final Test Time

09:12:00

Start Test Date

2012/07/17

Final Test Date

2012/07/17

Gauge Name

30035

Gauge Serial Number

Test Results

RECOVERED:

10'

OIL CUT MUD

15% OIL 85% MUD

10'

TOTAL FLUID

TOOL SAMPLE:

8% OIL 92% 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: _____	

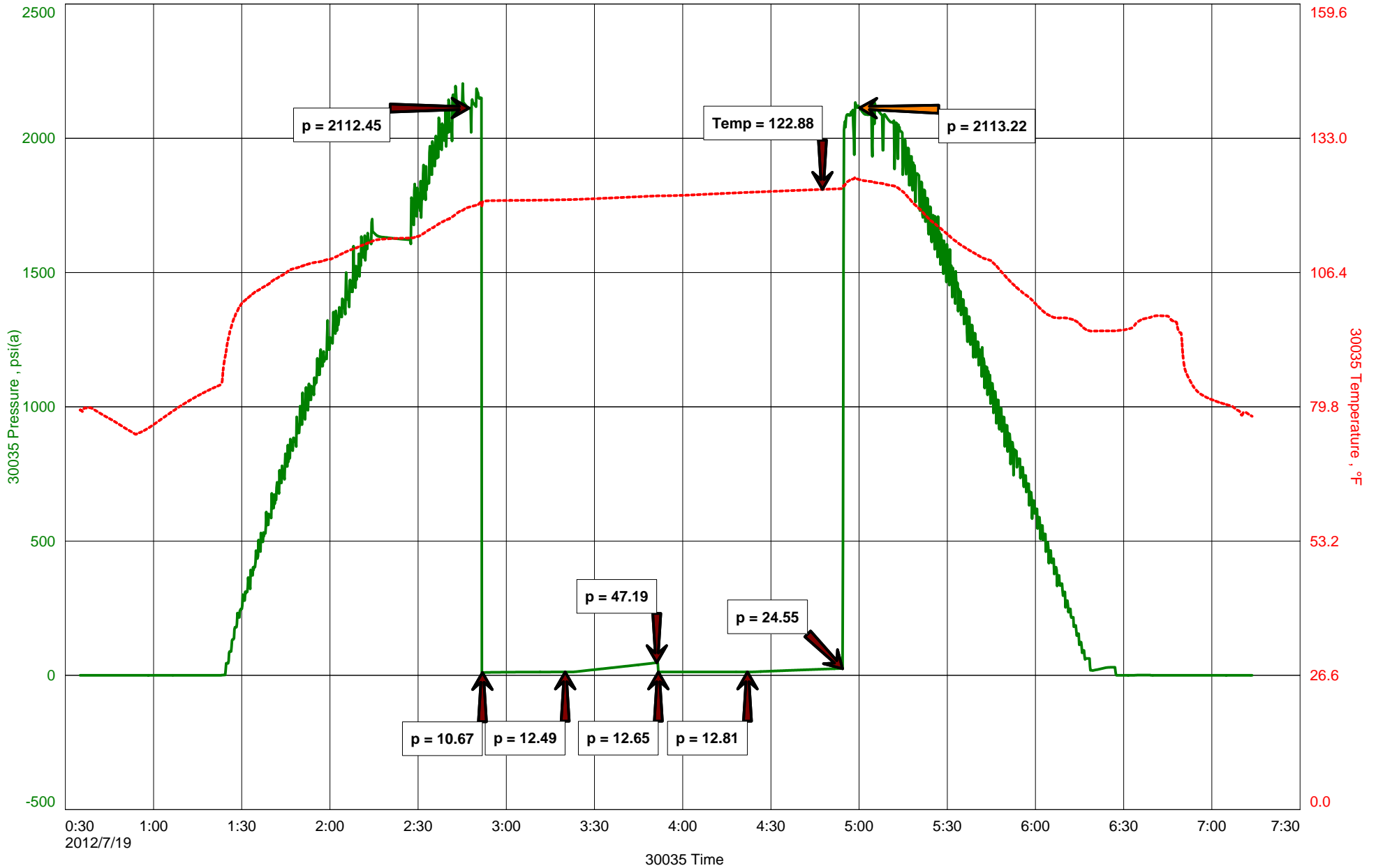
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

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Trans Pacific Oil Corp
DST #4 Miss 4294-4345'
Start Test Date: 2012/07/19
Final Test Date: 2012/07/19

Jacobs Trust A Unit 1-8
Formation: DST #4 Miss 4294-4345'
Pool: Wildcat
Job Number: S0182

Jacobs Trust A Unit 1-8



Diamond Testing

General information Report

General Information

Company Name Trans Pacific Oil Corp

Contact	Glenna Lowe	Job Number	S0182
Well Name	Jacobs Trust A Unit 1-8	Representative	Jacob McCallie
Unique Well ID	DST #4 Miss 4294-4345'	Well Operator	Trans Pacific Oil Corp
Surface Location	SEC 8-14S-27W Gove County	Report Date	2012/07/19
Well License Number		Prepared By	Jacob McCallie
Field	WC		
Well Type	Vertical		

Test Type	Drill Stem Test	Start Test Time	00:35:00
Formation	DST #4 Miss 4294-4345'	Final Test Time	07:15:00
Well Fluid Type	01 Oil		
Start Test Date	2012/07/19		
Final Test Date	2012/07/19		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
8' SOS Mud 100% MUD
8' TOTAL FLUID

TOOL SAMPLE:
100% 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.

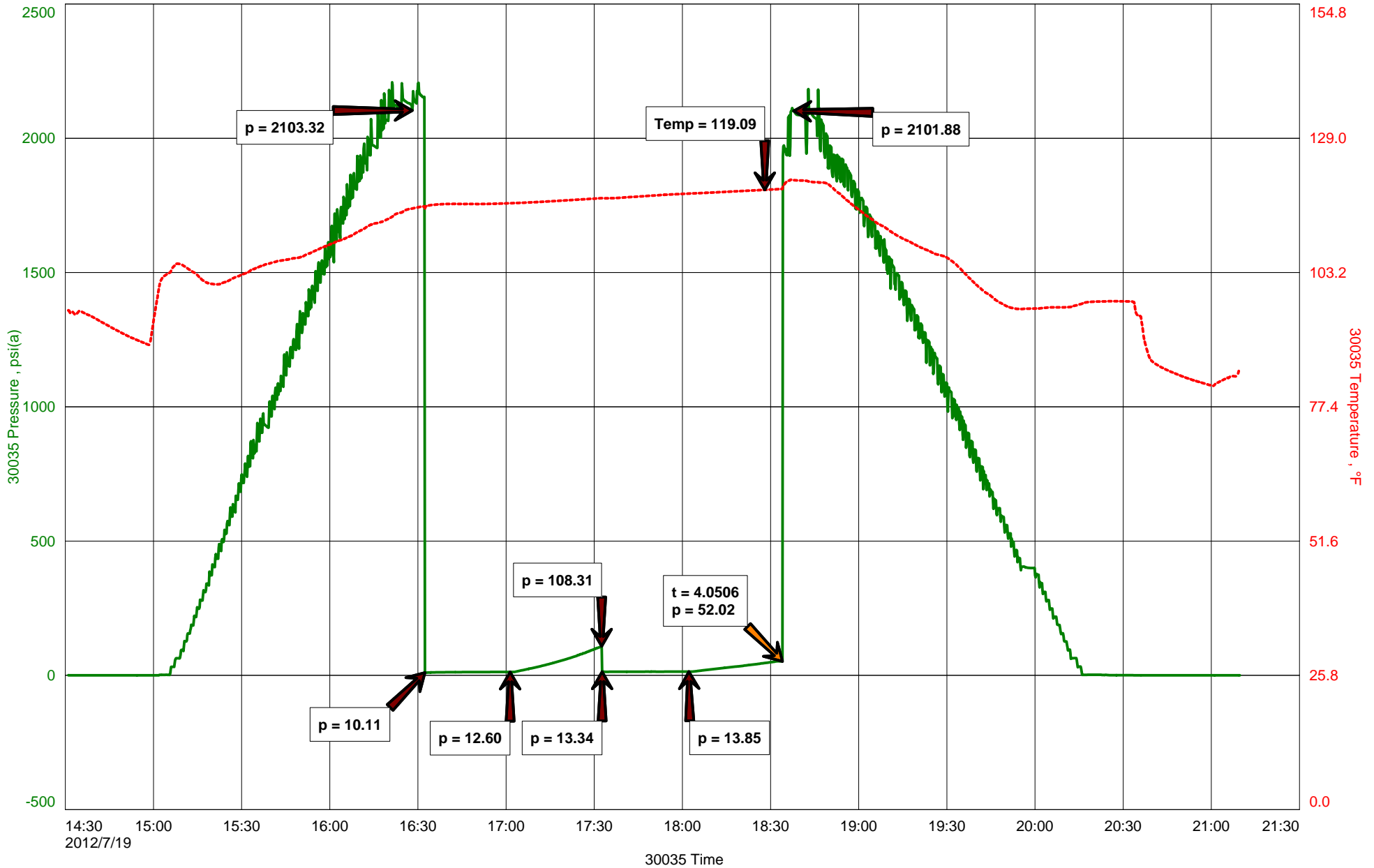
Blow: 1st Open: _____
2nd Open: _____

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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Jacobs Trust A Unit 1-8



Diamond Testing

General information Report

General Information

Company Name Trans Pacific Oil Corp

Contact	Glenna Lowe	Job Number	S0183
Well Name	Jacobs Trust A Unit 1-8	Representative	Jacob McCallie
Unique Well ID	DST #5 Miss 4296-4355'	Well Operator	Trans Pacific Oil Corp
Surface Location	SEC 8-14S-27W Gove County	Report Date	2012/07/19
Well License Number		Prepared By	Jacob McCallie
Field	WC		
Well Type	Vertical		

Test Type	Drill Stem Test	Start Test Time	14:31:00
Formation	DST #5 Miss 4296-4355'	Final Test Time	21:10:00
Well Fluid Type	01 Oil		
Start Test Date	2012/07/19		
Final Test Date	2012/07/19		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
10' SOS Mud 100% MUD
10' TOTAL FLUID

TOOL SAMPLE:
1% OIL 99% 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: _____	

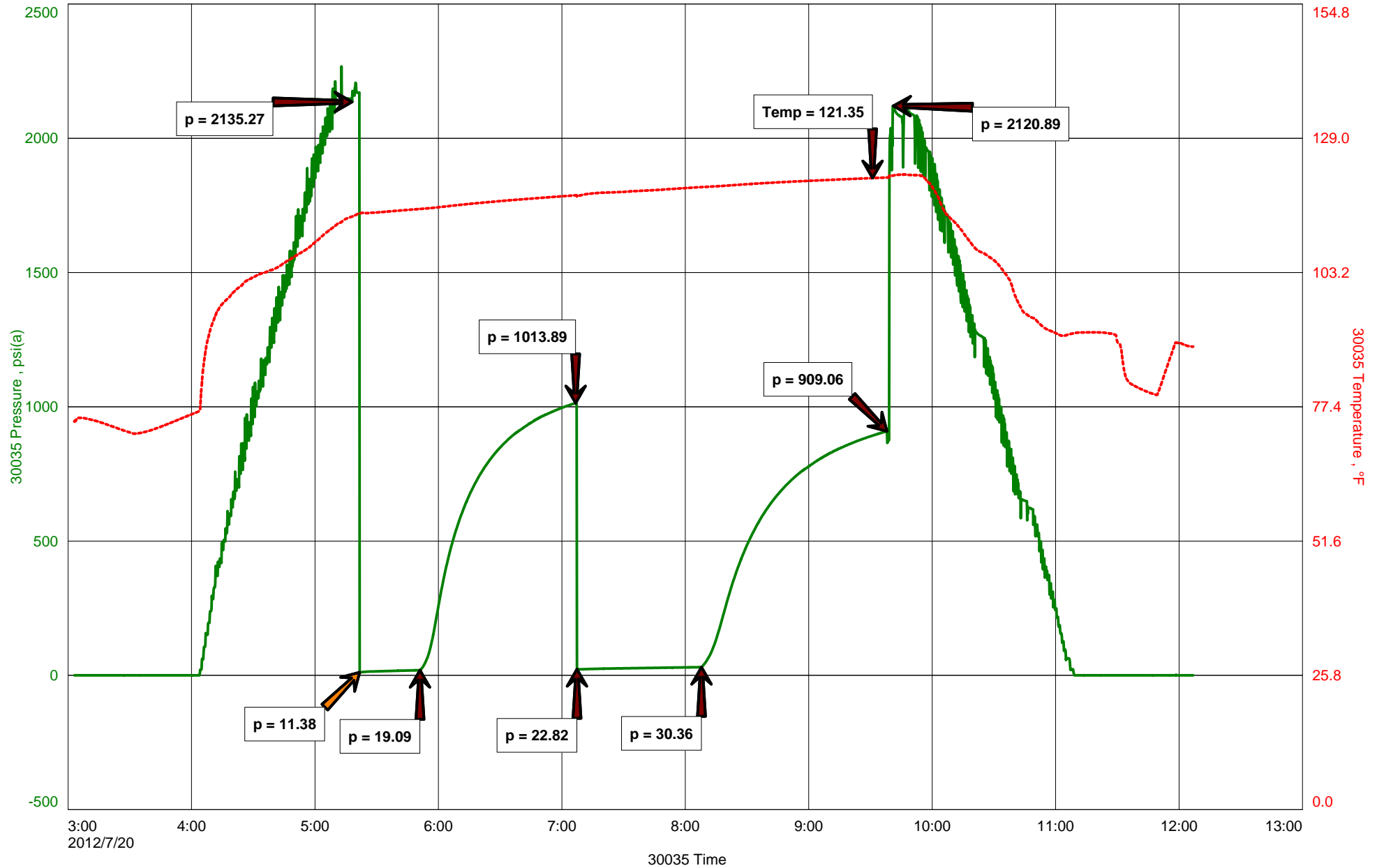
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

Trans Pacific Oil Corp
DST #6 Miss 4292-4360'
Start Test Date: 2012/07/20
Final Test Date: 2012/07/20

Jacobs Trust A Unit 1-8
Formation: DST #6 Miss 4292-4360'
Pool: Wildcat
Job Number: S0184

Jacobs Trust A Unit 1-8



Diamond Testing

General information Report

General Information

Company Name Trans Pacific Oil Corp

Contact Glenna Lowe
Well Name Jacobs Trust A Unit 1-8
Unique Well ID DST #6 Miss 4292-4360'
Surface Location SEC 8-14S-27W Gove County
Well License Number
Field WC
Well Type Vertical

Job Number S0184
Representative Jacob McCallie
Well Operator Trans Pacific Oil Corp
Report Date 2012/07/20
Prepared By Jacob McCallie

Test Type Drill Stem Test
Formation DST #6 Miss 4292-4360'
Well Fluid Type 01 Oil
Start Test Date 2012/07/20
Final Test Date 2012/07/20

Start Test Time 03:03:00
Final Test Time 12:08:00

Gauge Name 30035
Gauge Serial Number

Test Results

RECOVERED:

5' CO 100% CO
51' Oily Mud 18% OIL 82% MUD
56' TOTAL FLUID

GRAVITY: 38.5 @ 60 degrees F



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: _____	

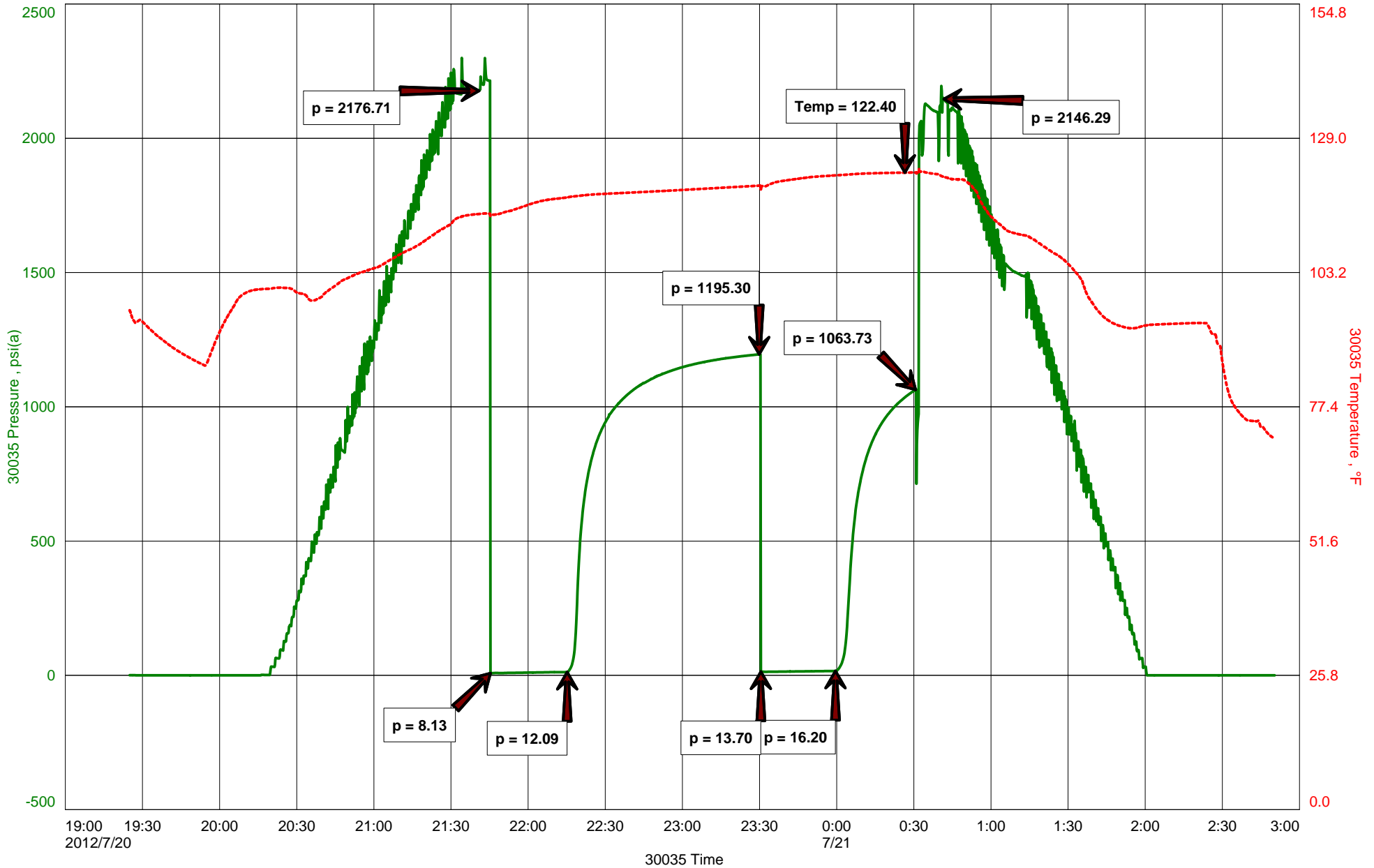
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Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ 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 Corp
DST #7 Miss 4359-4365'
Start Test Date: 2012/07/20
Final Test Date: 2012/07/21

Jacobs Trust A Unit 1-8
Formation: DST #7 Miss 4359-4365'
Pool: Wildcat
Job Number: S0185

Jacobs Trust A Unit 1-8



Diamond Testing

General information Report

General Information

Company Name Trans Pacific Oil Corp

Contact	Glenna Lowe	Job Number	S0185
Well Name	Jacobs Trust A Unit 1-8	Representative	Jacob McCallie
Unique Well ID	DST #7 Miss 4359-4365'	Well Operator	Trans Pacific Oil Corp
Surface Location	SEC 8-14S-27W Gove County	Report Date	2012/07/21
Well License Number		Prepared By	Jacob McCallie
Field	WC		
Well Type	Vertical		

Test Type	Drill Stem Test	Start Test Time	19:25:00
Formation	DST #7 Miss 4359-4365'	Final Test Time	02:51:00
Well Fluid Type	01 Oil		
Start Test Date	2012/07/20		
Final Test Date	2012/07/21		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:

1'	CO	100% CO
19'	OS Muddy WTR	2% OIL 83% WTR 15% MUD
20'	TOTAL FLUID	

PH: 8

RW: .7 @ 80 degrees F

CHLORIDES: 8,000 ppm

TOOL SAMPLE:

2% OIL 40% WTR 58% MUD

Jacobs Trust A Unit #1-8

Sec. 8-14S-27W

Gove Co., KS

LOG TOPS

Anhydrite	1987 (+561)	-2
B/Anhydrite	2027 (+521)	-5
Heebner	3707 (-1159)	+3
Lansing	3744 (-1196)	+4
Stark	3985 (-1437)	flat
Pleasanton	4043 (-1495)	-3
Marmaton	4056 (-1508)	flat
Fort Scott	4248 (-1700)	-3
Mississippi	4338 (-1790)	flat

ALLIED OIL & GAS SERVICES, LLC 056768

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Corkley, KS

DATE <i>7/21/12</i>	SEC <i>8</i>	TWP <i>14</i>	RANGE <i>27</i>	CALLED OUT	ON LOCATION	JOB START <i>6:15pm</i>	JOB FINISH <i>3:00pm</i>
LEASE WITH <i>Jacobs Trust</i>		WELL # <i>1-8</i>	LOCATION <i>Cone E To Park Rd 58 Winto</i>		COUNTY <i>Gode</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one) <i>NEW</i>							

CONTRACTOR <i>Dyke 4</i>	OWNER <i>Same</i>
TYPE OF JOB <i>PTA</i>	
HOLE SIZE <i>7 7/8</i>	T.D.
CASINO SIZE <i>8 5/8</i>	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 *205 60/40 400 gal*
14 PLO

COMMON <i>123</i>	@ <i>16.25</i>	<i>1998.75</i>
POZMIX <i>82</i>	@ <i>8.50</i>	<i>695.00</i>
GEL <i>7</i>	@ <i>21.25</i>	<i>148.75</i>
CHLORIDE	@	
ASC	@	

Flo Seal 5.2 lb @ *2.20* *140.40*

HANDLING *220.22 CF* @ *2.10* *462.46*

MILEAGE *237 mi / mile 9.194* *700* *972.26*

TOTAL *4250.00*
1419.62

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	<i>1250.00</i>
EXTRA FOOTAGE	@
MILEAGE <i>45</i>	@ <i>7.00</i> <i>315.00</i>
MANIFOLD	@
<i>late vehicle 45</i>	@ <i>4.00</i> <i>180.00</i>

TOTAL *1745.00*

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL

SALES TAX (if Any) *1.96.25* *12.87.27*

TOTAL CHARGES *6,015.87* *6.16* *16.2*

DISCOUNT *20* *1,203.17* *1232.92* IF PAID IN 30 DAYS

REMARKS:

max 25 lbs @ 2010 FT
max 100 lbs @ 1015 FT
40 lbs @ 265 FT
10 lbs @ 40 FT
305Ks Rest Hole

*Thank you
Alan, Wayne, Ethel*

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

To: Allied Oil & Gas Services, 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*

RECEIVED

BY _____

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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 14, 2012

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

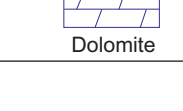
Re: ACO1
API 15-063-22014-00-00
Jacobs Trust 'A' Unit 1-8
SE/4 Sec.08-14S-27W
Gove County, Kansas

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

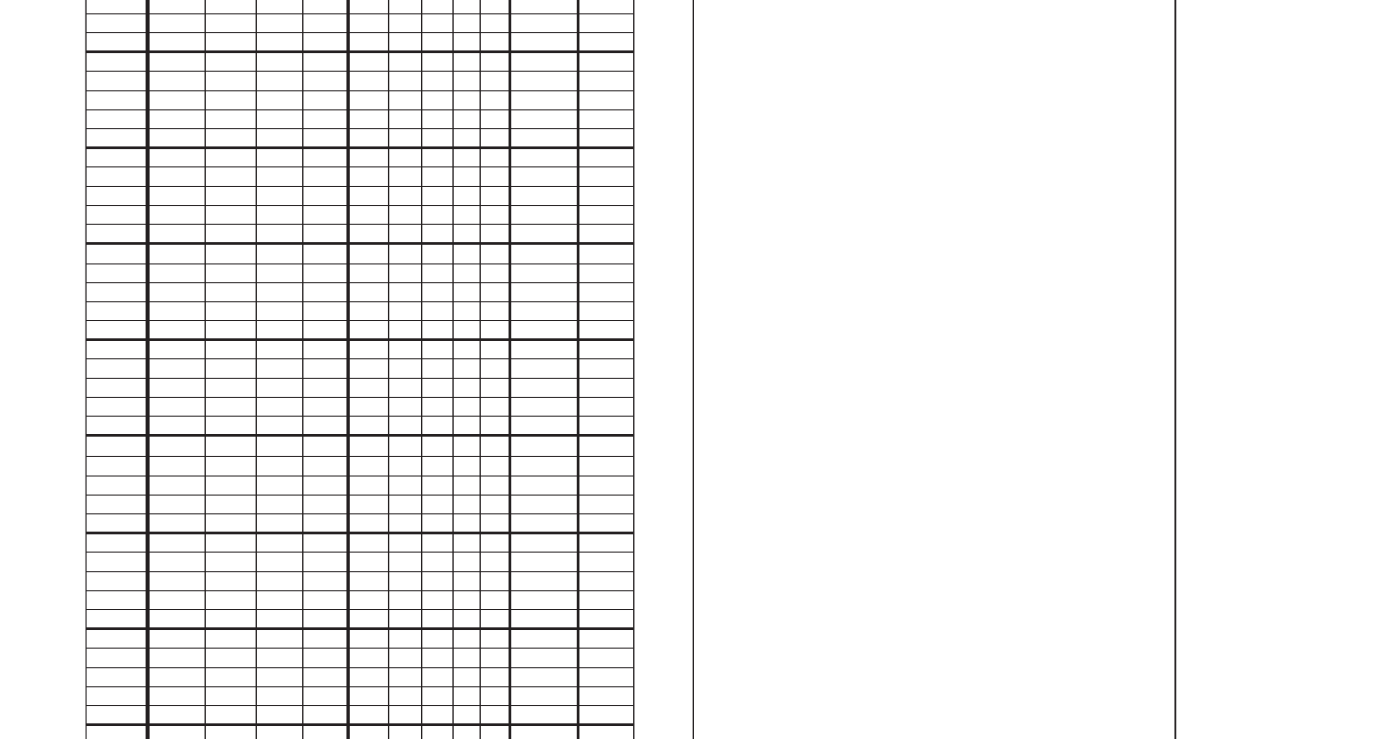
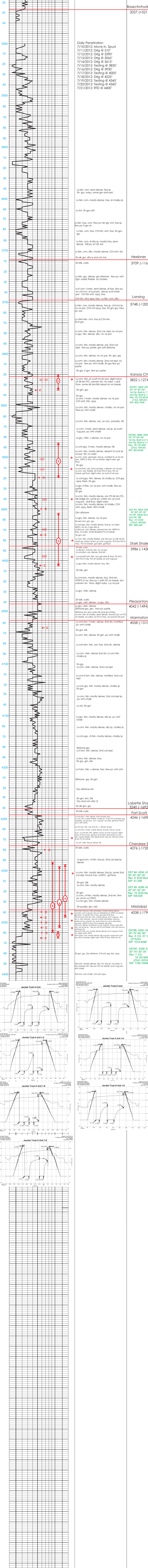
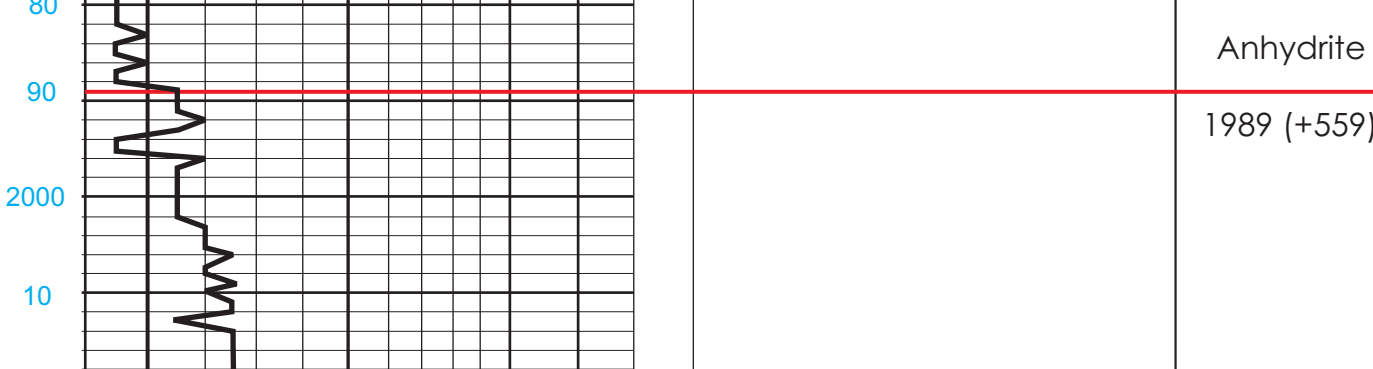


Based on log examination and negative DST results, it was decided to plug and abandon this well.

Respectfully Submitted,

Cristina Goodrich, Geologist

LEGEND



Additional notes and data points at the bottom of the log, including DST results and well status information.