



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1098401
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: _____



1098401

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
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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
<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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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GEOLOGIST'S REPORT
DRILLING TIME AND SAMPLE LOG

Geologist on Well: Cristina Goodrich

LEASER: Legleiter 'A' #1-14

FIELD: 9907 FNL & 2310 FWL

LOCATION: 9907 FNL & 2310 FWL

SEC: 14 TWP: 16S RGE: 20W

COUNTRY: Kish STATE: Kansas

CONTRACTOR: Pickett Ritz #1

SPUD: 08/01/2012 COMP: 08/10/2012

RTD: 4030' LTD: 4030'

MUD UP: TYPE MUD: CHEMICAL

SAMPLES SAVED FROM: 3450 TO: TD

DRILLING TIME KEPT FROM: 3100 TO: TD

SAMPLES EXAMINED FROM: 3450 TO: TD

GEOLOGICAL SUPERVISION FROM: 3400 - TD

REFERENCE WELL: Kern Pel; Mogn #1

FORMATION: Sample Tops E-log Tops

Anhydrite 1410 (+770) 1413 (+767)

Heebner 3505 (-1325) 3506 (-1326)

Lansing 3548 (-1368) 3549 (-1369)

Base KC 3806 (-1728) 3807 (-1727)

Arbuckle 3955 (-1775) 3956 (-1776)

ELEVATIONS

KB: 2180

DF: 2178

GL: 2170

Measurements Are All From Kelly Bushing

CASINGS

CONDUCTOR

SURFACE 8.50" seal @ 1420'

PRODUCTION 4 1/2" 10.5# 580

ELECTRICAL SURVEYS

Superior Well Services

Diamond Testing

Struct

Pos: +2

Heebner #1

Arbuckle #1

Arbuckle #1

Arbuckle #1

Arbuckle #1

REMARKS

The Legleiter 'A' #1-14 was drilled to test the Lans 'B' and the Arbuckle zones. We encountered approx. 47' of Conglomerate on top of the Arbuckle, making it too low structurally to produce. Due to the results of DST #1, it was decided to run production casing.

Respectfully Submitted,

Cristina Goodrich, Geologist

LEGEND

Anhydrite

Sandstone

Limestone

Shale

Carb Sh

Cherty LS

Chert

Dolomite

DEPTH

LITHOLOGY

DRILLING TIME IN MINUTES PER FOOT

Rate of Penetration Increases

SAMPLE DESCRIPTION

REMARKS

1400

10

20

30

40

50

60

70

80

90

100

110

120

130

140

150

160

170

180

190

200

210

220

230

240

250

260

270

280

290

300

310

320

330

340

350

360

370

380

390

400

410

420

430

440

450

460

470

480

490

500

510

520

530

540

550

560

570

580

590

600

Anhydrite

1410 (+770)

Queen Hill Sh

3412 (-1232)

Heebner

3505 (-1325)

Lansing

3548 (-1368)

Base KC

3806 (-1728)

Arbuckle

3955 (-1775)

Arbuckle

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LEGLEITER #1-14

Pressure (psi)

Temperature

Time

Pressure (psi)

Temperature

Time

Pressure (psi)

Temperature

Time

Pressure (psi)

Temperature

159.6

133.0

106.4

79.8

53.2

26.6

0.0

11:00

12:00

13:00

14:00

15:00

16:00

17:00

18:00

19:00

20:00

21:00

p = 1711.22

Temp = 114.89

p = 1694.23

p = 785.86

p = 767.45

p = 12.42

p = 62.91

p = 67.83

p = 166.93

p = 1711.22

Temp = 114.89

p = 1694.23

p = 785.86

p = 767.45

p = 12.42

p = 62.91

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	TRANS PACIFIC OIL	Job Number	M366
Well Name	LEGLEITER "A" #1-14	Representative	MIKE COCHRAN
Unique Well ID	DST#1 3565-3590 LANS.35'	Well Operator	TRANS PACIFIC OIL
Surface Location	SEC.14-16S-20W RUSH CO.KS.	Report Date	2012/08/07
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	CRISTINA GOODRICH
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 3565-3590 LANS.35'		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/08/07	Start Test Time	11:35:00
Final Test Date	2012/08/07	Final Test Time	16:20:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:

220' GIP
20' CO 100% OIL
70' GHOCM 2% GAS, 25% OIL, 73% MUD
180' MW 90% WTR, 10% MUD (63'DP,117'DC)
270' TOTAL FLUID

GRAVITY: 29.7 @ 60

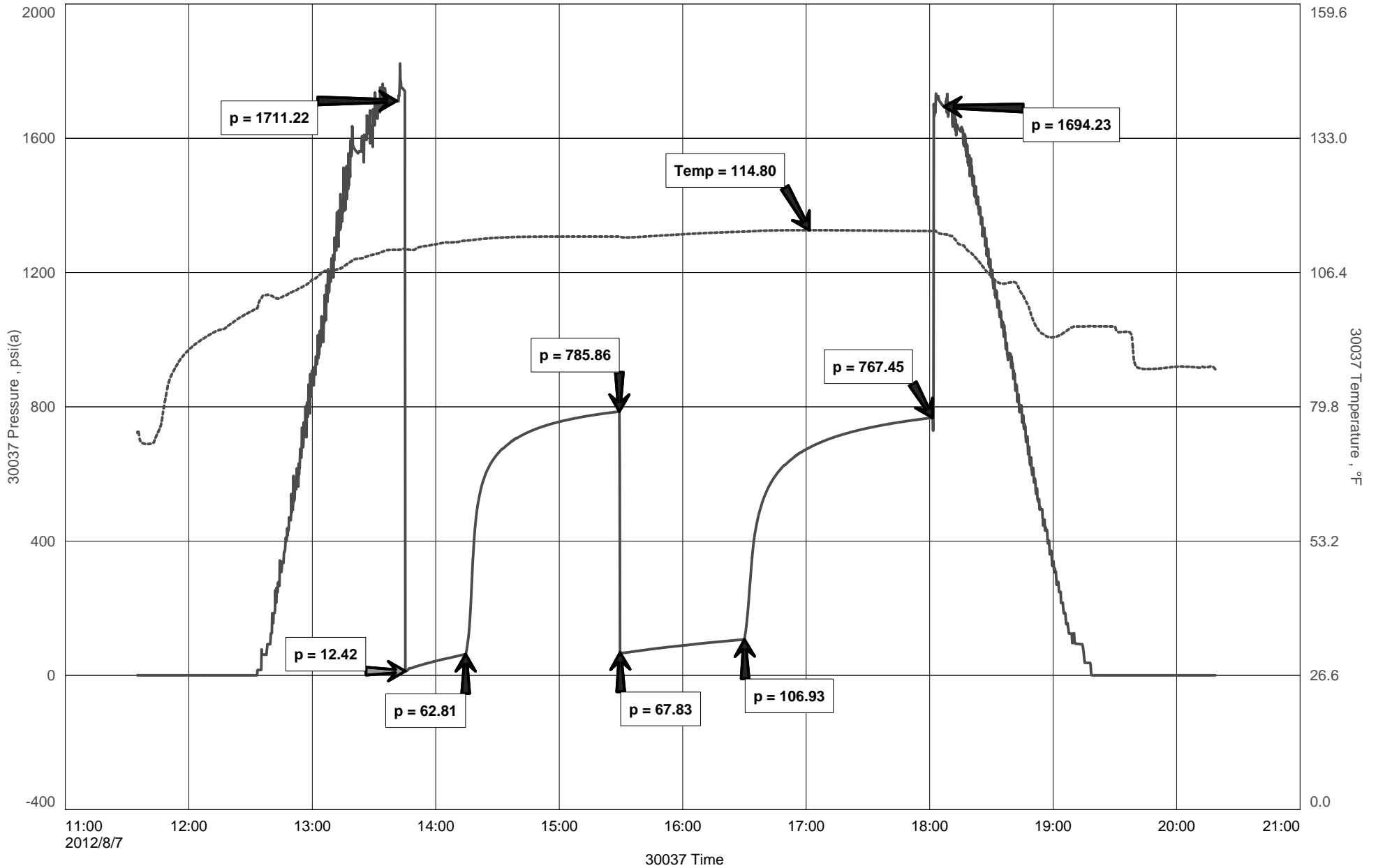
CHLOR: 80,000 PPM
PH:7.0
RW: .66 @ 88 DEG

TOOL SAMPLE:

TRANS PACIFIC OIL
DST#1 3565-3590 LANS.35'
Start Test Date: 2012/08/07
Final Test Date: 2012/08/07

LEGLEITER "A" #1-14
Formation: DST#1 3565-3590 LANS.35'
Pool: WILDCAT
Job Number: M366

LEGLEITER #1-14





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.

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.

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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 23, 2012

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

Re: ACO1
API 15-165-21985-00-00
Legleiter 'A' 1-14
NW/4 Sec.14-16S-20W
Rush 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

ALLIED OIL & GAS SERVICES, LLC 053713

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend KS

DATE <u>8-3-12</u>	SEC. <u>14</u>	TWP. <u>16S</u>	RANGE <u>2aw</u>	CALLED OUT	ON LOCATION	JOB START <u>3:30pm</u>	JOB FINISH <u>7:30pm</u>
LEASE <u>Leasite</u>		WELL # <u>1-14</u>		LOCATION <u>Leffenthal 10 west</u>		COUNTY <u>Rush</u>	STATE <u>KS</u>
OLD OR (NEW) (Circle one)		<u>2 north 1/2 west 3 south</u>				<u>1-01</u>	<u>603</u>

CONTRACTOR Pickrell OWNER Trans Pacific Oil
TYPE OF JOB Swabtree

HOLE SIZE <u>12 1/4</u>	T.D. <u>1425</u>
CASING SIZE <u>8 3/4</u>	DEPTH <u>1426</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT' <u>43.78</u>
CEMENT LEFT IN CSG. <u>43.78</u>	
PERFS.	
DISPLACEMENT <u>88 BBLs</u>	

CEMENT

AMOUNT ORDERED <u>258 sq 65/35 + 6% Gel</u>
<u>+ 3% cc + 4 #10 seal</u>
<u>500 sq class A + 3% cc + 2% Gel</u>

EQUIPMENT

PUMP TRUCK CEMENTER Wayne Davis
366 HELPER Marilyn Spangenberg
BULK TRUCK # 344/198 DRIVER Bill (TWD)
BULK TRUCK # 344/170 DRIVER Joe1 Mankin

COMMON <u>662</u>	@ <u>16.25</u>	<u>10,757.50</u>
POZMIX <u>88</u>	@ <u>8.50</u>	<u>748.00</u>
GEL <u>22</u>	@ <u>21.25</u>	<u>467.50</u>
CHLORIDE <u>25</u>	@ <u>58.20</u>	<u>1455.00</u>
ASC	@	
<u>#10 seal 62</u>	@ <u>2.70</u>	<u>167.40</u>
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>827.72</u>	@ <u>2.10</u>	<u>1,738.21</u>
MILEAGE <u>36.423 x 28 x 2.35</u>		<u>2,396.63</u>
<u>1019.84</u>		TOTAL <u>17,730.24</u>

REMARKS:

Risup had Sully meeting
Break circulation with Risumud
Run 10 BBLs fresh water
Mix 258 sq 65/35 + 6% Gel + 3% cc + 4
mix 500 sq class A + 3% cc + 2% Gel
Release Plug
Displace 88 BBLs fresh water
Cement did circulate hand plus
at 051800 shut in

SERVICE

DEPTH OF JOB <u>1444 1426</u>		
PUMP TRUCK CHARGE <u>1125.00</u>		
EXTRA FOOTAGE <u>1126</u>	@ <u>.95</u>	<u>1069.70</u>
MILEAGE <u>Hum 28</u>	@ <u>7.00</u>	<u>196.00</u>
MANIFOLD <u>Hum 28</u>	@ <u>4.00</u>	<u>112.00</u>
<u>Bulk Truck Biquedown</u>		
<u>wait time 3 1/2</u>	@ <u>350.00</u>	<u>1050.00</u>
		<u>1452.70</u>
		TOTAL <u>2502.70</u>

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 Mike Kern
SIGNATURE Mike Kern

PLUG & FLOAT EQUIPMENT

<u>2 8 3/4 Baskets</u>	@ <u>478.00</u>	<u>956.00</u>
<u>1 Battle Plate</u>	@ <u>112.00</u>	<u>112.00</u>
<u>1 Rubber Plug</u>	@ <u>112.00</u>	<u>112.00</u>
	@	
		TOTAL <u>1180.00</u>

SALES TAX (If Any) 930.85
TOTAL CHARGES 21,412.94 20,362.94
25% 5,353.22 5,090.73
DISCOUNT IF PAID IN 30 DAYS
16,059.70 15,272.21

RECEIVED
AUG 20 2012
BY _____

JOB LOG

SWIFT Services, Inc.

DATE 8-10-12 PAGE NO. 1

CUSTOMER TRASS PACIFIC OIL CORP. WELL NO. 1-14 LEASE LEGLETER "A" JOB TYPE 4 1/2" LONGSTRING TICKET NO. 21935

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1130							Oil LOCALIZER
	1400							START 4 1/2" CASING IN WELL
								TD-4030' SET = 4013'
								TP-4013' 4 1/2" # 10 1/2
								ST-42'
								CENTRALIZERS - 1, 2, 3, 5, 7, 8, 9, 12, 13, 15
								CMT BSKT - 2
	1545							DROP BALL - CIRCULATE
	1610	7	12		✓		450	PUMP 500 GAL MUD FLUSH
	1612	7	20		✓		450	PUMP 20 BBLS KCL-FLUSH
	1618		7-5					PLUG RH (30 SKS) MH (20 SKS)
	1623	4 1/2	42		✓		300	MIX CEMENT - 195 SKS = 15.5 PPG
	1632							WASH OUT PUMP & LINES
	1632							RELEASE LATCH DOWN PLUG
	1335	8	0		✓			DISPLACE PLUG
		8	60				700	
	1645	6	63.1				1500	PLUG DOWN - PSE UP LATCH IN AUG
	1647						OK	RELEASE PSE - HELD
								RECEIVED
								WASH TRUCK
								AUG 15 2012
	1800							JOB COMPLETE BY _____
								THANK YOU
								WAYNE, JEFF, JEREMY

Well Logleiter A 1-14

STR

14-16S-20W

Cty Rush

State Kansas

Log Tops:

Anhydrite	1413' (+ 767) +2'
Heebner	3506' (-1326) +1'
Lansing	3548' (-1368) flat
BKC	3806' (-1626) flat
Arbuckle	3955' (-1775) -45'
RTD	4030' (-1850)