



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1116816
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: _____



1116816

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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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GENERAL INFORMATION

Client Information:

Company: TRANS PACIFIC OIL CORP

Contact: BRYCE BIDLAMAN

Phone: Fax: e-mail:

Site Information:

Contact: MIKE KIDWELL

Phone: Fax: e-mail:

Well Information:

Name: THIEL A UNIT 1-12

Operator: TRANS PACIFIC OIL CORP

Location-Downhole:

Location-Surface: S12/11S/19W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDO

Supervisor: MIKE KIDWELL

Test Type: CONVENTIONAL Job Number: D1252

Test Unit:

Start Date: 2012/11/23 Start Time: 18:00:00

End Date: 2012/11/24 End Time: 03:00:00

Report Date: 2012/11/24 Prepared By: JOHN RIEDL

Remarks: Qualified By: MIKE KIDWELL

RECOVERY: 120' GAS IN PIPE, 150, MUDDY GASSY OIL, 120' MUDDY WATER



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.

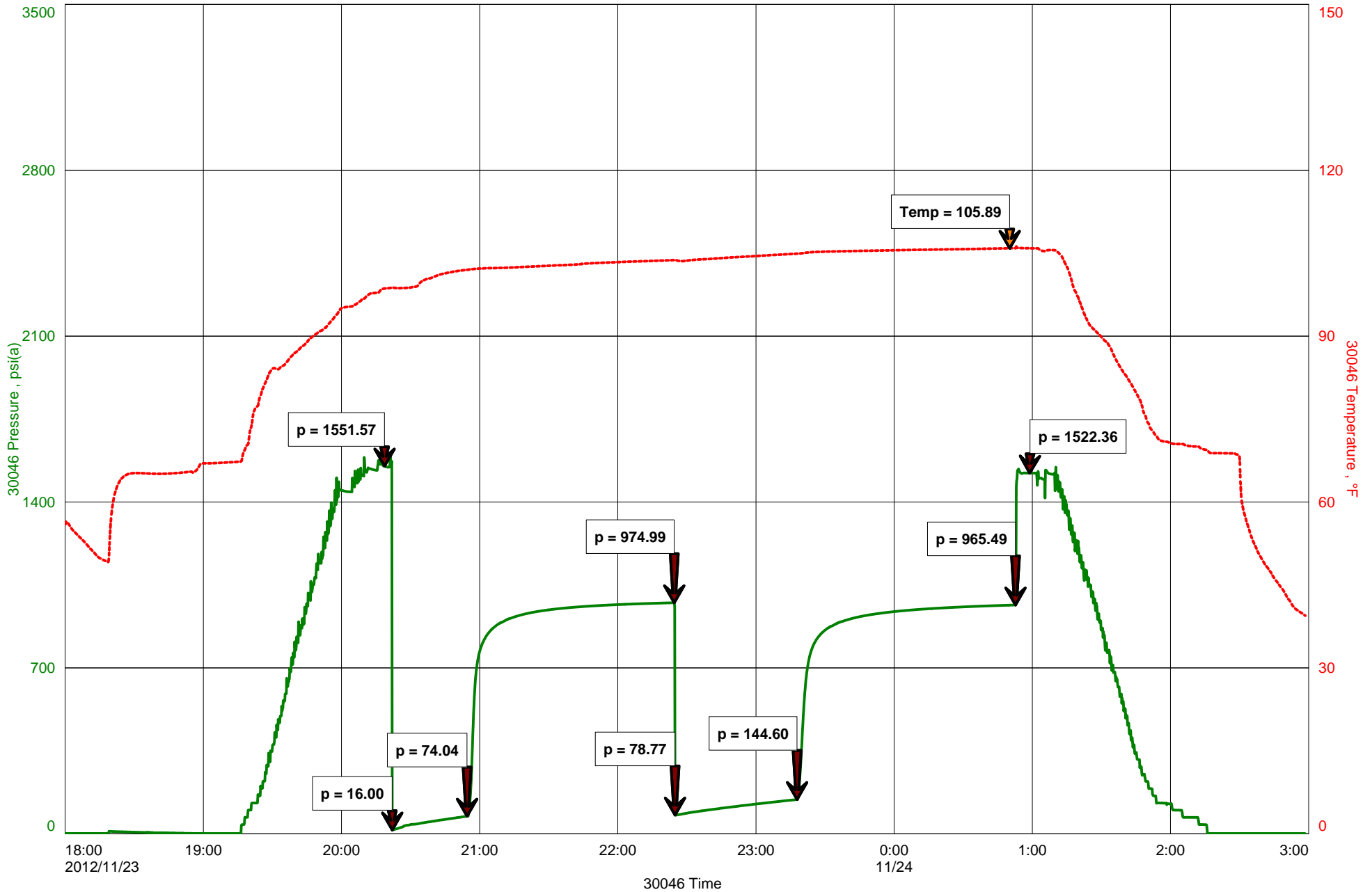
Blow: 1st Open: _____
2nd Open: _____

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.

THIEL A UNIT 1-12



GENERAL INFORMATION

Client Information:

Company: TRANS PACIFIC OIL CORP

Contact: BRYCE BIDLEMAN

Phone: Fax: e-mail:

Site Information:

Contact: MILE KIDWELL

Phone: Fax: e-mail:

Well Information:

Name: THIEL "A" UNIT 1-12

Operator: TRANS PACIFIC OIL CORP

Location-Downhole:

Location-Surface: S12/11S/19W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: MIKE KIDWELL

Test Type: CONVENTIONAL Job Number: D1253

Test Unit:

Start Date: 2012/11/24 Start Time: 10:15:00

End Date: 2012/11/24 End Time: 17:20:00

Report Date: 2012/11/24 Prepared By: JOHN RIEDL

Qualified By: MIKE KIDWELL

Remarks:

RECOVERY: 150' GAS IN PIPE, 150' OIL SPECKED MUDDY WATER



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.

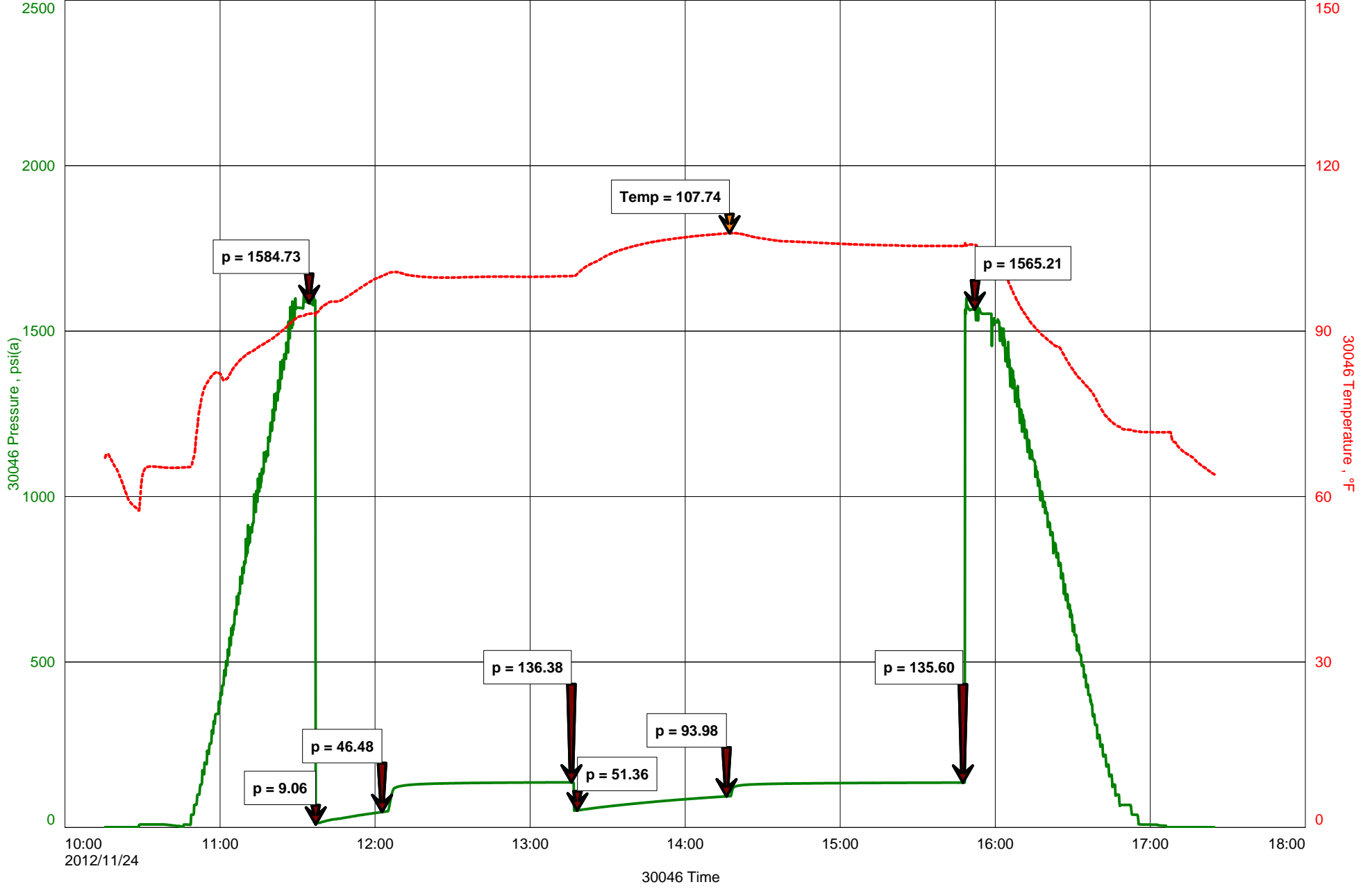
Blow: 1st Open: _____
2nd Open: _____

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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THIEL "A" UNIT 1-12



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: THIEL "A" UNIT 1-12

Operator: TRANS PACIFIC OILCORP

Location-Downhole:

Location-Surface: S12/11S/19W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: MIKE KIDWELL

Test Type: CONVENTIONAL Job Number: D1254

Test Unit:

Start Date: 2012/11/25 Start Time: 06:00:00

End Date: 2012/11/25 End Time: 12:00:00

Report Date: 2012/11/25 Prepared By: JOHN RIEDL

Qualified By: MIKE KIDWELL

Remarks:

RECOVERY: 10 OIL SPECKED DRILLING 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.

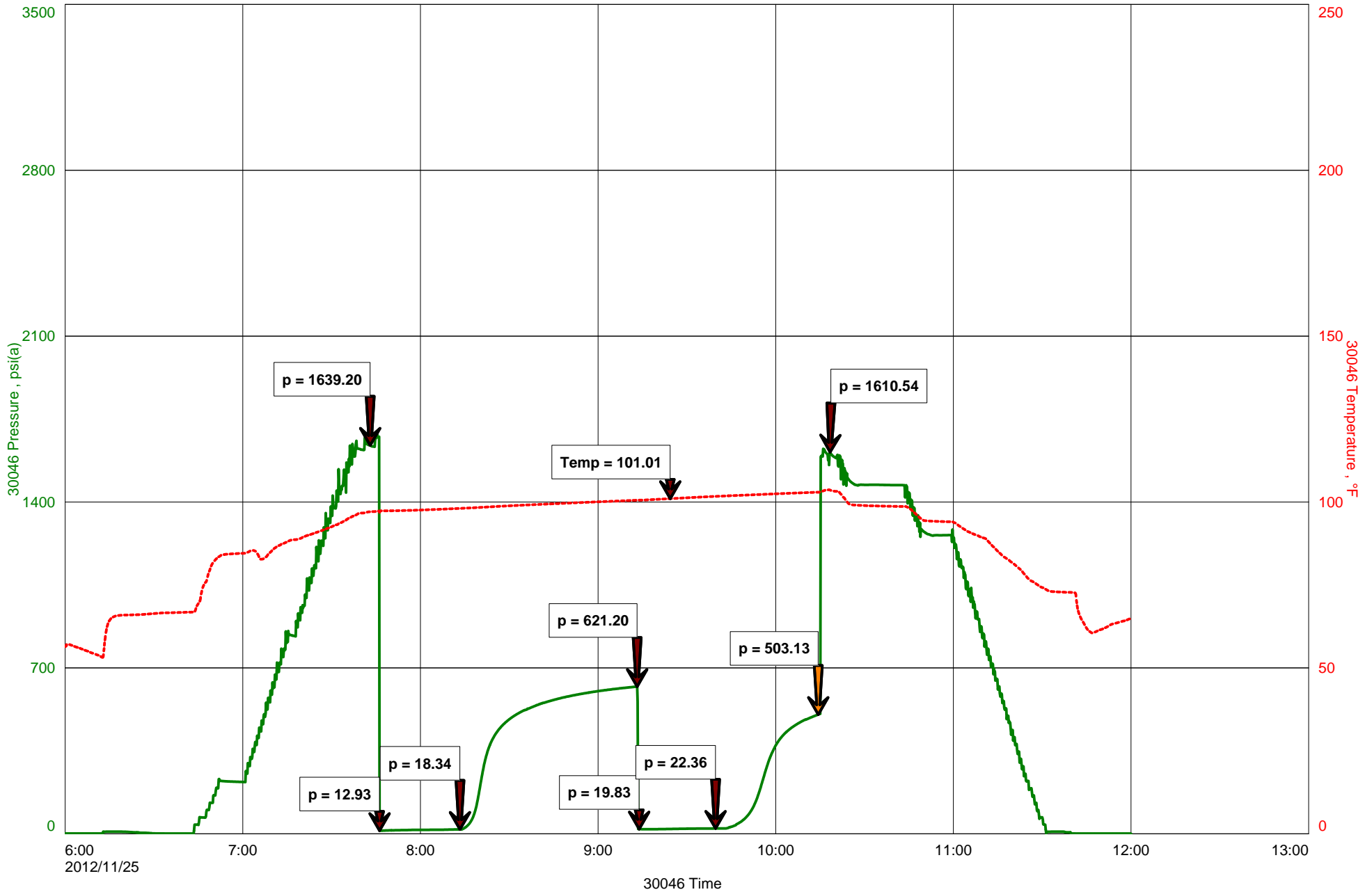
Blow: 1st Open: _____
2nd Open: _____

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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THIEL "A" UNIT 1-12



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: THIEL "A" UNIT 1-12

Operator: TRANS PACIFIC OIL CORP

Location-Downhole:

Location-Surface: S12/11S/19W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: MIKE KIDWELL

Test Type: CONVENTIONAL Job Number: D1255

Test Unit:

Start Date: 2012/11/25 Start Time: 18:00:00

End Date: 2012/11/26 End Time: 00:30:00

Report Date: 2012/11/26 Prepared By: JOHN RIEDL

Qualified By: MIKE KIDWELL

Remarks:

RECOVERY: 20' MUDDY OIL



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.

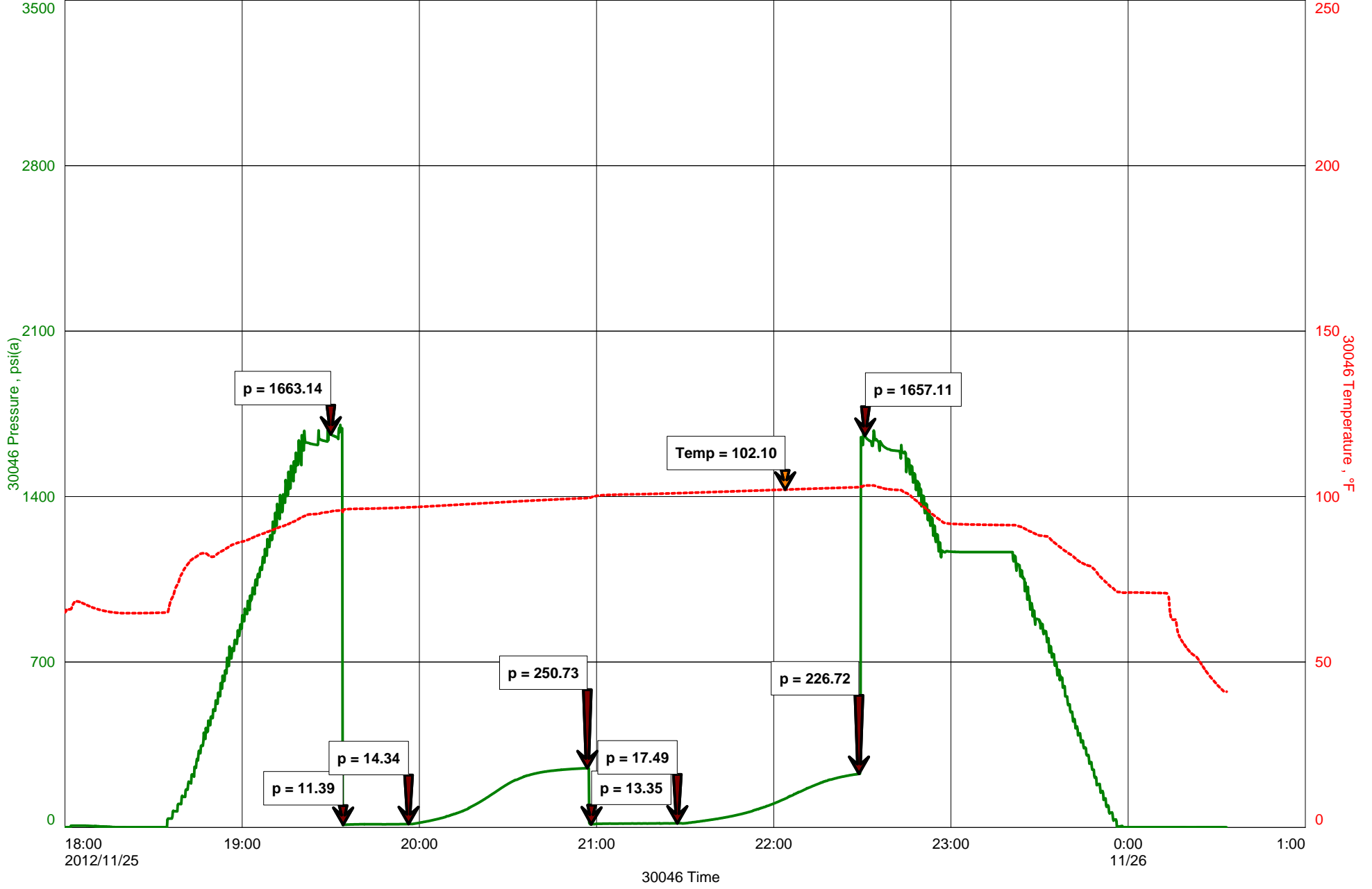
Blow: 1st Open: _____
2nd Open: _____

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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THIEL "A" UNIT 1-12



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: THIEL "A" UNIT 1-12

Operator: TRANS PACIFIC OIL CORP

Location-Downhole:

Location-Surface: S12/11S/19W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: MIKE KIDWELL

Test Type: CONVENTIONAL Job Number: D1256

Test Unit:

Start Date: 2012/11/26 Start Time: 11:00:00

End Date: 2012/11/26 End Time: 17:30:00

Report Date: 2012/11/26 Prepared By: JOHN RIEDL

Qualified By: MIKE KIDWELL

Remarks:

150' GAS IN PIPE, 120' GAS CUT OIL, 90' GAS+OIL CUT 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.

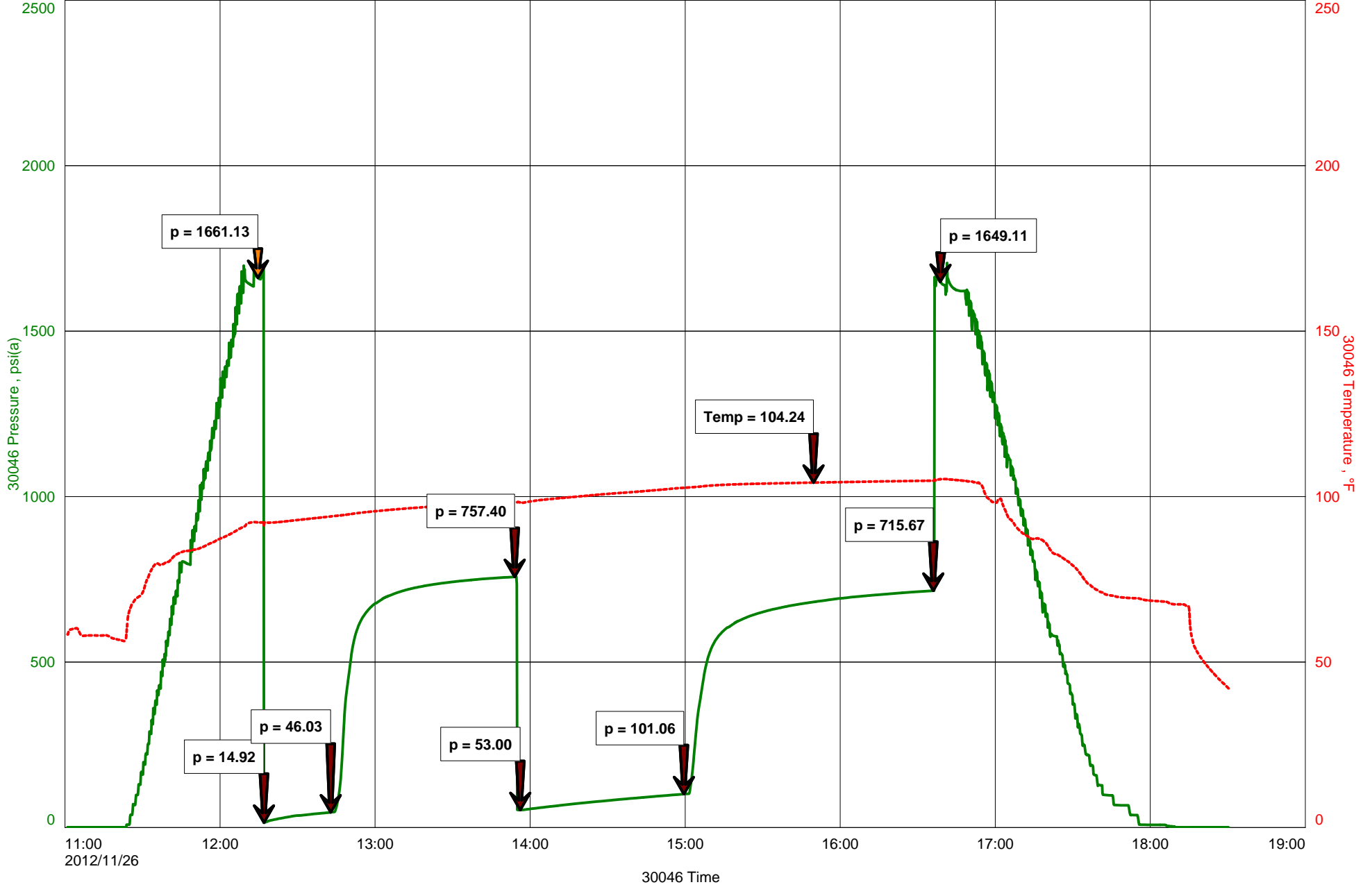
Blow: 1st Open: _____
2nd Open: _____

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.

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.

THIEL "A" UNIT 1-12



TRANS PACIFIC OIL CORP.
Theil 'A' Unit #2-12

W/2 SW SW SE
12 11s 14w

ELLIS Ks.

Shields Drig. Co.

11/19/12 11/27/12
3518 3520
3700 Chem

2750

2750

2900

2700

Michael R. Kidwell

1979

1977

1974

KB

8 1/2" @ 230

Micro Dual
Comp - Den

RTD

RTD

RTD

RTD

SAMPLES

Anhydrite	1336	643	
B1 Anhydrite	1359	620	
Hope K ₂	2956	977	2956
Hebner Sh	3179	1200	3179
Lansing	3221	1242	3219
Stark Sh	3406	1427	3406
B/KC	3446	1467	3446

12

REMARKS

7506



DEPTH (ft)

1300

DRAINAGE TIME IN HOURS
24 HOURS
100 to 1000 ft. HOURS

DEPTH
1320

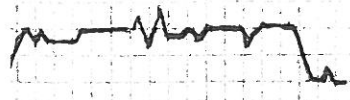
30

40

50

LOG 7108

30
40
50
60
70



2800

10
20
30
40
50
60
70
80
90



2900

10
20
30
40
50
60
70
80



LS - Hgry vr. f. xh
foss stx

Slsin - gxy

LS - Htan vr foxla
Sfsth - gxy

LS - Htan Hgry vr
f. xh sl foss

LS - Htan em vr foxh
stoky

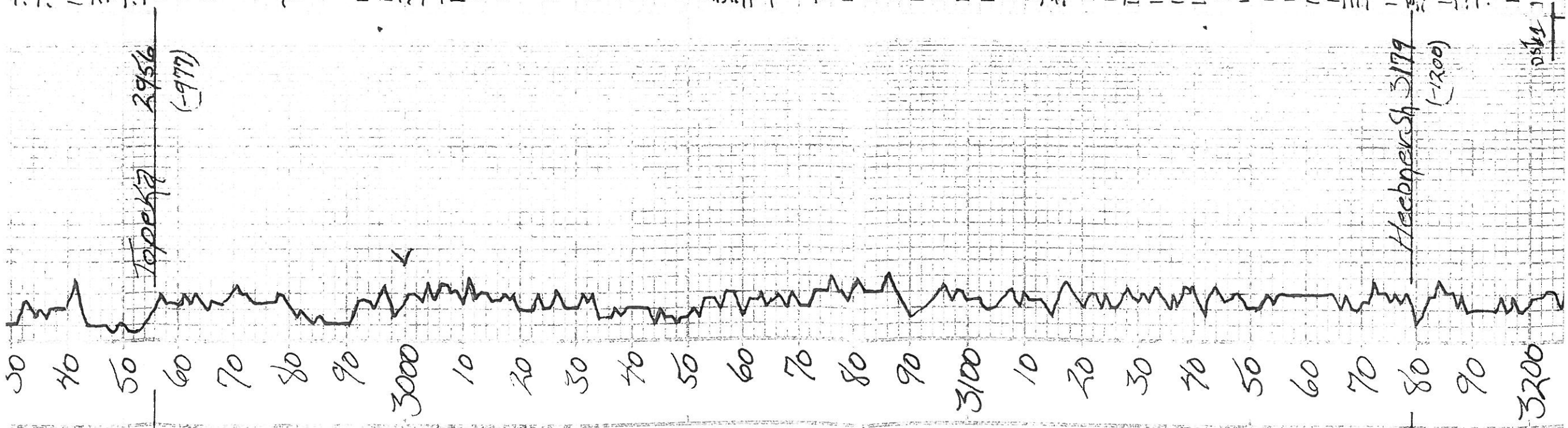
LS - Htan em vr foxh

LS - gxy Hgry fag
vr. f. xh stoky



2956
(166)

2900



- LS - lt tan vr f/xln
- Sf stn - gry
- LS - lt tan Hqry vr f/xln sl foss
- L6 - H tan cm vr f/xln sl cky
- L5 - Hqry cm vr f/xln
- L5 - gry Hqry tan vr f/xln sl cky No. 3
- L5 - tan Hqry vr f/xln sl foss sl cky No. 100 w/ sl sp. No. 15. 2
- Sh - gry
- L5 - tan gry vr f/xln xln
- L5 - tan vr f/xln rare foss
- L6 - cm H tan vr f/xlnool
- L5 - lt gry sl foss gry vr f/xln
- Sh - gry blk
- L5 - gry H tan vr f/xln sl cky sl cky
- L5 - Hqry vr f/xln
- L5 - H tan cm vr f/xln xln cky sl foss
- L5 - gry vr f/xln xln sl cky
- L5 - H tan Hqry vr f/xln xln sl cky
- Sh - gry blk
- L5 - Hqry vr f/xln
- L5 - Hqry cm vr f/xln sl cky
- L5 - gry cm vr f/xln
- Chrt - wht gry op
- L5 - H gry vr f/xln xln sl ckyool No. 100 w/ sl sp. No. 100
- L5 - gry H tan vr f/xlnool sl cky
- Chrt - gry wht op
- Sh - gry
- L5 - H tan vr f/xlnool sl cky
- Sh - blk comb
- L6 - gry vr f/xln
- Sf stn - gry red
- L5 - H tan vr f/xln sl cky
- L5 - H tan cm vr f/xln

DST #1
 3204 - 3268
 30° - 75° - 60° - 90°
 1st open - wk -
 2nd open - 4"
 Rec. 120,
 150,
 120
 ISEP - 975 270
 FSEP - 965
 FFP 16-74
 FFP 78-145
 IAP 1551
 FAP 1522

ISFP-915 R
 FSEP-965
 FFP 16-74
 FFP 79-145
 IHP 1551
 FHP 1572

LS-dry vr fm xln
 Sh-stn - dry red
 LS-14 ton vr fm xln
 sticky

LS-14 ton cm vr fm xln
 S/S sec xln no oak
 No oak
 Sh-stn - dry red

LS-14 ton cm vr fm xln
 001 S/S sec xln
 pr. VAC & SFO No
 oak

LS-dry vr fm xln

Sh-blk

Sh-stn dry red

LS-cm 14 ton vr fm xln
 001 S/S sec xln
 SFO pr. VAC & SFO No oak
 pr. VAC & SFO No oak
 Sh-stn

Sh-stn - sh - dry

ISFP-136
 PSFP-136
 FFP 9-46
 FFP 51-94
 IHP 1585
 FHP 1565

LS-14 ton cm vr fm xln
 S/S sec xln pr. VAC & SFO
 SFO pr. VAC & SFO No oak
 Sh-stn - blk stn

LS-cm vr fm xln 001
 pr. VAC & SFO No oak

LS-cm vr fm xln 001
 S/S sec xln SFO

LS-cm - vr fm xln

LS-cm 14 ton vr fm xln

Sh-dry

LS-cm 14 ton vr fm xln
 sticky

DST #3
 3354 - 3384
 30-60-30-30

LS-14 ton vr fm xln
 S/S sec xln

Sh-dry

LS-cm 14 ton vr fm xln
 S/S sec xln SFO No oak
 chit-cm 14 ton vr fm xln

LS-cm vr fm xln 001
 pr. VAC & SFO No oak

LS-cm vr fm xln 001
 S/S sec xln SFO
 oak pr. VAC & SFO

LS-cm wbt vr fm xln
 Sh-blk carb

LS-cm vr fm xln 001
 sticky pr. VAC & SFO
 SFO No oak

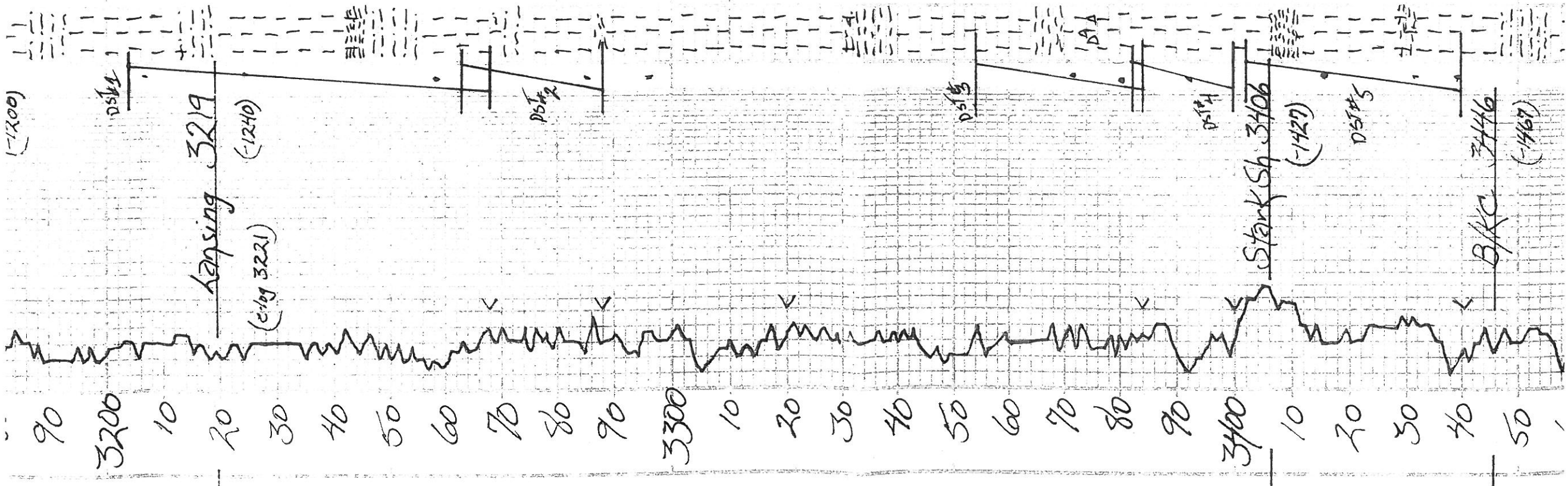
LS-14 ton cm vr fm xln
 Sh-dry

LS-cm vr fm xln
 sticky pr. VAC & SFO
 SFO No oak
 LS-14 ton cm vr fm xln
 pr. VAC & SFO No oak
 Sh-stn

Sh-stn - sh red dry

DST #5
 3382 - 3410
 30-60-30-30

ISFP 25
 PSFP 22
 FFP 11-
 FFP 14-
 IHP 166
 FHP 165



(-1200)

Kansing 3219

(-1240)

(e/og 3221)

DST #3

DST #4

Stank Sh 3406

(-1427)

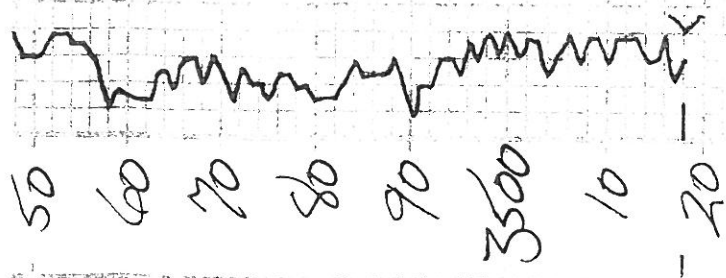
DST #5

B/KC 3446

(-1469)

PA

(-1467)



RTD 3518
 LTD 3520

Shshn - sh red gry

KS emp v - sh x/h

15 - Heavy cream yr sh x/h
 Chrt - Happy fresh

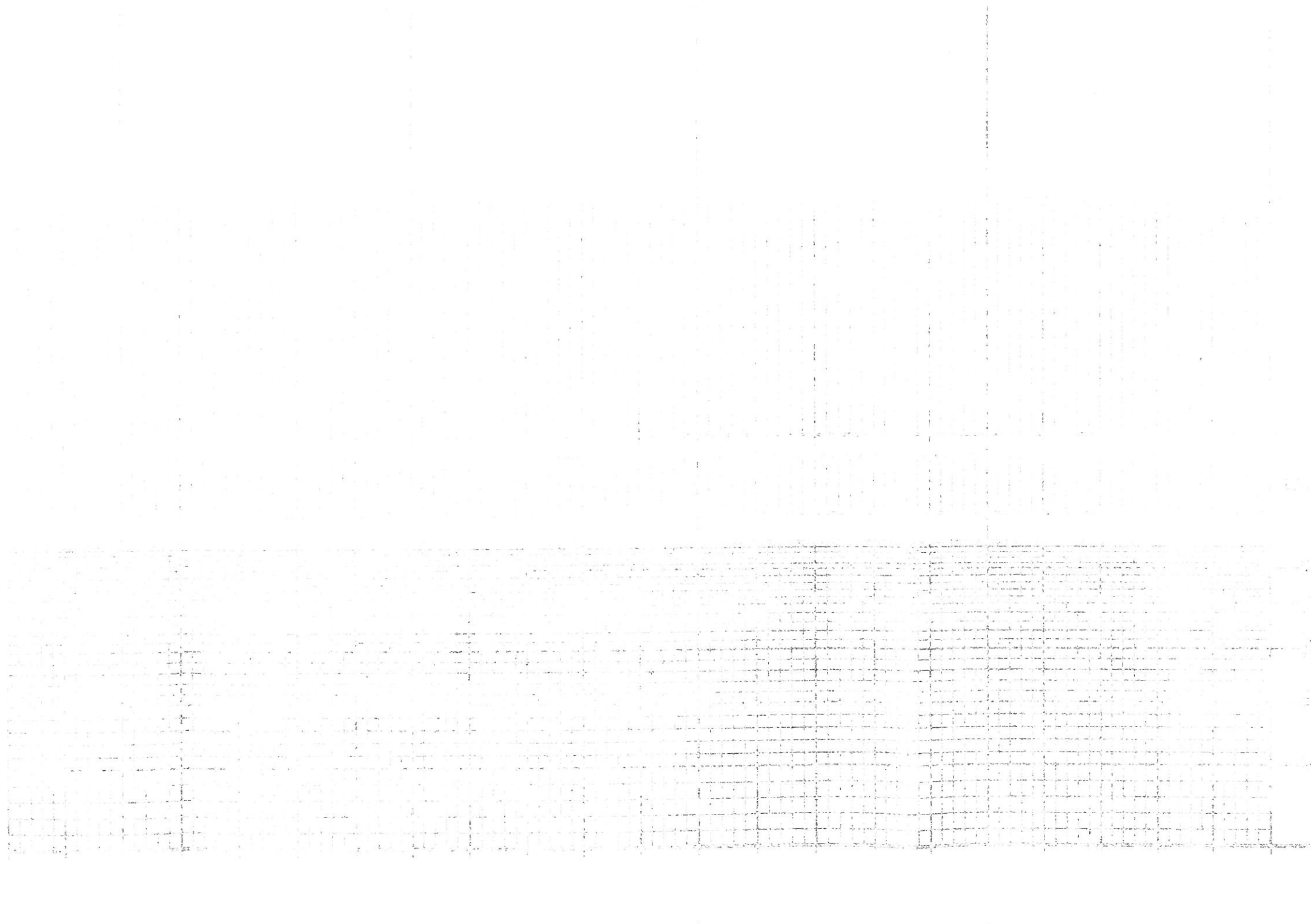
- Shogry blk

Chrt - Vain above
 Sept pe w/ oil stn
 Chrt - Heavy cream fresh

KS emp v sh x/h
 2nd 3/500 x/h

DST #5
 3402-344
 36-60-60
 1st open
 2nd open
 Rec: 1

ISIP 751
 FSIP 716
 FFP 15-4
 FFP 53-
 IHP 1661
 FHP 1049



DEPTH

COMPANY
LEASE
LOCALITY
COUNT

1000

Well: Thiel A Unit 1-12

STR: 12-11S-19W

Cty: Ellis

State: Kansas

Log Tops:

Anhydrite	1326' (+ 653) +7'
B/Anhydrite	1359' (+ 620) flat
Topeka	2956' (- 977) - 3'
Heebner	3179' (-1200) - 4'
Lansing	3221' (-1242) - 4'
Stark	3406' (-1427) - 6'
BKC	3447' (-1468) - 9'
RTD	3518' (-1539)

ALLIED OIL & GAS SERVICES, LLC 056581

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell, KS

DATE: <i>12-19-12</i>	SEC: <i>12</i>	TWP: <i>11</i>	RANGE: <i>19</i>	CALL LOG	ON LOCATION	JOB START: <i>5:30 AM</i>	JOB FINISH: <i>6:00 PM</i>
LEASE: <i>Th 1 A</i>	WELL: <i>1-12</i>	LOCATION: <i>11-15 KS 19-11-11-11</i>		COUNTY: <i>Ellis</i>	STATE: <i>KS</i>		

CONTRACTOR: *Shields*

TYPE OF JOB: *sur. Ceme.*

HOLE SIZE: *12 1/4* TD: *233*

CASING SIZE: *8 5/8* DEPTH: *233*

TUBING SIZE: _____ DEPTH: _____

DRILL PIPE: _____ DEPTH: _____

TOOL: _____ DEPTH: _____

PRES. MAX: _____ MINIMUM: _____

MEAS. LINE: _____ SHOE JOINT: *15*

CEMENT LEFT IN CSG: *15*

PERFS: _____

DISPLACEMENT: *13 3/4 bbl*

OWNER: _____

CEMENT AMOUNT ORDERED: *180 cam 39cc 270 gal*

CEMENT	180	@ 17.90	3222.00
POZ MIX		@ 23.40	70.20
GEL	3	@ 69.00	387.00
CHLORIDE	6	@	
ASC		@	
HANDLING	193.51	@	4298.71
MILEAGE	168.15	@ 2.60	437.19
			TOTAL 4593.30

EQUIPMENT

PUMP TRUCK # *417* CEMENTER: *Robert Z* HELPER: *Wesley S*

BULK TRUCK # *473* DRIVER: *Wesley S*

BULK TRUCK # _____ DRIVER: _____

REMARKS:

run 5 hrs new 8 5/8 casing 233' cement circulation rate 180 cam 39cc 270 gal pump plug by displacing 13 3/4 bbl

Cement did circulate to surface

Thank you!!

CHARGE TO: *Trans Pacific Oil Corp.*

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB: *233*

PUMP TRUCK CHARGE: *1512.25*

EXTRA FOOTAGE: _____

MILEAGE: *19 HWY* @ *7.70* = *146.30*

MANIFOLD: *19 HWY* @ *4.40* = *83.60*

TOTAL: *1742.15*

PLUG & FLOAT EQUIPMENT

8 5/8 Wooden plug @ *107.64* = *107.64*

TOTAL: *107.64*

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: *Thomas Engel*

SIGNATURE: *Thomas Engel*

SALES TAX (if Any): *238.34*

TOTAL CHARGES: *6443.09*

DISCOUNT: *1771.85*

IF PAID IN 30 DAYS: *65 11-20*

with 4671.24

Good help try Thank You

JOB LOG

SWIFT Services, Inc.

DATE 11-28-12 PAGE NO.

CUSTOMER Trans Pacific WELL NO. 1-12 LEASE Thiel A Unit JOB TYPE 4 1/2" Long String TICKET NO. 22923

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1230							on location
								TD 3518 SJ 9.5'
								TP 3509 PC J+.50 +285' 1290'
								Insert 3495 3500 4 1/2 11.6#
								Centrifuges 0, 1, 2, 3, 5, 6, 8, 10, 44, 51
								Basket 0, 50
	0120							Start 4 1/2
	0300							Drop Ball Circulate
	0345		7/4					Plug BH 30SKs, MH 15SKs
	0400	5	12		✓		300	Start Mod Flush
	0405	5	20		✓		300	Start KCL Flush
	0410	5	38		✓		300	Start Cement 155 SKs
	0420							Drop Plug
								Wash out Pump + Lines
	0422	5			✓			Displace Plug
	0430		542		✓		1500	land Plug
								Release PSI Held
								wash up
	0530							Job Complete Thank You Josh, Wayne, Jon, Rob

JOB LOG

SWIFT Services, Inc.

DATE 12-13-12 PAGE NO. 1

CUSTOMER Franklin Oil Co WELL NO. A²¹ LEASE Thiel JOB TYPE Perf + Collar TICKET NO. 22990

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0955							cal log set up: Tubs 2 3/8" x 4 1/2" P.C. 1290'
	1010					1000		Test Csg to 1000 Psi Open P.C.
	1015	3	3			150		Take inj rate
	1020	3.5	0			200		Start Cement
		3.5	70			400		circ Cement / raise a right
		3.5	75/0			400		End cement / Start Displacement
	1045		4					Cement displaced Close P.C.
	1050					1000		Test Csg to 1000 Psi
	1055	3	0			150		Run 5 jts
	1100		15					Reverse out Hole Clean
								150 cks SMD circ 20 cks to pit
								Thank you Nick, David E & Isaac

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

February 15, 2013

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

Re: ACO1
API 15-051-26398-00-00
THIEL 'A' UNIT 1-12
SE/4 Sec.12-11S-19W
Ellis 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