



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1134358  
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: \_\_\_\_\_



1134358

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
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# DIAMOND TESTING

## Pressure Survey Report

### General Information

Company Name	TRANS PACIFIC OIL	Job Number	M466
Well Name	SPARKS 'A' #5	Representative	MIKE COCHRAN
Unique Well ID	DST#1 3522-3585 LANS	Well Operator	TRANS PACIFIC OIL
Surface Location	SEC.10-10S-20W ROOKS CO.KS.	Report Date	2013/02/03
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	MAX LOVELY
		Test Unit	NO. 1

### Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 3522-3585 LANS		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/02/03	Start Test Time	14:10:00
Final Test Date	2013/02/03	Final Test Time	19:45:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

### Test Results

Remarks RECOVERED:

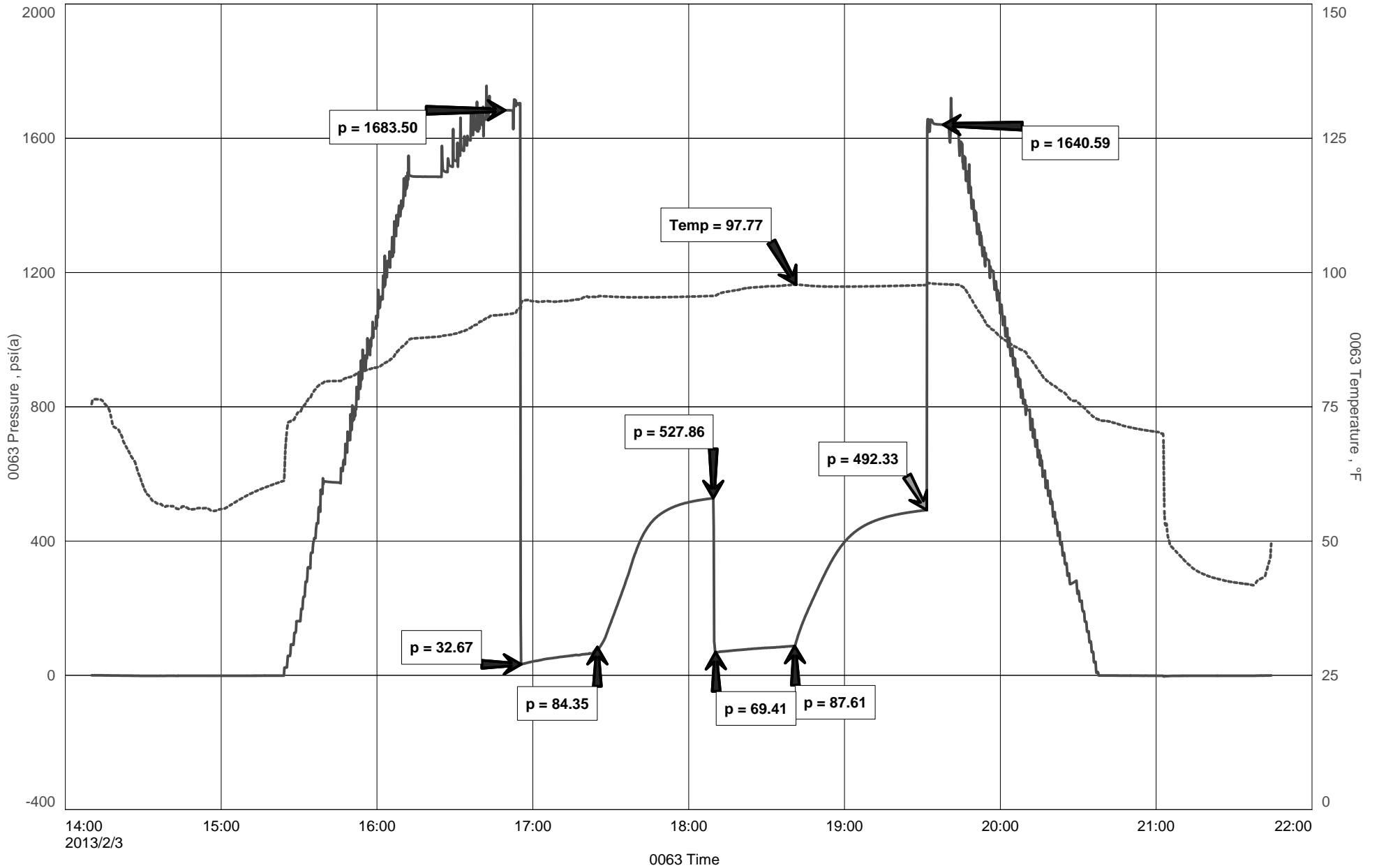
170' GOCWM 6% GAS,24% OIL 2% WTR, 68% MUD  
170' TOTAL FLUID

TOOL SAMPLE: 80% GASSY OIL, 20% MUD

TRANS PACIFIC OIL  
DST#1 3522-3585 LANS  
Start Test Date: 2013/02/03  
Final Test Date: 2013/02/03

SPARKS 'A' #5  
Formation: DST#1 3522-3585 LANS  
Pool: WILDCAT  
Job Number: M466

# SPARKS 'A' #5





**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.

# DIAMOND TESTING

## Pressure Survey Report

### General Information

Company Name	TRANS PACIFIC OIL	Job Number	M467
Well Name	SPARKS 'A' #5	Representative	MIKE COCHRAN
Unique Well ID	DST#2 3680-3700 LANS.180'	Well Operator	TRANS PACIFIC OIL
Surface Location	SEC.10-10S-20W ROOKS CO.KS.	Report Date	2013/02/04
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	MAX LOVELY
		Test Unit	NO. 1

### Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 3680-3700 LANS.180'		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/02/04	Start Test Time	17:35:00
Final Test Date	2013/02/05	Final Test Time	02:55:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

### Test Results

#### Remarks RECOVERED:

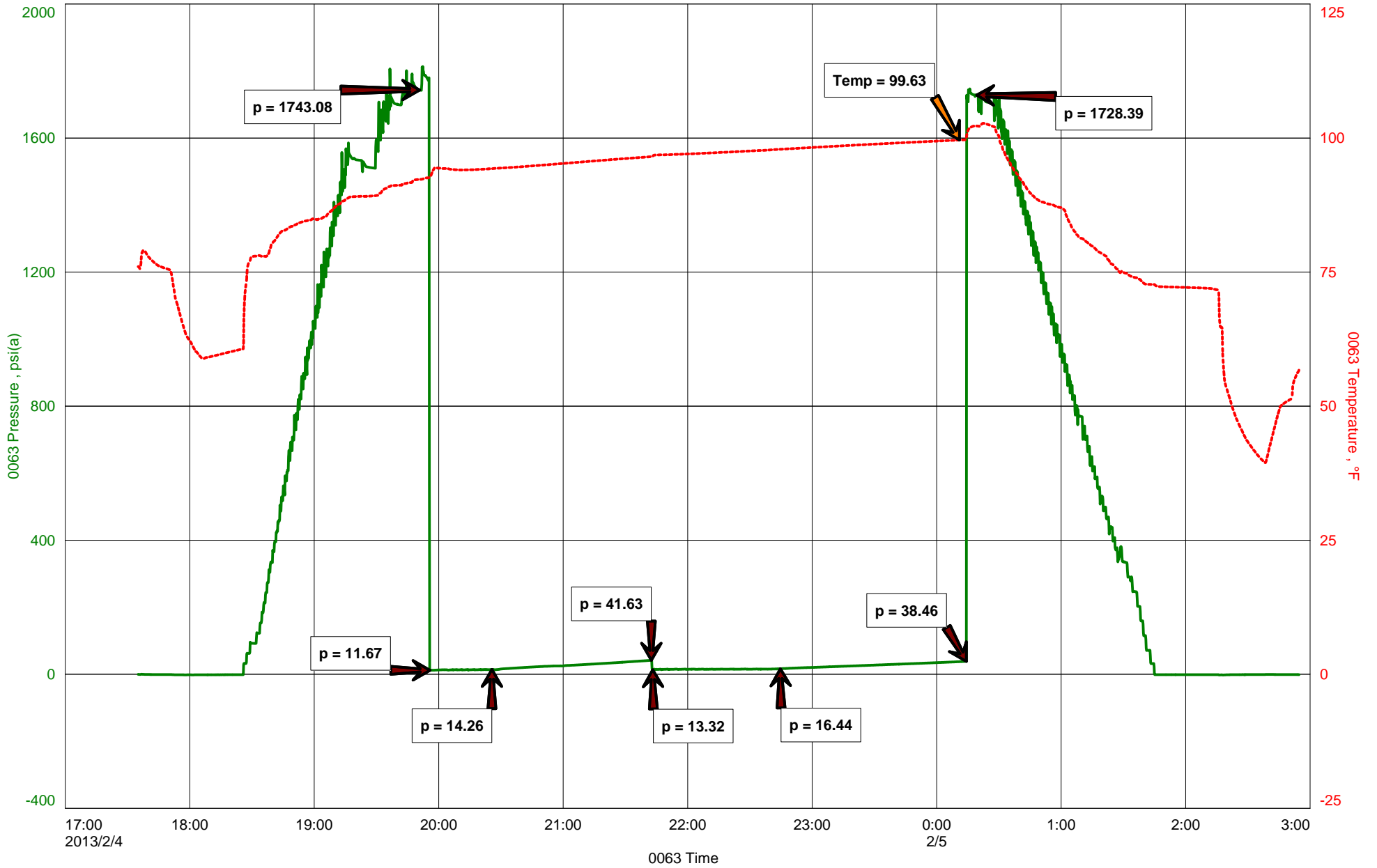
15' GOCM 1% GAS, 15% OIL, 84% MUD W/ A SHOW OF FREE OIL ON TOP (~1 INCH)  
15' TOTAL FLUID

TOOL SAMPLE: 15% OIL, 85% MUD

TRANS PACIFIC OIL  
DST#2 3680-3700 LANS.180'  
Start Test Date: 2013/02/04  
Final Test Date: 2013/02/04

SPARKS 'A' #5  
Formation: DST#2 3680-3700 LANS.180'  
Pool: WILDCAT  
Job Number: M467

# SPARKS 'A' #5





**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.

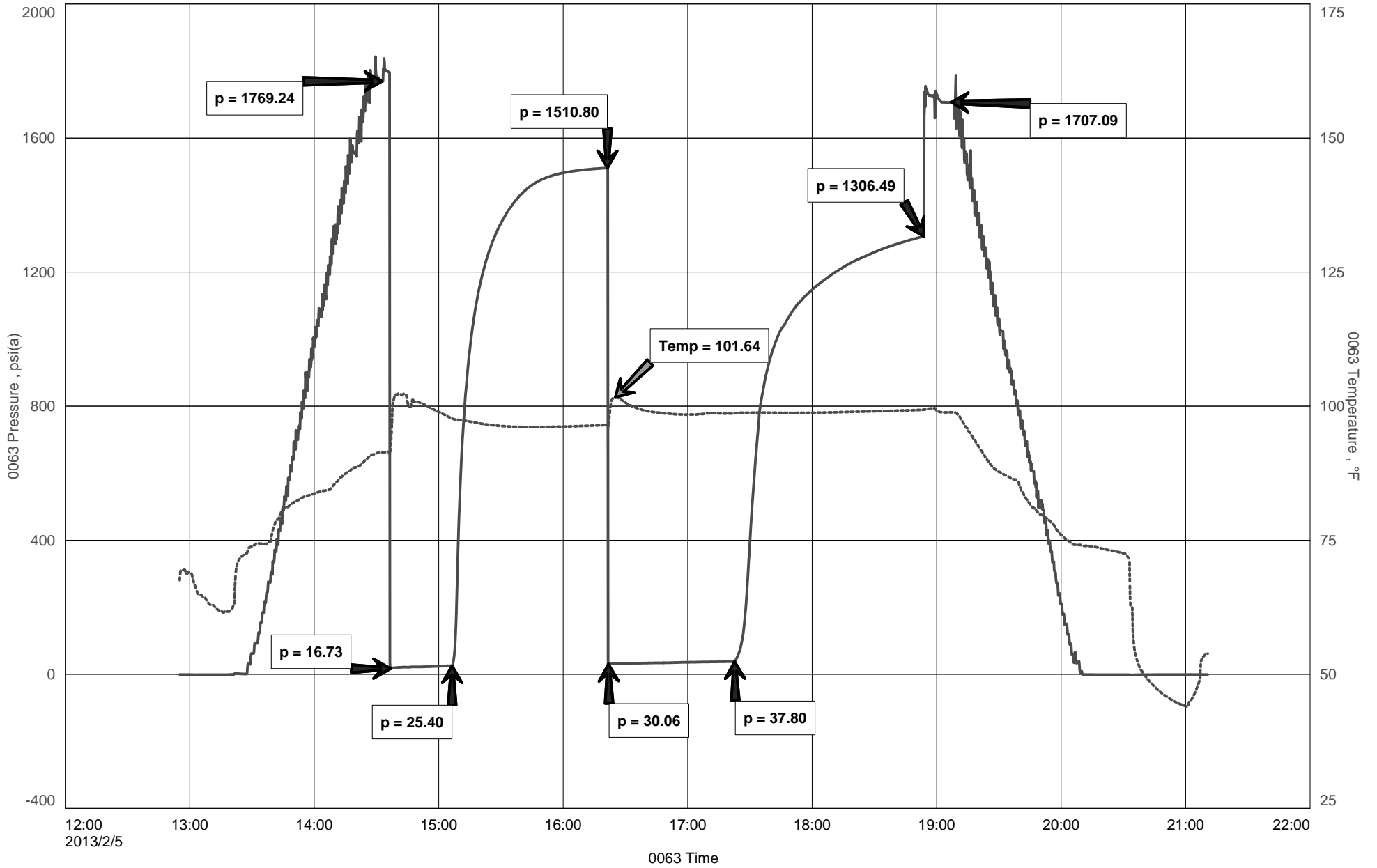
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TRANS PACIFIC OIL  
DST#3 3694-3734 LANS.200'/220'  
Start Test Date: 2013/02/05  
Final Test Date: 2013/02/05

SPARKS 'A' #5  
Formation: DST#3 3694-3734 LANS.200'/220'  
Pool: WILDCAT  
Job Number: M468

# SPARKS 'A' #5



# DIAMOND TESTING

## Pressure Survey Report

### General Information

Company Name	TRANS PACIFIC OIL	Job Number	M468
Well Name	SPARKS 'A' #5	Representative	MIKE COCHRAN
Unique Well ID	DST#3 3694-3734 LANS.200'/220'	Well Operator	TRANS PACIFIC OIL
Surface Location	SEC.10-10S-20W ROOKS CO.KS.	Report Date	2013/02/05
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	MAX LOVELY
		Test Unit	NO. 1

### Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 3694-3734 LANS.200'/220'		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/02/05	Start Test Time	12:55:00
Final Test Date	2013/02/05	Final Test Time	21:10:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

### Test Results

Remarks **RECOVERED:**

63' SOCWM 8% OIL, 12% WTR, 80% MUD  
63' TOTAL FLUID

CHLOR: 10,000 PPM  
PH:7.0  
RW: .60 @ 50 DEG

TOOL SAMPLE: 2% GAS, 5% OIL, 33% WTR, 60% 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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# DIAMOND TESTING

## Pressure Survey Report

### General Information

Company Name	TRANS PACIFIC OIL	Job Number	M469
Well Name	SPARKS 'A' #5	Representative	MIKE COCHRAN
Unique Well ID	DST#4 3764-3805 ARBUCKLE	Well Operator	TRANS PACIFIC OIL
Surface Location	SEC.10-10S-20W ROOKS CO.KS.	Report Date	2013/02/06
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	MAX LOVELY
		Test Unit	NO. 1

### Test Information

Test Type	CONVENTIONAL		
Formation	DST#4 3764-3805 ARBUCKLE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/02/06	Start Test Time	08:15:00
Final Test Date	2013/02/06	Final Test Time	17:05:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

### Test Results

Remarks RECOVERED:

10' CO 100% OIL  
35' OCWM 20% OIL, 22% WTR, 58% MUD  
45' TOTAL FLUID

CHLOR: 7,000 PPM  
PH:7.0  
RW: 1.0 @ 64 DEG

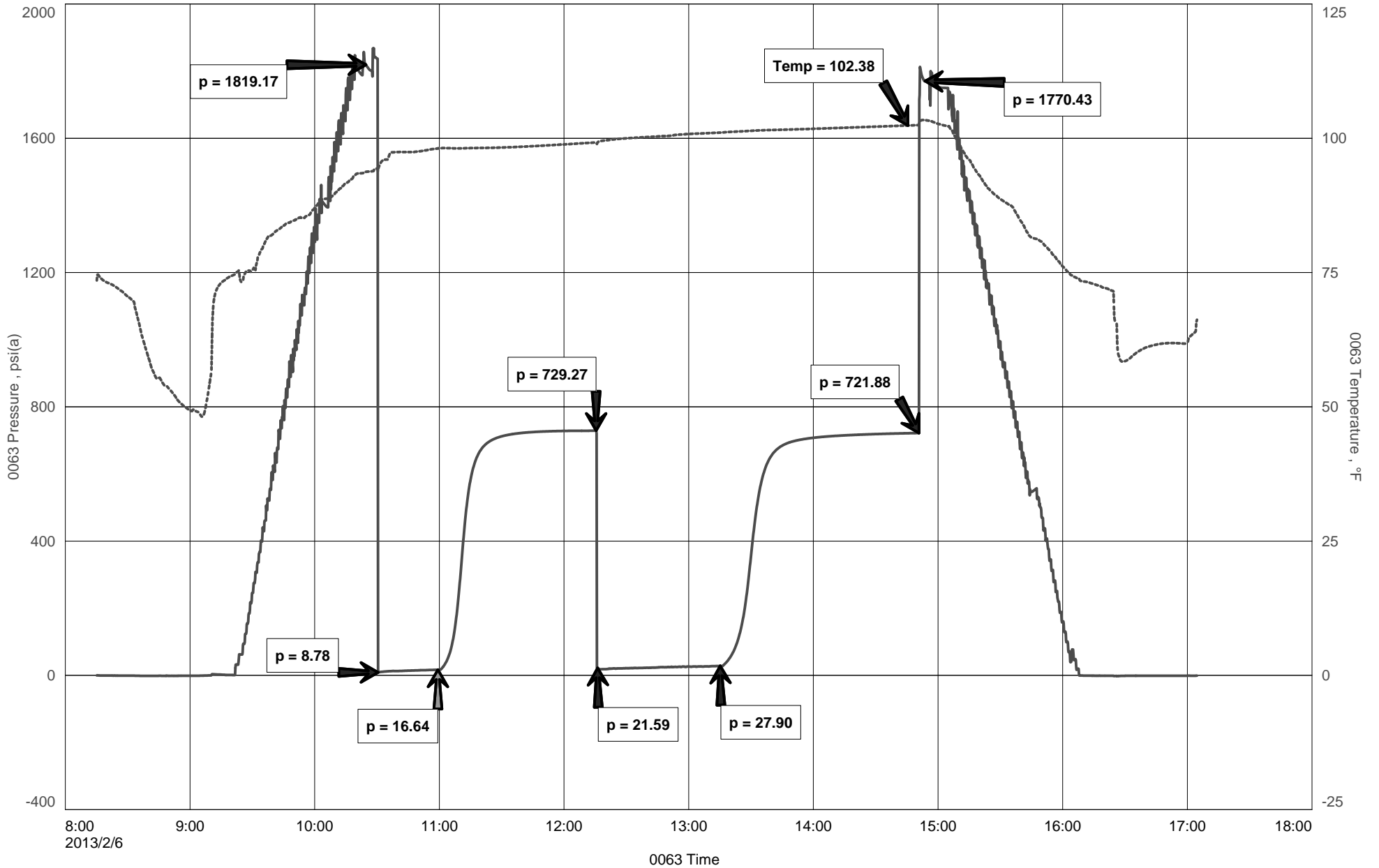
GRAVITY:29.6 @ 60

TOOL SAMPLE: 2% GAS, 25% OIL, 23% WTR, 50% MUD

TRANS PACIFIC OIL  
DST#4 3764-3805 ARBUCKLE  
Start Test Date: 2013/02/06  
Final Test Date: 2013/02/06

SPARKS 'A' #5  
Formation: DST#4 3764-3805 ARBUCKLE  
Pool: WILDCAT  
Job Number: M469

# SPARKS 'A' #5





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**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.



# ALLIED OIL & GAS SERVICES, LLC 056096

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell

DATE: <u>1-27-13</u>	SEC: <u>10</u>	TWP: <u>10</u>	RANGE: <u>20</u>	CALLED OUT	ON LOCATION	JOB START: <u>6:00 am</u>	JOB FINISH: <u>6:30 pm</u>
LEASE: <u>Sparks</u>	WELL #: <u>1411</u>	LOCATION: <u>Palco, Ks</u>			COUNTY: <u>Hooker</u>	STATE: <u>Ks</u>	
OLD OR NEW (Circle one)				<u>150 2.5 1/2 W 1/4 sandstone</u>			

CONTRACTOR: <u>American Eagle</u>	OWNER: _____
TYPE OF JOB: <u>Surface</u>	CEMENT AMOUNT ORDERED: <u>160SK cpa A</u>
HOLE SIZE: <u>18 1/8</u>	T.D.: <u>222.53'</u>
CASING SIZE: <u>7 7/8</u>	DEPTH: _____
TUBING SIZE: _____	DEPTH: _____
DRILL PIPE: _____	DEPTH: _____
TOOL: _____	DEPTH: _____
PRES. MAX: _____	MINIMUM: _____
MEAS. LINE: _____	SHOE JOINT: <u>15'</u>
CEMENT LEFT IN CSG.: <u>15'</u>	
PERFS: _____	
DISPLACEMENT: <u>13.21 50/100</u>	

EQUIPMENT			
PUMP TRUCK	CEMENTER: <u>Tony J. 1</u>		
# <u>409</u>	HELPER: <u>Kevin R. 1</u>		
BULK TRUCK			
# <u>378</u>	DRIVER: <u>Danman D. 3</u>		
BULK TRUCK			
# _____	DRIVER: _____		
HANDLING: <u>173.51 1/2</u>		@ <u>2.48</u>	<u>\$430.31</u>
MILEAGE: <u>300.97 1/2</u>		@ <u>2.60</u>	<u>\$782.07</u>
			<b>TOTAL: <u>\$1,212.38</u></b>

REMARKS:  
at Circulate cement to surface.  
at Pump @ 24.38' return - cement to surface.  
at Displace cement @ 13.21' 50/100 cement to surface.  
at Shut 8 1/8 in @ 300psi.

CHARGE TO: Texas Pacific Oil  
 STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SERVICE			
DEPTH OF JOB	<u>222.53'</u>		
PUMP TRUCK CHARGE		@	<u>\$1,512.25</u>
EXTRA FOOTAGE		@	
MILEAGE: <u>Heavy 37 mi</u>		@ <u>7.70</u>	<u>\$300.30</u>
MANIFOLD: <u>Light 37 mi</u>		@ <u>4.90</u>	<u>\$171.60</u>
			<b>TOTAL: <u>\$1,984.15</u></b>

PLUG & FLOAT EQUIPMENT			
_____		@	
_____		@	
_____		@	
_____		@	
_____		@	
			<b>TOTAL: _____</b>

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: Marty Miller  
 SIGNATURE: [Signature]

SALES TAX (If Any): 209.04  
 TOTAL CHARGES: \$1,634.73  
 DISCOUNT: \$1,777.45 IF PAID IN 30 DAYS  
before tax net 4757.28



**JOB LOG**

**SWIFT Services, Inc.**

DATE 2-7-13 PAGE NO. 1

CUSTOMER Trans Pacific Oil Co WELL NO. A #5 LEASE Sparks JOB TYPE Longstring TICKET NO. 23854

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0745							On loc w/ FE.
								RTD 3805'
								5 1/2" x 14" x 3803' x 20'
								Centralizers 1, 2, 3, 4, 6, 8, 50, 52
								Baskets 2, 51
								PC 5166 1076'
	0850							start FE
	1030					800		Break Circ + set Pkr Shoe @ 1100
	1115	2.5	7					Plug RH 30cks EA-2 Cement
	1125	5	0			200		start surgical Mud Flush
		5	12/0			200		Start 20 bbl KCL Flush
	1131	5	26/0			200		start 195 sks EA-2 Cement
	1138		35					End Cement
								Wash P&H
								Drop L.D. Plug
	1142	6	0			200		start Displacement
	1150	5				250		Catch Cement
	1155		92.5			750 / 15000		Lead Plug
								Release Pressure
								Float Hold

**RECEIVED**  
FEB 11 2013

BY: \_\_\_\_\_

Thank you

Nick, David E + Rb

**JOB LOG**

**SWIFT Services, Inc.**

DATE 3-8-13 PAGE NO. 1

CUSTOMER Trans Pacific Oil Co WELL NO. A-5 LEASE Sparks JOB TYPE Cont PC Center TICKET NO. 23913

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0850					2 7/8	5 1/2	DN loc
								Setup Ticks
	0920		<del>80</del> 90					Pir oil out of Hole to Swab Tank
	1000		18					Spot 2 lbs Sand - BBP @ 3450
	1015							Ris pull up to P. Collar @ 1677'
						1000	1000	Tst PC closed - OK
		1 1/2					800	Open PC
		1 1/2	10			800	C	Hook to tbg - Start H <sub>2</sub> O ahead
		1 1/2	20			800		NO BBL - continue H <sub>2</sub> O
		3	30			600		Start cont - NO blow
		3	40 H <sub>2</sub> O			600		
			30			200		@ 30 BBL incr cont to 12 1/2" for 5 BBL
			40			200		@ 40 BBL Heavy call ya bit Horn
			52			300		@ 52 BBL - Have returns
			100			300		cont cir - incr out #gal to 13"
			105			300		Fin mat - Displ 8 BBL
			8			300		Fin Displ
						1000	1000	Close PC / Tst / OK
								Wash up P.T.
								Ris run tbg to Plug
								Pir Sand off Plug
	1315							Job Complete
								Rack up Tool

*[Signature]*  
 Alan J. Jones  
 J. Isaac

MAR 28 2013

24

**Well:** Sparks A 5

**STR:** 10-10S-20W

**Cty:** Rooks

**State:** Kansas

Log Tops:

Anhydrite	1700' (+ 547)	+17'
B/Anhydrite	1743' (+ 504)	NA
Topeka	3272' (-1025)	NA
Heebner	3474' (-1227)	+3'
Toronto	3496' (-1249)	+5'
Lansing	3511' (-1264)	+7'
Muncie Creek	3634' (-1387)	+6'
BKC	3727' (-1480)	+9'
Arbuckle	3802' (-1555)	+9'
RTD	3805' (-1558)	

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

April 19, 2013

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

Re: ACO1  
API 15-163-24099-00-00  
SPARKS 'A' 5  
NE/4 Sec.10-10S-20W  
Rooks 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