



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1145090

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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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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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Form	ACO1 - Well Completion
Operator	NPF Energy Corporation
Well Name	Wagner 1-29
Doc ID	1145090

Tops

Name	Top	Datum
ANH	1089	960
HEEB	3304	-1254
TOR	3330	1280
LANS	3363	-1313
BKC	3587	-1537
REAGAN SD	3660	-1610
GRAN WSH	3667	-1617
PRE CAMB	3677	-1627

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

June 04, 2013

PAT H COCHRAN
NPF Energy Corporation
PO BOX 3827
TUSTIN, CA 92781-3827

Re: ACO1
API 15-165-00151-00-01
Wagner 1-29
SE/4 Sec.29-18S-16W
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,
PAT H COCHRAN



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 134247

Invoice Date: Dec 30, 2012

Page: 1



Bill To:
NPF Energy Corporation 14081 Yorba Street P O Box 3827 Tustin, CA 92781-3827

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
NPF	Wagner #1-29	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Great Bend	Dec 30, 2012	1/29/13

Quantity	Item	Description	Unit Price	Amount
18.00	MAT	Class A Common	17.90	322.20
12.00	MAT	Pozmix	9.35	112.20
1.00	MAT	Gel	23.40	23.40
100.00	MAT	ASC	20.90	2,090.00
300.00	MAT	Gilsonite	0.98	294.00
156.00	SER	Cubic Feet	2.48	387.10
136.00	SER	Ton Mileage	2.60	353.60
1.00	SER	Production Casing	2,443.75	2,443.75
20.00	SER	Pump Truck Mileage	7.70	154.00
20.00	SER	Light Vehicle Mileage	4.40	88.00
2.00	EQP	5.5 Centralizer	57.30	114.60
1.00	EQP	5.5 AFU Insert	334.62	334.62
1.00	EQP	5.5 Rubber Plug	85.41	85.41
1.00	CEMENTER	Tim Dickson		
1.00	CEMENTER	Charles Elkins		
1.00	EQUIP OPER	Trint Hall		
1.00	EQUIP OPER	Daniel Casper		

Subtotal	6,802.88
Sales Tax	212.72
Total Invoice Amount	7,015.60
Payment/Credit Applied	
TOTAL	7,015.60

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$1,020.40

ONLY IF PAID ON OR BEFORE
Jan 24, 2013



300 Patton Road
GREAT BEND, KANSAS 67530
 (620) 792-7301 • FAX (620) 792-7013

INVOICE

Invoice Date: 12/30/12

Invoice No.: 12-17032

Sold To:

NPF ENERGY CORPORATION
 P.O. BOX 3827
 TUSTIN, CA 92781-3827

Lease/Well:

WAGNER #1-29
 DEDUCT \$ 596.05 ON CASING ONLY
 IF PAID BY 01/09/13

Customer Order #: NOR

Ordered By: PAT COCHRAN

Via: WAGNER TRUCK

Date Shipped: 12/29/12

Terms: 2% 10 DAYS NET 30

FOB: GREAT BEND KS

Quantity	Description	Price Each	Amount
2,989.75	5-1/2" OD 8RD X 15.50# .275 WALL R-3 NEW BOOMERANG PRIME TUBE DOMESTIC ERW L/S L.T.&C. CASING, FULL-BODY API DRIFTED 4.825" AND TESTED 4400# WITH THREAD PROTECTOR ON PIN AND CPLG. ENDS (75 JTS)	9.29	27,774.78T
1	18# PAIL OF BESTOLIFE 2000 THREAD COMPOUND - NOT ELIGIBLE FOR DISCOUNT	88.80	88.80T
	SUBTOTAL		27,863.58
	Kansas Sales Tax	7.30%	2,034.04

	Invoice Total:	\$29,897.62
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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

June 05, 2013

PAT H COCHRAN
NPF Energy Corporation
PO BOX 3827
TUSTIN, CA 92781-3827

Re: ACO-1
API 15-165-00151-00-01
Wagner 1-29
SE/4 Sec.29-18S-16W
Rush County, Kansas

Dear PAT H COCHRAN:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 12/28/2012 and the ACO-1 was received on June 04, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department