



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227901
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: _____

1227901

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> _____	PRODUCTION INTERVAL: _____ _____
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Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	TRANS PACIFIC	Job Number	J3275
Contact	BRYCE BIDLEMAN	Representative	JOHN RIEDL
Well Name	RODIE "A" 1-31	Well Operator	TRANS PACIFIC
Unique Well ID		Report Date	2014/08/21
Surface Location	S31/17S/21W	Prepared By	JOHN RIEDL
Field		Qualified By	BETH ISERM

Test Information

Test Type	DST #1 CONVENTIONAL
Formation	FORT SCOTT
Well Fluid Type	
Test Purpose	

Start Test Date	2014/08/20	Start Test Time	22:40:00
Final Test Date	2014/08/21	Final Test Time	07:00:00

Test Recovery

RECOVERY: 1300' GAS IN PIPE
70' G+OCM (10%GAS 20%OIL 70%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.

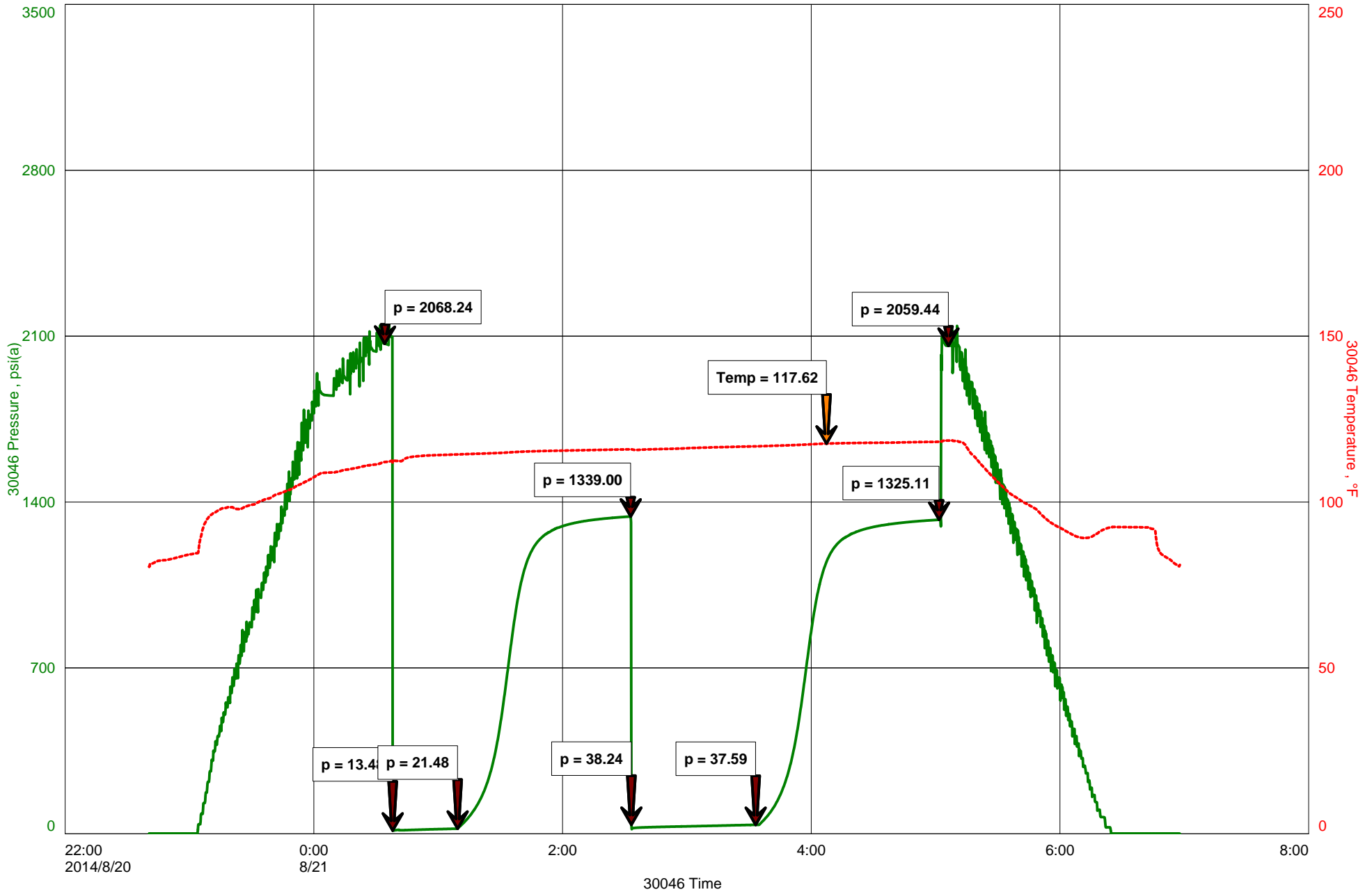
Blow: 1st Open: _____
2nd Open: _____

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.

RODIE "A" 1-31





Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	TRANS PACIFIC OIL CORP	Job Number	J3276
Contact	BRYCE BIDLEMAN	Representative	JOHN RIEDL
Well Name	RODIE "A" 1-31	Well Operator	TRANS PACIFIC OIL CORP
Unique Well ID		Report Date	2014/08/22
Surface Location	S31'17S'24W	Prepared By	JOHN RIEDL
Field		Qualified By	BETH ISERN

Test Information

Test Type	DST #2 CONVENTIONAL
Formation	MISSISSIPPI
Well Fluid Type	
Test Purpose	

Start Test Date	2014/08/21	Start Test Time	17:50:00
Final Test Date	2014/08/22	Final Test Time	05:30:00

Test Recovery

RECOVERY: 700' GAS IN PIPE
2400' GASSY OIL (40 GRAVITY @ 60 DEGREES)



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.

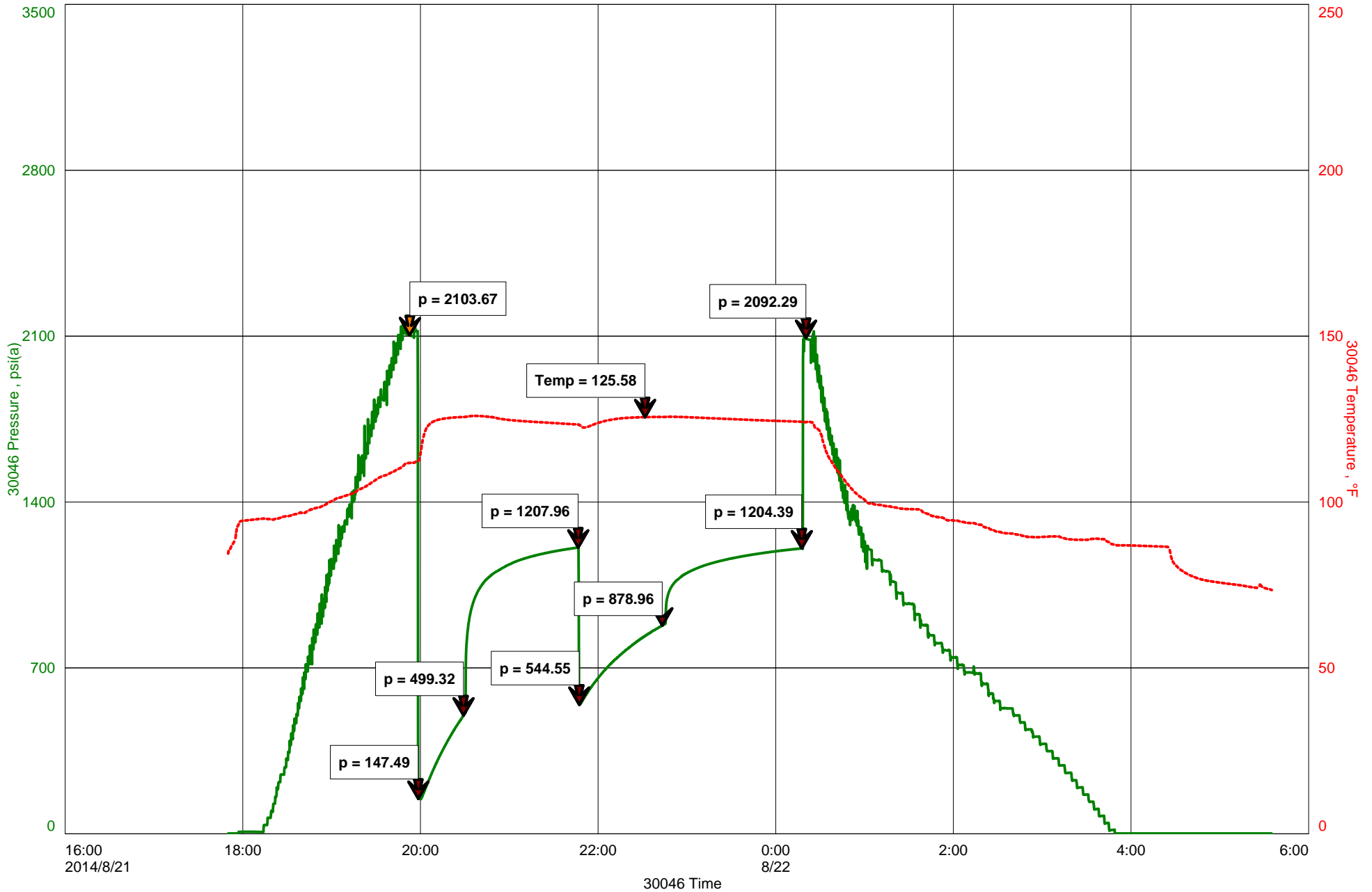
Blow: 1st Open: _____
2nd Open: _____

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.

RODIE "A" 1-31



QUALITY WELL SERVICE, INC.

6198

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	08-15-14	Sec.	31	Twp.	17s	Range	24w	County	Ness	State	KS	On Location	10:00	Finish	2:00AM	
Lease	Rodie A		Well No.	1-31		Location Ness City, KS, 5w, 5s, 1/4w, 1/4n										
Contractor	Dike #1							Owner	TRANS Pac							
Type Job	Surface							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.								
Hole Size	12 1/4		T.D.	269												
Csg.	8 5/8		Depth	269												
Tbg. Size			Depth													
Tool			Depth													
Cement Left in Csg.	20'		Shoe Joint	NA												
Meas Line			Displace	15% BBls												
EQUIPMENT										170						
Pumptrk	8	No.	David B.		Common											
Bulktrk	7	No.	Mike B.		Poz. Mix											
Bulktrk		No.			Gel. 3											
Pickup		No.	David F.		Calcium 6											
JOB SERVICES & REMARKS										Hulls						
Rat Hole										Salt						
Mouse Hole										Flowseal						
Centralizers										Kol-Seal						
Baskets										Mud CLR 48						
D/V or Port Collar										CFL-117 or CD110 CAF 38						
Pipe on BHM, Base Cement, Pump Spacer, Mix										Sand						
170sx A 2#3 cement, Start Dip. w/										Handling 179						
Fresh H ₂ O, wash up truck, See Steady increase										Mileage 12						
in PSI, Slow Rate, Stop Pump at 15% BBls										FLOAT EQUIPMENT						
total Dip, Shut in Cement Did Cial.										Guide Shoe						
										Centralizer						
										Baskets						
										AFU Inserts						
										Float Shoe						
										Latch Down						
										LMV 12						
										Service supervisor						
										Pumptrk Charge Surface						
										Mileage 12 x 2						
										Tax						
										Discount						
										Total Charge						
X Signature Mike Hughes																

JOB LOG

SWIFT Services, Inc.

DATE 22 AUG 14 PAGE NO. 7

CUSTOMER Trans Pacific WELL NO. 1-31 LEASE Rodu "A" JOB TYPE cement long string TICKET NO. 26423

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								200 sk SA-2 cement w/ 1/4 # floccula 5 1/2 x 14# casing, 111 joints 4373' TD = 4373 shoe jt 10.25' (108.113 out) Port collar 69 1645' Basket 111, 68' Catalizee 111, 1, 2, 3, 4, 5, 8, 13, 18, 69 Packer shoe
	1530							on loc TRK 114
	1900							start 5 1/2 x 14# casing in well
	2150							circulate well
	2238					1000		Drop magic golden ball - set packer shoe
	2250	4	12			200		Pump 500 gal mud flush
		4	20			200		Pump 20 bbl KCL flush
	2300		7					Plug RH - MH 30# - 20sk
	2306	4 1/2	41			200		mix SA-2 cement 150# @ 15.3ppg
								Drop latch down plug wash out pump & line
	1126	6				200		Displace plug
		6	100			800		
	1145	6	106			1600		hand plug
	1150							Release pressure to truck - dried up
								Rack up
Aug 23	0030							job complete
								Thanks Blain Flint, 1/2 gared

JOB LOG

SWIFT Services, Inc.

DATE 2 SEP 14 PAGE NO. 1
 TICKET NO. 27817

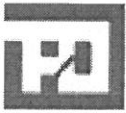
CUSTOMER TRANS PACIFIC OIL

WELL NO. # 4

LEASE RODIE

JOB TYPE CEMENT PORT COLLAR

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1115							ON LOCATION
								PORT COLLAR @ 11045
	1142				✓		1000	TEST - HELD
	1145							OPEN PORT COLLAR
	1150	4	70		✓			MIX 125 SX SMD
		3	9		✓			DISPLACE CEMENT
								CIRCULATE 20 SX TO PIT
	1211				✓		1000	CLOSE PORT COLLAR - TEST - HELD
								RUN 4 JTS.
	1225	4	22		✓		300	REVERSE CLEAN
								WASH TRUCK
	1300							JOB COMPLETE
								THANKS #115
								JASON DAVE JARED



Rodie A 1-31

Drilling Report

API: 15-135-25795

STR: 31-175-24W

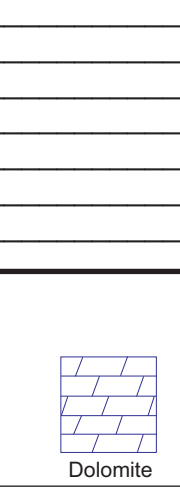
County: Ness

KB: 2398

Location: 660 FSL 2310 FEL

State: KS

	Log Tops:
Anhydrite	1670' (+728) +11'
B/Anhydrite	1702' (+696) +12'
Heebner	3728' (-1330) +9'
Lansing	3772' (-1374) +7'
BKC	4063' (-1665) +11'
Marmaton	4106' (-1708) +7'
Ft Scott	4267' (-1869) +8'
Miss Warsaw	4364' (-1966) +9'
RTD	4373' (-1975)



GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

Geologist on Well: Beth Isern
 LEASE: RODIE 'A' #1-31
 FIELD: KEILMAN WEST
 LOCATION: 6607 TSL 2310' FEL
 SEG: 31 TMSR 17S RGE 24W
 COUNTY: Ness STATE: Kansas
 CONTRACTOR: Dike Drilling Rig 1
 SPUD: 08/15/14 COMP: 8/22/14

ELEVATIONS

KB 2398
 DF _____
 GL 2386
 Measurements Are All From Kelly Bushline

CASING

RTD 4373 LTD 4375
 MUD UP 3700 TYPE MUD CHEMICAL
 SURFACE 8.5/8" @ 268'
 PRODUCTION 5.1/2" @ 4368'

SAMPLES SAVED FROM 3650 TO RTD
 DRILLING TIME KEPT FROM 3400 TO RTD
 SAMPLES EXAMINED FROM 3650 TO RTD
 GEOLOGICAL SUPERVISION FROM 3900

REFERENCE WELL: Rubenrath A Unit 1-32, Sec. 32-11S-24W

Formation	Sample Tops	Elog Tops	Struct Pos.
Anhydrite	1668 (+ 730)	1670 (+728)	-3
Base Anhydrite	1700 (+ 698)	1702 (+696)	-2
Heebner	3729 (-1331)	3728 (-1330)	+5
Lansing	3772 (-1384)	3772 (-1374)	+5
BKC	4063 (-1665)	4063 (-1665)	+10
Marmaton	4106 (-1708)	4106 (-1708)	+7
Fort Scott	4268 (-1870)	4267 (-1869)	+10
Miss Warsaw	4366 (-1968)	4364 (-1966)	+9

PROVENER

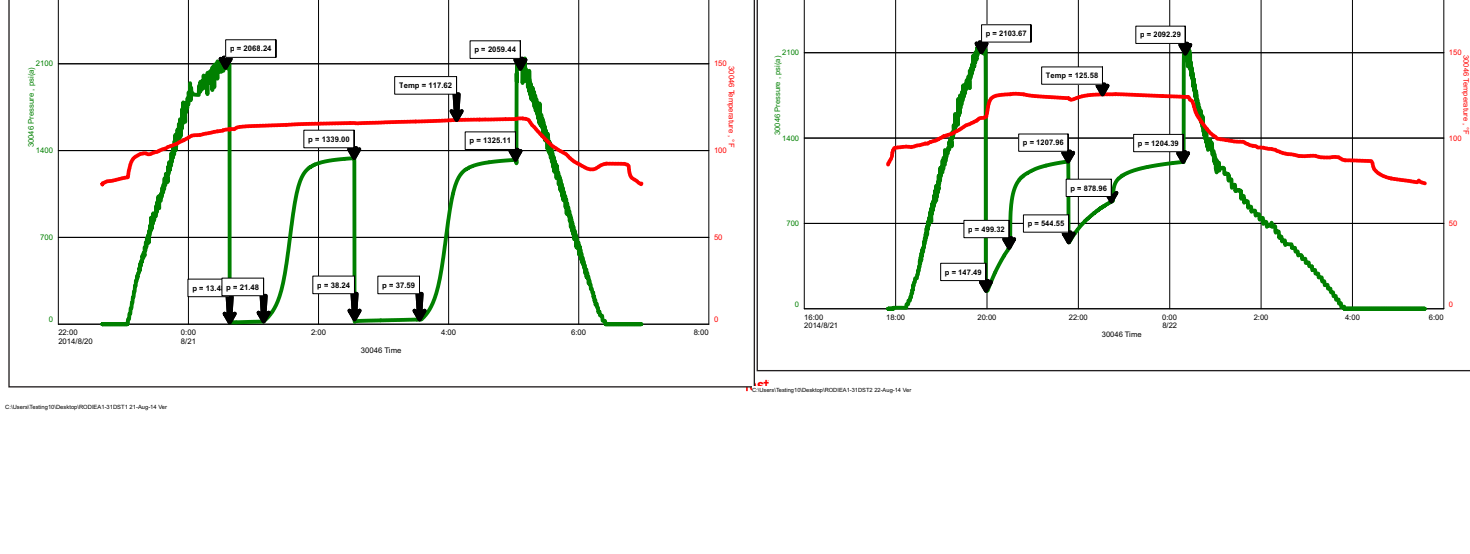
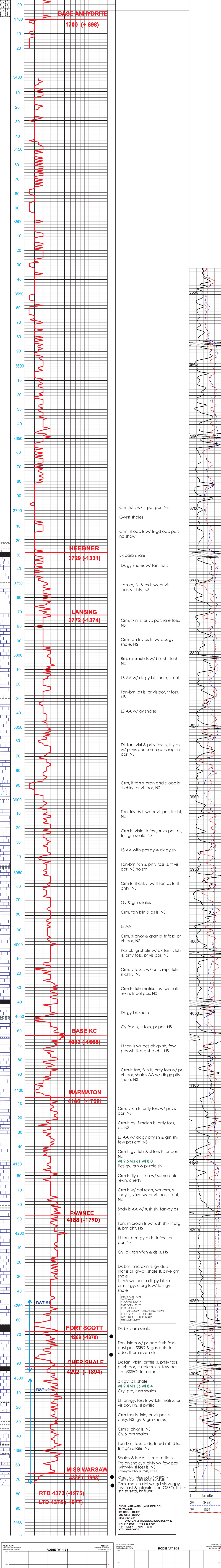
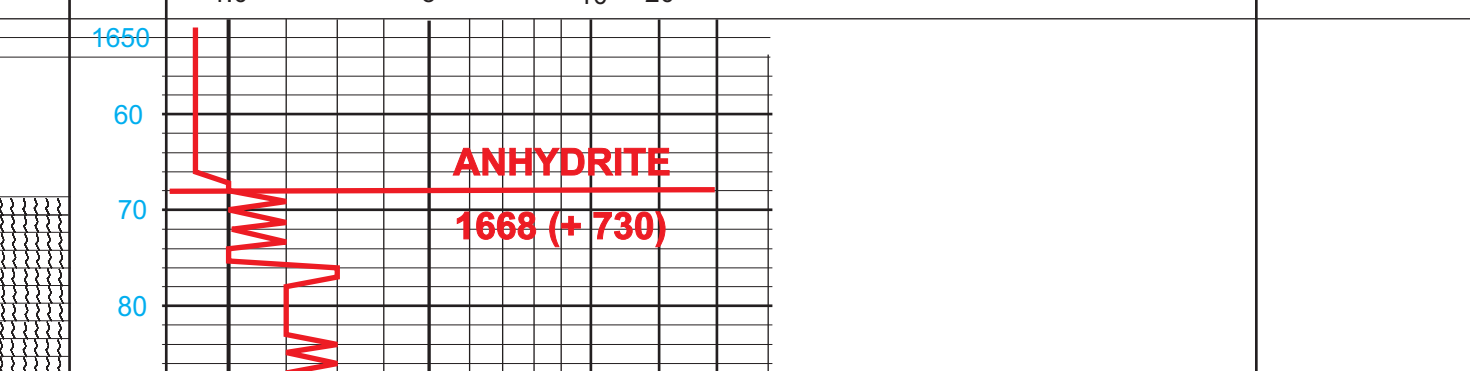
DIL, DUCP

REMARKS

Based on the positive structural position and results of the Dst in the Mississippi, it was decided to run 5-1/2" production casing on the Rodie A #1-31

Respectfully Submitted,
 Beth Isern

LEGEND



TRANS PACIFIC OIL CORPORATION
 3075-40-10
 1ST OPEN: 08811"
 2ND OPEN: 0882"
 REC: 700' GIP
 2000' GASOL
 147-500# FFP: 545-878#
 150# 120# RSP: 120#
 HYD: 21004-2092#

