

COPY

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 9408

Name: Trans Pacific Oil Corporation

Address 100 South Main - Suite 200

City/State/Zip Wichita, Kansas 67202

Purchaser: None

Operator Contact Person: Alan D. Banta

Phone (316) 262-3596

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: Jon Christensen

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: N/A

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

05-06-99 05-12-99 05-13-99

Spud Date 05-06-99 Date Reached TD 05-12-99 Completion Date 05-13-99

API NO. 15-077-21371 0000

County Harper County Kansas

N/2 - NE - NW - Sec. 6 Twp. 31 Rge. 6 EW

330 Feet from S(N) (circle one) Line of Section

3300 Feet from E(W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 SE, NW or SW (circle one)

Lease Name Threlfall Well # 1-6

Field Name Maple Grove South

Producing Formation None

Elevation: Ground 1588 KB 1596

Total Depth 4496' PBTD 4800'

Amount of Surface Pipe Set and Cemented at 242 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from N/A

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan DA26-499 v.c.
(Data must be collected from the Reserve Pit)

Chloride content 42,000 ppm Fluid volume 600 bbls

Dewatering method used evaporation/hailed off site

Location of fluid disposal if hauled offsite: _____

Operator Name S & G Water Service, Inc.

Lease Name Dickson SWDW License No. 252648

SW Quarter Sec. 8 Twp. 31 S Rng. 8 EW

County Harper Docket No. 55216-C

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature Alan D. Banta

Title Senior Vice Pres. Date 5-24-99

Subscribed and sworn to before me this 24th day of May, 19 99.

Notary Public Jamie L. McCabe

Date Commission Expires 5-26-99

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/> Letter of Confidentiality Attached	
C	<input checked="" type="checkbox"/> Wireline Log Received	
C	<input checked="" type="checkbox"/> Geologist Report Received	
Distribution		
<input checked="" type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep	<input type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input checked="" type="checkbox"/> Other (Specify) <u>IS</u>

JAMIE L. McCABE
Notary Public - State of Kansas
My Appt. Expires 5-26-99

RECEIVED
STATE CORPORATION COMMISSION

MAY 24 1999

OIL & GAS CONSERVATION DIVISION
Wichita, Kansas

Form ACO-1 (7-91)

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheets if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run:
 ELI Wireline:
 Dual Induction, Compensated
 Neutron/Density

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Heebner Shale	3259	-1663
Iatan	3500	-1904
Stalnaker Sand	3564	-1968
Stark Shale	3931	-2335
Marmaton	4087	-2491
Cherokee Sh	4205	-2609
Mississippi LMST.	4361	-2765
Mississippi Chert	4376	-2780

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
Surface	12-1/4"	8-5/8"	20#	242'	60/40 Poz	200	3%cc 2%gel

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom		Type of Cement	#Sacks Used	Type and Percent Additives
		None			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	None		

TUBING RECORD None	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj. None - D & A	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____