

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 9408
Name: Trans Pacific Oil Corporation
Address: 100 S. Main, Suite 200
City/State/Zip: Wichita, KS 67202
Purchaser: N.C.R.A.

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Operator Contact Person: Glenna Lowe
Phone: (316) 262-3596

Contractor: Name: Shields Drilling Co., Inc.
License: 5184

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WICHITA, KS

Wellsite Geologist: Michael Kidwell

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD

_____ Plug Back _____ Plug Back Total Depth

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

_____ Other (SWD or Enhr.?) _____ Docket No. _____

5/17/06 5/28/06 6/16/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 163-23530-0000

County: Rooks

100' E of SE SW SE Sec. 3 Twp. 10 S. R. 20 East West

330 feet from (S) / N (circle one) Line of Section

1550 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE (SE) NW SW

Lease Name: Buss "A" Well #: 1-3

Field Name: _____

Producing Formation: Arbuckle

Elevation: Ground: 2248' Kelly Bushing: 2253'

Total Depth: 3817' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 220 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 1729' Feet

If Alternate II completion, cement circulated from 1729'

feet depth to Surface w/ 185 sx cm.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

ALT II W/ 8-27-07

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

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 of 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.

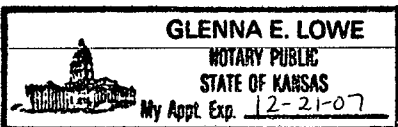
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Gay Sharp
Title: Vice President Date: 8/25/2006

Subscribed and sworn to before me this 25th day of August,
2006.

Notary Public: Glenna E. Lowe

Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

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Side Two

Operator Name: Trans Pacific Oil Corporation Lease Name: Buss "A" Well #: 1-3
Sec. 3 Twp. 10 S. R. 20 East West County: Rooks

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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:

Log Formation (Top), Depth and Datum Sample
Name Top Datum

(SEE ATTACHED LIST)

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Dual Induction
Compensated Density/Neutron
Sonic

CASING RECORD <input checked="" 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"	23#	220'	Common	165	3% cc, 2% gel
Production	7-7/8"	5-1/2"	14#	3810'	EA-2	125	5% calseal, 10% salt

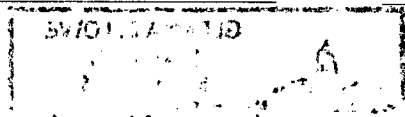
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

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
	OPEN HOLE 3810' - 3817'		

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TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-7/8"	3797'		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
6/16/06		<input type="checkbox"/> Flowing <input checked="" 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
	75		0		

Disposition of Gas METHOD OF COMPLETION Production Interval
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify)



Well: Buss A 1-3 STR 3-10S-20W Cty Rooks State Kansas

	Log Tops:
Anhydrite	1712' (+541) +17'
Topeka	3275' (-1022) +5'
Heebner	3476' (-1223) +7'
Lansing	3516' (-1263) +7'
B/Kansas City	3734' (-1481) +7'
Arbuckle	3810' (-1557) +7'
RTD	3817'

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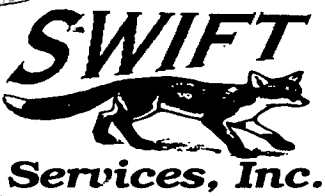
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WICHITA, KS

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CHARGE TO: *Trans Pac*
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET
 No 10115

PAGE 1 OF 2

SERVICE LOCATIONS
 1. *Hann, Ks* WELL/PROJECT NO. *1-3* LEASE *Buss "A"* COUNTY/PARISH *Rooks* STATE *Ks* CITY DATE *5-28-06* OWNER *Same*
 2. *Ness City, Ks* TICKET TYPE SERVICE CONTRACTOR *Shields Data* RIG NAME/NO. SHIPPED VIA *AF* DELIVERED TO *Location* ORDER NO.
 3. WELL TYPE *oil* WELL CATEGORY *Development* JOB PURPOSE *Control Logging* WELL PERMIT NO. WELL LOCATION
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
075		1			MILEAGE #102	40				4.00	160.00
571		1			Pump Charge (Logging)	1		3822'		1250.00	1250.00
281		1			Mud Flush	500		gal		.75	375.00
221		1			KCL Liquid	2		gal		26.00	52.00
405		1			Formation Pkt Stone			5 1/2'		1350.00	1350.00
406		1			L D Plug + Bottle			ea		210.00	210.00
402		1			Controlizers			ea		60.00	480.00
403		1			Basket			ea		230.00	230.00
404		1			Part Collar			ea		2000.00	2000.00
405		1			Domestic Charge					500.00	500.00

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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED *5 28-06* TIME SIGNED *6:35* A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	6407.00
TAX	2611.76
TOTAL	9018.76

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *Nick Korb* APPROVAL *Dana Furbush*

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5-28-06 PAGE NO. 7

CUSTOMER *Trans Pac* WELL NO. *1-2* LEASE *Buss "A"* JOB TYPE *Cement Logging* TICKET NO. *10115*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	<i>0700</i>							<i>ontoc</i>
								<i>5 1/2" x 14" x 3822' x 21" shoe joint</i>
								<i>RTD 3817'</i>
								<i>Set Pkr. Shoe @ 3810'</i>
								<i>Cent. 1, 4, 7, 10, 13, 19, 49</i>
								<i>Basket bottom 50</i>
								<i>P.C. Top of 50 @ 1729'</i>
	<i>0415</i>							<i>start FE</i>
	<i>0630</i>							<i>Brk Circ.</i>
	<i>0720</i>						<i>1400</i>	<i>Set Pkr Shoe</i>
	<i>0740</i>	<i>2</i>	<i>3/2</i>					<i>Plug RH & MH</i>
	<i>0750</i>	<i>4</i>	<i>0</i>				<i>150</i>	<i>start Reflushes</i>
	<i>0758</i>	<i>5.5</i>	<i>32/0</i>				<i>250</i>	<i>start Cement</i>
	<i>0804</i>		<i>34</i>					<i>End Cement</i>
								<i>Wash P4L</i>
								<i>Drop Plug</i>
	<i>0807</i>	<i>6.5</i>	<i>0</i>				<i>150</i>	<i>Start Disp</i>
	<i>0817</i>	<i>6</i>	<i>68</i>				<i>250</i>	<i>Catch Cement</i>
	<i>0822</i>		<i>93</i>				<i>200/200</i>	<i>Land Plug</i>
								<i>Release Pressure</i>
								<i>Float Held</i>

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Thank you
Nick Jash & Shane

