

KANSAS CORPORATION COMMISSION  
 OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
 WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1  
 September 1999  
 Form Must Be Typed

ORIGINAL

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.  
 Operator Contact Person: Glenna Lowe  
 Phone: (316) 262-3596  
 Contractor: Name: Cheyenne Well Service  
 License: 6454  
 Wellsite Geologist: n/a

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: Trans Pacific Oil Corp.  
 Well Name: McBee C #1-25

Original Comp. Date: 4/7/05 Original Total Depth: 4650'  
 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. \_\_\_\_\_

<u>10/13/06</u>	<u>2/27/05</u>	<u>10/25/06</u>
Spud Date or <u>Recompletion</u> Date	Date Reached TD	<u>Recompletion</u> Date

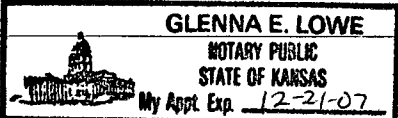
API No. 15 - 101-21865-0001  
 County: Lane  
 S2 SW SW Sec. 25 Twp. 16 S. R. 27  East  West  
330 feet from S / N (circle one) Line of Section  
660 feet from E / W (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE NW SW  
 Lease Name: McBee C Well #: #1-25  
 Field Name: wildcat  
 Producing Formation: Lansing/KC  
 Elevation: Ground: 2680' Kelly Bushing: 2689'  
 Total Depth: 4650' Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at 314 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set 2135' Feet  
 If Alternate II completion, cement circulated from 2135'  
 feet depth to surface w/ 325 sx cmt.

**Drilling Fluid Management Plan** WO NH 7-14-08  
 (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 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: July 18, 2007  
 Subscribed and sworn to before me this 18<sup>th</sup> day of July  
20 07  
 Notary Public: Glenna Lowe  
 Date Commission Expires: \_\_\_\_\_



**KCC Office Use ONLY**

N Letter of Confidentiality Received  
 If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

**RECEIVED**  
**JUL 19 2007**

KCC WICHITA

Operator Name: Trans Pacific Oil Corporation Lease Name: McBee C Well #: #1-25  
 Sec. 25 Twp. 16 S. R. 27  East  West County: Lane

**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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum   n/a
--	--

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"	24#	314'	Common	185	3% cc, 2% gel
Production	7-7/8"	4-1/2"	10.5#	4622'	EA2 SMD	225 325	

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
	****NEW PERFORATIONS****		
2	4145' - 49' (140' zone)	500 gal. 15% MCA, 1000 gal 15% NE	
2	4060' - 66' (70' zone)	500 gal. 15% MCA, 1000 gal 15% NE	

TUBING RECORD		Size <b>2-3/8"</b>	Set At <b>4225'</b>	Packer At <b>NONE</b>	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <b>10/25/06</b>			Producing Method <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

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

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled

Production Interval  Other (Specify) \_\_\_\_\_