

ORIGINAL 9/25/08

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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.
Operator Contact Person: Glenna Lowe
Phone: (316) 262-3596
Contractor: Name: Shields Drilling Co., Inc.
License: 5184
Wellsite Geologist: Bryce Bidleman

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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/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. _____

7/17/07 7/24/07 9/6/07

Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

API No. 15 - 163-23623-0000

County: Rooks

80' N + 60' E of
W2 - W2 - SE Sec. 12 Twp. 6 S. R. 18 East West

1400' feet from (S) N (circle one) Line of Section

2250' feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE (SE) NW SW

Lease Name: Hansen Foundation C Well #: 1-12

Field Name: none

Producing Formation: Lansing/KC

Elevation: Ground: 1927' Kelly Bushing: 1932'

Total Depth: 3500' Plug Back Total Depth: 3451'

Amount of Surface Pipe Set and Cemented at 219' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 1450' Feet

If Alternate II completion, cement circulated from 1450'

feet depth to surface w/ 145 sx cmt.

Drilling Fluid Management Plan ATINS 2-1809
(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

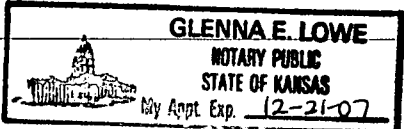
Title: Vice President Date: September 25, 2007

Subscribed and sworn to before me this 25th day of September

2007

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

Operator Name: Trans Pacific Oil Corporation Lease Name: Hansen Foundation C Well #: 1-12
 Sec. 12 Twp. 6 S. R. 18 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction Compensated Density/Neutron Micro	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum (See Attached Sheet)
---	--

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"	20#	219'	Common	165	2% gel, 3% cc
Production	7-7/8"	4-1/2"	10.5#	3499'	EA-2	225	10% salt, flocele, calseal

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
2 spf	3203' - 09' (70' zone)	500 gal. 15% MCA	
		1000 gal. 15% NE	
2 spf	3157' - 61' (35' zone)	500 gal. 15% MCA	
		1000 gal. 15% NE	
		2500 gal. 20% SGA	

TUBING RECORD		Size 2-3/8"	Set At 3243'	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 9/6/07			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. 14	Gas Mcf -----	Water Bbls. 8	Gas-Oil Ratio	Gravity

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: Hansen Foundation C 1-12STR: 12-6S-18W County: Rooks State: Kansas

Log Tops:

Anhydrite	1379' (+553) -5'
B/Anhydrite	1407' (+525) flat
Topeka	2866' (-934) -2'
Heebner	3071' (-1139) flat
Lansing	3114' (-1182) -1'
Stark	3305' (-1373) -3'
B/Kansas City	3347' (-1415) -3'
Arbuckle	3476' (-1544) -5'
RTD	3500'

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WICHITA, KS



CHARGE TO: *Trans Pacific*

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

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TICKET

Nº 12446

PAGE 1 OF 1

1. SERVICE LOCATIONS <i>Hays, Ks.</i>	WELL/PROJECT NO. <i>C-1</i>	LEASE <i>Hansen</i>	COUNTY/PARISH <i>Rooks</i>	STATE <i>Ks</i>	CITY	DATE <i>8-24-07</i>	OWNER <i>Same</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Alliance Well Serv.</i>	RIG NAME/NO.	SHIPPED VIA <i>CIT</i>	DELIVERED TO <i>Loc.</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Cent. Port Collar</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
<i>100</i>		<i>1</i>			<i>MILEAGE #02</i>	<i>50</i>	<i>mil</i>			<i>1</i> <i>50</i>	<i>75</i>	<i>00</i>	
<i>105</i>		<i>1</i>			<i>Port Collar Opening</i>	<i>1</i>	<i>ea</i>	<i>4 1/2</i>	<i>in</i>	<i>400</i>	<i>00</i>	<i>400</i> <i>00</i>	
<i>288</i>		<i>1</i>			<i>Sand</i>	<i>1</i>	<i>sk</i>			<i>25</i>	<i>00</i>	<i>25</i> <i>00</i>	

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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

Frank Baker

DATE SIGNED _____ TIME SIGNED _____

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	PAGE TOTAL	<i>500</i>	<i>00</i>
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?				<i>Rooks</i>	<i>2.2</i>	<i>53</i>
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			<i>5.3%</i>		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	<i>5,222</i>	<i>53</i>

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

SWIFT OPERATOR *[Signature]*

APPROVAL _____

Thank You!

SWIFT Services, Inc.

DATE 7-24-07 PAGE NO. 1

CUSTOMER Trans Pacific WELL NO. C1-12 LEASE Hanson Foundation JOB TYPE Cement 4 1/2 L.S. TICKET NO. 12336

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2000						9 1/2	On location w/ float equip. Rig LD DP
	2030							Fin LD. DP.
	2145							Start 4 1/2" 10.5 #/ft. cong.
								Insert float shoe / Auto fill on bottom
								Latch down Baffle 1st collar S.J. 40'
								Centralizers collars 1-4-7-8-9, 12, 50
								Cement Basket at 51
								Port Collar collar at 51 @ 1449'
								Drop ball 3 jts off bottom
	2300							Fin running cong.
	2315							Hook up and st. cir cong.
	2330							Fin cir cong Hook to tiks
			3 1/2					Plug RH MH - 250ks. cmt
	2335	6	12				200	Pump 500gal mud flush
		6 1/2	20				250	Pump 20 BBI KCL flush
		4 1/5					200	st 200 0ks Standard EA-2 cmt.
	2400	4 1/5					100	Fin cut - Wash Pump & lines
								Release Latchdown Plug
	0005	6					200	Start Displ H ₂ O
		6	30				300	Caught press 30 BBI Displ.
							400	psi slowly incr
	0015		55				750	Plug down - Fin Displ - Held
							1500	Release - Held -
	0030							Job complete
								Wash up & Pack up Ticks
								Thanks Dan, Blaine & Jeff

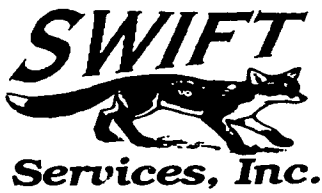
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CHARGE TO: Trans Pacific
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET

Nº 12445

PAGE 1 OF 1

1. SERVICE LOCATIONS <u>Hays, KS</u>	WELL/PROJECT NO. <u>C-1</u>	LEASE <u>Hansen</u>	COUNTY/PARISH <u>Rooks</u>	STATE <u>Ks</u>	CITY	DATE <u>8-24-07</u>	OWNER <u>Sgme</u>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Alliance Well Service</u>		RIG NAME/NO.	SHIPPED VIA <u>CIT</u>	DELIVERED TO <u>Loc.</u>	ORDER NO.	
3. WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cont. Port Collar</u>	WELL PERMIT NO.		WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
575		1			MILEAGE #104	50	m.i			4.00	200	00	
578		1			Pump Service	1	lea			1250.00	1250	00	
581		1			Service Charge	250	sr			1.10	275	00	
583		1			Drayage	621.5	TON m.l.			1.10	681	50	
330		1			SM DC	445	SR			14.50	2102	50	
276		1			Flocele	62	#			1.25	77	50	

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

X Frank Birk
 DATE SIGNED _____ TIME SIGNED _____
 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	PAGE TOTAL	4,526	50
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?					Rooks TAX 5.3%	115	54
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					TOTAL	4042	04
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND							

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

SWIFT OPERATOR Ry. B. [Signature] APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 8-24-07 PAGE NO. 7

CUSTOMER *Trans Pacific* WELL NO. *C-1* LEASE *Hansen* JOB TYPE *Tool Cmn. Port Collar* TICKET NO. *12445*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)	PUMPS	PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
					TUBING	CASING	
	0800						on loc. Release Plug
							Pull up Ser @ 2510'
	0915						Lead Hole 40" ^{cu}
					1000	1000	Test Plug 1,000psi held
	0930						spot Sand on Plug
							Pull Port Collar opening tool up
							Locate Port Collar @ 1450'
							wait on water trucks
	11:00						open Port Collar
		3			300		Pump 3 ^{00m} 300psi
			20				Start Mixing 250sbs SMDX
			4.5				145 sbs mixed
							Connect to surface
							Displ. 4.5 ^{cu}
							close Port Collar
					1000	1000	press test 1,000psi held
							Run 3 Joints
							Reverse out Cement
							Run down
	12:40						Circulate sand of Plug
							Cir Hole Full Salt Water
							pull 2 Jts.
	13:00						Rack up truck
							Job Complete

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[Handwritten signatures]

ALLIED CEMENTING CO. INC.

SEP 27 2007

CONSERVATION DIVISION
WICHITA, KS

33241

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

DATE <u>7/18/07</u>	SEC. <u>12</u>	TWP. <u>6</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION	JOB START <u>5:30 a.m.</u>	JOB FINISH <u>6:00 a.m.</u>
LEASE <u>HANSEN FOUNDATION</u>		WELL # <u>C-1-12</u>	LOCATION <u>Stockton 7-0 3/4 E into</u>			COUNTY <u>Rooks</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR Shields
 TYPE OF JOB Surface Job
 HOLE SIZE _____ T.D. 222
 CASING SIZE 8 5/8 DEPTH 222
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 13 1/2 BCL

OWNER _____
 CEMENT _____
 AMOUNT ORDERED 165 com 39/6cc 20/dia

COMMON <u>165</u>	@	<u>11.10</u>	<u>1831.50</u>
POZMIX _____	@		
GEL <u>3</u>	@	<u>16.65</u>	<u>49.95</u>
CHLORIDE <u>5</u>	@	<u>46.60</u>	<u>233.00</u>
ASC _____	@		

EQUIPMENT _____
 PUMP TRUCK CEMENTER Craig
 # 409 HELPER Adrian
 BULK TRUCK _____
 # 378 DRIVER Chris B.
 BULK TRUCK _____
 # _____ DRIVER _____

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HANDLING <u>172</u>	@	<u>1.90</u>	<u>326.80</u>
MILEAGE <u>SK/mi/09</u>			<u>851.40</u>
TOTAL			<u>3292.65</u>

REMARKS:
Cement Gravelled!
Thanks!

SERVICE

DEPTH OF JOB _____			
PUMP TRUCK CHARGE _____			<u>815.00</u>
EXTRA FOOTAGE _____	@		
MILEAGE <u>55</u>	@	<u>6.00</u>	<u>330.00</u>
MANIFOLD _____	@		
	@		

CHARGE TO: Trans Pac.
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 1145.00

PLUG & FLOAT EQUIPMENT

<u>1 8 5/8 Wooden Plug</u>			<u>60.00</u>
	@		
	@		
	@		
	@		

TOTAL 60.00

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

PRINTED NAME _____