

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

12/7/11

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 9408

Name: Trans Pacific Oil Corporation

Address 1: 100 S. Main, Suite 200

Address 2: _____

City: Wichita State: KS Zip: 67202 + _____

Contact Person: Glenna Lowe

Phone: (316) 262-3596

CONTRACTOR: License # 5929 **KCC**

Name: Duke Drilling Co., Inc.

Wellsite Geologist: Mack Armstrong **DEC 07 2010**

Purchaser: n/a **CONFIDENTIAL**

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
- Conv. to GSW

Plug Back: _____ Plug Back Total Depth

Commingled Permit #: **RECEIVED**

Dual Completion Permit #: **DEC 09 2010**

SWD Permit #: _____

ENHR Permit #: _____

GSW Permit #: **KCC WICHITA**

11/15/10 11/21/10 11/21/10

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

API No. 15 - 101-22266-0000

Spot Description: _____

N2_S2 Sec. 21 Twp. 19 S. R. 28 East West

1,980 Feet from North / South Line of Section

2,640 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE
- NW
- SE
- SW

County: Lane

Lease Name: Mowery Unit A Well #: 1-21

Field Name: Hineman East

Producing Formation: n/a

Elevation: Ground: 2783' Kelly Bushing: 2792'

Total Depth: 4735' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 235 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 #: _____

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.

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.

Signature: Gary Sharp

Title: Vice-President Date: 12/7/10

KCC Office Use ONLY

Letter of Confidentiality Received

Date: 12/7/10 - 12/7/11

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____