

ORIGINAL

Form ACO-1

October 2008

Form Must Be Typed

6/08/11

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

CONFIDENTIAL

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 # 5184

Name: Shields Drilling Co., Inc. **CONFIDENTIAL**

Wellsite Geologist: W. Bryce Bidleman JUN 08 2009

Purchaser: N.C.R.A.

Designate Type of Completion: KCC

New Well Re-Entry Workover

Oil SWD SIOW

Gas ENHR SIGW

CM (Coal Bed Methane) Temp. Abd.

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. Conv. to SWD

Plug Back: _____ Plug Back Total Depth _____

Commingled Docket No.: _____

Dual Completion Docket No.: _____

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

3/16/09 3/24/09 4/30/09

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

API No. 15 - 051-25852-0000

Spot Description: 565' FNL & 2820' FEL

SE NE NE NW Sec. 13 Twp. 11 S. R. 19 East West

565' Feet from North / South Line of Section

2820' Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Ellis

Lease Name: Allison "A" Well #: 8-13

Field Name: Solomon NE

Producing Formation: Kansas City

Elevation: Ground: 1962' Kelly Bushing: 1967'

Total Depth: 3510' Plug Back Total Depth: 3489'

Amount of Surface Pipe Set and Cemented at: 219' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 1278' Feet

If Alternate II completion, cement circulated from: 1278'

feet depth to: surface w/ 150 sx cmt.

Drilling Fluid Management Plan AHJMS 8-1309
(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: Gary Sharp

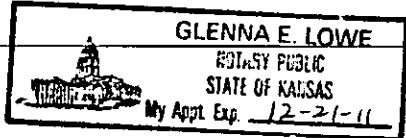
Title: Vice President Date: June 8, 2009

Subscribed and sworn to before me this 8th day of June

20 09

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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KANSAS CORPORATION COMMISSION

JUN 09 2009

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Trans Pacific Oil Corporation Lease Name: Allison "A" Well #: 8-13
 Sec. 13 Twp. 11 S. R. 19 East West County: Ellis

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 (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run: Dual Induction, Computer Processed Interpretation, and Dual Compensated Porosity	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum (See attached sheet)
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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#	219'	Common	150	2% gel, 3% cc
Production	7-7/8"	5-1/2"	14#	3509'	EA-2	150	

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	3374' - 79' (J zone)	500 gal 15% MCA 1000 gal. 15% NE	

TUBING RECORD:	Size: <u>2-7/8"</u>	Set At: <u>3408'</u>	Packer At: <u>n/a</u>	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>4/30/09</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbbs. <u>58</u>	Gas Mcf	Water Bbbs. <u>0</u>	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Well: Allison A 8-13

STR: 13-11S-19W

Cty: Ellis

State: Kansas

Log Tops:

Anhydrite	1305' (+662) +16'
B/Anhydrite	1333' (+634) +14'
Topeka	2940' (- 973) + 1'
Heebner	3163' (-1196) flat
Lansing	3203' (-1236) + 2'
Stark	3391' (-1424) - 3'
BKC	3430' (-1463) - 4'
RTD	3510' (-1543)

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JUN 09 2009

CONSERVATION DIVISION
WICHITA, KS

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FOR ACO-1
SWIFT Services, Inc.

JOB LOG

DATE 04.22.09 PAGE NO. 1

CUSTOMER TRANS PACIFIC WELL NO. 8-13 LEASE ALLISON A JOB TYPE CMT: PORT COLLAR TICKET NO. 16412

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0845							DRILLING, CMT: 150 SMD 1/4" PROCEL P.C. @ 1278 278x5 1/2
	0900							START TOOLS & T&G
	0915							LOCATE P.C.
	0950			✓	✓	1000	1000	PSI TEST OPEN P.C.
	0950	3.0	2.0	✓		300		TRNG RATE
	0951	3.0	0	✓		300		START CMT @ 11.2"/SM
		2.5	3.0	✓		350		TO CIRC - MUD
		3.5	55.0	✓		400		CIRC CMT TO PIT MIX 20SUS @ 14.0"/SM
		3.5	60.0	✓		400		END CMT
		3.5	0	✓		400	2009	START DOP
	1015	3.5	6.5	✓		400		END CLOSE PC
	1020			✓	✓	1100	1100	PSI TEST RUN IN 5 JOINTS
	1025	2.5	0	✓		250		REIN OUT
			60	✓		200		1st FLAG
			10.0	✓		200		2nd FLAG
	1035		20.0	✓		200		ALL CLEAN
	1045							PULL TOOLS & T&G Turn CMT 12054 20SUS TO PIT
	1130							JOB COMPLETE THANK YOU! DAVE JASUB, P.O.B.

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 CONSERVATION DIVISION
 WICHITA, KS



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

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TICKET No. 15855
 PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>Hays, Ks.</u> 2. <u>Ness City, Ks.</u> 3. 4.	WELL/PROJECT NO. <u>#8-13</u>	LEASE <u>Allison</u>	COUNTY/PARISH <u>Ellis</u>	STATE <u>KS</u>	CITY	DATE <u>3-24-09</u>	OWNER <u>same</u>
	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Shields Drtg.</u>	RIG NAME/NO.	SHIPPED VIA <u>Location</u>	DELIVERED TO	ORDER NO.	
	WELL TYPE <u>oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Conest Longstring</u>	WELL PERMIT NO.	WELL LOCATION		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M			
575		1			MILEAGE #111	40	mi		5 ⁰⁰	200 ⁰⁰
578		1			Pump Charge (Longstring)	1	ea	3510	1 ⁰⁰	1400 ⁰⁰
221		1			Liquid KCL	2	gal		25 ⁰⁰	50 ⁰⁰
281		1			Mud Plumb	500	gal		1 ⁰⁰	500 ⁰⁰
290		1			D-Air	2	gal		35 ⁰⁰	70 ⁰⁰
402		1			Centralizers	10	ea	5 1/2"	55 ⁰⁰	550 ⁰⁰
403		1			Baskets	1	ea		180 ⁰⁰	180 ⁰⁰
404		1			Port Collar	1	ea		1900 ⁰⁰	1900 ⁰⁰
406		1			L.D. Plug & Baffle	1	ea		225 ⁰⁰	225 ⁰⁰
407	CONFIDENTIAL	1			Insert Float Shoe	1	ea		275 ⁰⁰	275 ⁰⁰

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

X [Signature]
 DATE SIGNED 3-24-09 TIME SIGNED 1110
 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 1	5350 ⁰⁰
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				page 2	3812 ⁰⁰
WE UNDERSTOOD AND MET YOUR NEEDS?				sub total	9162 ⁰⁰
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Ellis TAX 5.3%	362 ⁷⁹
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	9524 ⁷⁹
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<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 [Signature] APPROVAL [Signature]

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 15855

CUSTOMER TransPacific Oil WELL #8-13 Allison DATE 3-24-09 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY.	U/M	QTY.	U/M		
325		2				Standard Cement	200	sk			11.00	2200.00
276		2				Flux	50	#			1.50	75.00
283		2				Salt	1000	#			15.00	1500.00
284		2				CA Seal	9	sk			30.00	270.00
285		2				CFR-1	100	#			4.00	400.00
COMMERCIAL												
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581						SERVICE CHARGE						
						200 sks					1.50	300.00
583						MILEAGE CHARGE						
						TOTAL WEIGHT 20850					1.00	417.00
						LOADED MILES 40						
						TON MILES 417						

CONTINUATION TOTAL 3812.00

JOB LOG

SWIFT Services, Inc.

DATE 3-24-09 PAGE NO.

CUSTOMER *Trans Pacific Oil* WELL NO. *#8-13* LEASE *Allison* JOB TYPE *Cement Logging* TICKET NO. *15855*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0600							on loc w/FE
								RTD 3510'
								5 1/2" x 14# x 3509 x 12.5'
								Cent. 1-9, 5"2
								Back, 5-3
								P.C. 54 @ 12-78
								Out 80, 86, 87, 90
	0800							start FE
	0940							Break Circ
	1010	2.5	7/4					Plug RH + MH 30/20 EA-2
	1020	4	0			150		start Preflush 500gal Mudflush
	1028	5.5	32/0			200		20 bbl KCL-Flush
	1038		36					start Cement 150 sks EA-2
								End Cement
								Wash Pt L
								Drop Plug
	1040	6.0	0			200		start Displacement
	1050	5	54			250		Catch Cement
	1055		85.3			100/1200		Lead Plug
								Release Pressure
								Floater Held

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KCC WICHITA

Thank you

Nick, Josh F. & Rob



CHARGE TO: TRANS PACIFIC
 ADDRESS:
 CITY, STATE, ZIP CODE:

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 JUL 14 2009
 KCC WICHITA

TICKET

No 16412

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>HAYS</u>	WELL/PROJECT NO. <u>8-13</u>	LEASE <u>ALLISON A</u>	COUNTY/PARISH <u>ELLIS</u>	STATE <u>KS</u>	DATE <u>04-22-09</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>ALLIANCE WELL</u>	SHIPPED VIA <u>GT</u>	DELIVERED TO <u>REVELLO 460, SIMCO</u>	ORDER NO.
3.	WELL TYPE <u>DKL</u>	WELL CATEGORY <u>DEVELOP</u>	JOB PURPOSE <u>CMT: PORT COLLAR</u>	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									
575		1			MILEAGE #112	40		mi		5.00		200	00
576.0		1			Pump SERVICE	1		EA		1100.00		1100	00
290		1			PAIR	1		GAL		35.00		35	00
105		1			PORT COLLAR TAX 1/4 hr	1		EA	5 1/2	300.00		300	00
330		2			SMD CMY	120		SH		14.00		1680	00
276		2			FUEL	38		LB		1.50		57	00
581		2			SERVICE CHG CMY	150		SH		1.50		225	00
583		2			DRAVAGE	299.56		7M		1.00		299	56
CONFIDENTIAL													

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 04-22-09 TIME SIGNED 0845 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	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				3896	56
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Ellis TAX 5.3%	109 82
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	4006 38
<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 DAVE ASA APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 07.22.09 PAGE NO. 1

CUSTOMER **TRANS PACIFIC** WELL NO. **8-13** LEASE **ALLISON A** JOB TYPE **CMT: PORT COLLAR** TICKET NO. **16912**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0845							ORIENTATION CMT: 150 SMD 1/4" PROCESS P.C. @ 1278 2 7/8 x 5 1/2
	0900							START TOOLS & TOL
	0925							LOCATE P.C.
	0950			✓	✓	1000	1000	PSI TEST OPEN P.C.
	0950	3.0	2.0	✓		300		INT RATE
	0951	3.0	0	✓		300		START CMT @ 11.2"/SM
		3.5	3.0	✓		350		" TO CIRC - MUD
		3.5	55.0	✓		400		CIRC CMT TO PIT MIX 20 SUS @ 11.0"/SM
		3.5	60.0	✓		400		END CMT
		3.5	0	✓		400		START DOP
	1015	3.5	6.5	✓		400		END CLOSE PC
	1020			✓	✓	1100	1100	PSI TEST RUN IN 5 JOBS
	1025	25	0	✓		250		REND OUT
			60	✓		200		1ST FLAG
			10.0	✓		200		2ND FLAG
	1035		20.0	✓		200		ALL CLEAN
	1045							PULL TOOLS & TOL TOTAL CMT 120 SM 20 SUS TO PIT
CONFIDENTIAL								
	1130							JOB COMPLETE THANK YOU! Dave Jasab, P.O.B

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