CONFIDENTIAL

Title: Vice-President

KANSAS CORPORATION COMMISSION OF GIVAL **WELL COMPLETION FORM**

June 2009 Form Must Be Typed Form must be Signed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

| OPERATOR: License # 9408 Name: Trans Pacific Oil Corporation | API No. 15 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| | Spot Description: |
| Address 1: 100 S. Main, Suite 200 | S2_NW_SW_SE Sec. 8 Twp. 14 S. R. 27 ☐ East West |
| Address 2: | 825 Feet from ☐ North / ☑ South Line of Section |
| City: Wichita State: KS Zip: 67202 + | 2,310 Feet from 🗹 East / 🗌 West Line of Section |
| Contact Person: Glenna Lowe | Footages Calculated from Nearest Outside Section Corner: |
| Phone: (316) 262-3596 | □NE □NW □SE ☑SW |
| CONTRACTOR: License # 5929 | County: Gove |
| Name: Duke Drilling Co., Inc. | Lease Name: Jacobs Trust "A" Well #: 2-8 |
| Wellsite Geologist: Mike Kidwell | Field Name: wildcat |
| Purchaser: N.C.R.A. | Producing Formation: |
| Designate Type of Completion: | Elevation: Ground: 2543' Kelly Bushing: 2552' |
| ✓ New Well Re-Entry Workover | Total Depth: 4352' Plug Back Total Depth: |
| 7 Oil Twsw Tswb Tsiow | Amount of Surface Pipe Set and Cemented at: 220 Feet |
| ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW | Multiple Stage Cementing Collar Used? ✓ Yes No |
| ☐ OG ☐ GSW ☐ Temp. Abd. | If yes, show depth set: 1971' Feet |
| CM (Coal Bed Methane) | If Alternate II completion, cement circulated from: 1971 |
| Cathodic Other (Core, Expl., etc.): | feet depth to: surface w/ 180 sx cmt. |
| if Workover/Re-entry: Old Well Info as follows: | W SA CITE. |
| Operator: | |
| Well Name: | Orilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: Original Total Depth: | Chloride sectors |
| ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD ☐ Conv. to GSW | Chloride content: ppm Fluid volume: bbls Dewatering method used: |
| Plug Back: Plug Back Total Depth | Location of fluid disposal if hauled offsite: |
| Commingled Permit #: | |
| Dual Completion Permit #: | Operator Name: CONFIDENTIAL |
| SWD Permit #: | Lease Name: License #: |
| ENHR Permit #: | |
| GSW Permit #: | County: Permit #: KCC |
| 4/12/11 4/20/11 8/11/11 | |
| Spud Date or Date Reached TD Completion Date or Recompletion Date | |
| Kansas 67202, within 120 days of the spud date, recompletion, workover or of side two of this form will be held confidential for a period of 12 months if n | |
| AP-12-11-11 | RECEIVED |
| AFFIDAVIT am the affiant and I hereby certify that all requirements of the statutes, rules and ations promulgated to regulate the oil and gas industry have been fully complied and the statements herein are complete and correct to the best of my knowled. | ed with Letter of Confidentiality Received |

Date: August 30, 2011

Wireline Log Received Geologist Report Received

UIC Distribution