

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

11/23/10

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
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Wesley D. Hansen
Purchaser: n/a

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API No. 15 - 101-22262-0600
Spot Description: 2310' FSL & 1650' FEL
____ NE ____ NW ____ SE Sec. 11 Twp. 19 S. R. 28 East West
2,310 Feet from North / South Line of Section
1,650 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Lane
Lease Name: Sleeper B Well #: 1-11
Field Name: wildcat
Producing Formation: n/a

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Corr. Expl., etc.): _____

Elevation: Ground: 2753' Kelly Bushing: 2762'
Total Depth: 4620' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 212' 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.

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 #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

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 #: _____

11/04/2010 11/12/2010 11/12/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date

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: Gay Sharp
Title: Vice-President Date: 11/23/10

KCC Office Use ONLY
 Letter of Confidentiality Received Date: 11/23/10 - 11/23/10 RECEIVED
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: MS Date: 12-3-10
NOV 23 2010
KCC WICHITA

Operator Name: Trans Pacific Oil Corporation Lease Name: Sleeper B Well #: 1-11
 Sec. 11 Twp. 19 S. R. 28 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 complete copy of all Electric Wire-line 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, Submit Copy) List All E. Logs Run: Dual Induction Log, Compensated Density	<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#	212'	Common	175	3% cc, 2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input 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: <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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Well: Sleeper B 1-11 STR:11-19S-28W Cty: Lane State: Kansas

Log Tops:

Anhydrite	2119' (+643) -3'
B/Anhydrite	2149' (+613) -5'
Heebner	3979' (-1217) -9'
Lansing	4019' (-1257) -9'
Kansas City	4113' (-1351)-12'
Stark	4298' (-1536)-13'
Pleasanton	4386' (-1624)-19'
Labette	4543' (-1647)-12'
Cherokee	4573' (-1811)-10'
Mississippian	4630' (-1868)-10'
RTD	4620' (-1858)

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KCC WICHITA

ALLIED CEMENTING CO., LLC. 036870

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

NOV 23 2010

SERVICE POINT:

Great Bend KS

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DATE <u>11-12-10</u>	SEC. <u>11</u>	TWP. <u>19S</u>	RANGE <u>28W</u>	CALLED OUT	ON LOCATION	JOB START <u>100 AM</u>	JOB FINISH <u>200 AM</u>
LEASE <u>Sliprev</u>	WELL# <u>1-11</u>	LOCATION <u>Dighton KS 6 East</u>			COUNTY <u>hane</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>5 South 1 1/2 West</u>				

CONTRACTOR Duke Y
 TYPE OF JOB Rotary Plug
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 2160
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER Trans Pacific oil
 CEMENT
 AMOUNT ORDERED 2700x 60/40 498 Gel
to floeal

EQUIPMENT

PUMP TRUCK CEMENTER Wayne
 # 366 HELPER Steve
 BULK TRUCK
 # 344-170 DRIVER CS
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>162</u>	@	<u>13.50</u>	<u>2187.90</u>
POZMIX	<u>168</u>	@	<u>7.55</u>	<u>815.40</u>
GEL	<u>9</u>	@	<u>20.25</u>	<u>182.25</u>
CHLORIDE		@		
ASC		@		
<u>floeal</u>	<u>50</u>	@	<u>2.45</u>	<u>122.50</u>

RECEIVED
 @
 NOV 23 2010
 @
 KCC WICHITA
 @
 @
 HANDLING 270 @ 2.25 607.50
 MILEAGE 270 x 25 x .10 675.00
 TOTAL 4589.60

REMARKS:

<u>1st plug</u>	<u>2160</u>	<u>505x</u>	<u>min</u>
<u>2nd plug</u>	<u>1290</u>	<u>805x</u>	
<u>3rd plug</u>	<u>650</u>	<u>505x</u>	
<u>4th plug</u>	<u>240</u>	<u>405x</u>	
<u>5th plug</u>	<u>60</u>	<u>205x</u>	
<u>Rat hole</u>		<u>305x</u>	

SERVICE

DEPTH OF JOB 2160
 PUMP TRUCK CHARGE 7159.00
 EXTRA FOOTAGE @ _____
 MILEAGE 25 @ 7.00 175.00
 MANIFOLD @ _____
 @ _____
 @ _____

CHARGE TO: Trans Pacific oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 1334.00

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PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL _____

BY: _____
 To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES 675.00
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Rich Wheeler
 SIGNATURE Rich Wheeler