

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

11/17/11

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 # 5142
Name: Sterling Drilling Company
Wellsite Geologist: Max R. Lovely
Purchaser: n/a

API No. 15 - 083-21676-0000
Spot Description: 1772' PSL & 2605' FEL
NW SW NW SE Sec. 2 Twp. 24 S. R. 23 East West
1,772 1847 Feet from North / South Line of Section
2,605 2575 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Hodgeman
Lease Name: Schaffer Unit "A" Well #: 1-2
Field Name: _____
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 (Core, Expl., etc.): _____

Elevation: Ground: 2335' Kelly Bushing: 2348'
Total Depth: 4770' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 285 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 #: _____
10/22/10 11/03/10 11/03/10
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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: Gay Sharp
Title: Vice-President Date: 11/17/2010

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: 11/17/10 - 11/17/11
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: PA Date: 03/10
RECEIVED
NOV 23 2010
KCC WICHITA

Operator Name: Trans Pacific Oil Corporation Lease Name: Schaffer Unit "A" Well #: 1-2
 Sec. 2 Twp. 24 S. R. 23 East West County: Hodgeman

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, Sonic	<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#	285'	Common	180	2%Gel, 3% CC

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Well:Schaffer Unit A 1-2

STR: 2-24S-23W

Cty:Hodgeman

State:Kansas

Log Tops:

Anhydrite	1504' (+844) +5'
B/Anhydrite	1515' (+833) +4'
Fort Riley	2654' (-306) -21'
Heebner	3939' (-1591) -23'
Lansing	4017' (-1669) -20'
Hushpuckney	4335' (-1987) -12'
BKC	4372' (-2024) -7'
Fort Scott	4554' (-2206) -12'
Cherokee	4579' (-2231) -12'
Mississippian	4644' (-2296) -11'
RTD	4770' (-2422)

KCC
NOV 17 2010
CORP. WICHITA

RECEIVED
NOV 23 2010
KCC WICHITA

ALLIED CEMENTING CO. 033926

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

SERVICE POINT:
Russell KS

DATE <u>10-23-10</u>	SEC. <u>2</u>	TWP. <u>24S</u>	RANGE <u>23W</u>	CALLED OUT	ON LOCATION	JOB START <u>2:30 AM</u>	JOB FINISH <u>3:00 AM</u>
LEASE <u>SHAFER</u>	WELL# <u>1-2</u>	LOCATION <u>NETMORE KS, S.S. 3E</u>			COUNTY <u>HODGKIN</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		IS. <u>1 3/4 E VAN DU TINTO</u>					

CONTRACTOR <u>S. Sterling Dalg. Rig #5</u>	OWNER
TYPE OF JOB <u>SURFACE</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>289'</u>
CASING SIZE <u>8 5/8</u>	NEW DEPTH <u>284'</u>
TUBING SIZE <u>2 3/8</u>	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>42' 6"</u>
CEMENT LEFT IN CSG. <u>42' 6"</u>	
PERFS.	
DISPLACEMENT <u>15 3/4 / BAL</u>	
EQUIPMENT	
PUMP TRUCK # <u>398</u>	CEMENTER <u>GILLEN</u>
	HELPER <u>RICHARD</u>
BULK TRUCK # <u>473</u>	DRIVER <u>REGO</u>
BULK TRUCK #	DRIVER

CEMENT AMOUNT ORDERED <u>180 SX COMM</u>	
<u>280 GEL</u>	
<u>390 CC</u>	
COMMON <u>180</u>	@ <u>13.50</u> <u>2430.00</u>
POZMIX	@
GEL <u>4</u>	@ <u>20.25</u> <u>81.00</u>
CHLORIDE <u>6</u>	@ <u>51.50</u> <u>309.00</u>
ASC	@
HANDLING <u>180</u>	@ <u>2.25</u> <u>405.00</u>
MILEAGE <u>10/16/mile</u>	<u>594.00</u>
TOTAL	<u>3819.00</u>

REMARKS:

Ran 6 new JT'S OF 8 5/8 CSG 23" SET @ 284. Cement w/ 180 SX Com 342. Release Aug + Dis place 15 3/4 BAL. LAND ON BAFFLE Plate SHUT IN @ 350 ft. Cement DID CIRCULATE TO SURFACE! THANKS

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>991.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>33</u>	@ <u>7.00</u> <u>231.00</u>
MANIFOLD	@
TOTAL	<u>1222.00</u>

CHARGE TO: TRANS PACIFIC OIL CORP
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Guide Shoe	<u>258.00</u>
BAFFLE Plate	@ <u>146.00</u>
SS BLOWDOWN AUG	@ <u>74.00</u>
TOTAL	<u>478.00</u>

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.

PRINTED NAME ALAN LAFTER
SIGNATURE Alan Lafter

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

KCC
NOV 9 2010
GON...

RECEIVED
NOV 23 2010
KCC WICHITA