



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 9408
 Name: Trans Pacific Oil Corporation
 Address 1: 100 S MAIN STE 200
 Address 2: _____
 City: WICHITA State: KS Zip: 67202 + 3735
 Contact Person: Glenna Lowe
 Phone: (316) 262-3596
 CONTRACTOR: License # 5929
 Name: Duke Drilling Co., Inc.
 Wellsite Geologist: Beth A. Isern
 Purchaser: NCRA

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

<u>12/16/2011</u>	<u>12/30/2011</u>	<u>01/17/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-135-25331-00-00

Spot Description: _____
SE SE SE NE Sec. 32 Twp. 17 S. R. 24 East West
2962 Feet from North / South Line of Section
315 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Ness

Lease Name: MICHAELIS Well #: 2

Field Name: Keilman Southeast

Producing Formation: Cherokee

Elevation: Ground: 2328 Kelly Bushing: 2337

Total Depth: 4455 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 214 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 1574 Feet

If Alternate II completion, cement circulated from: 1574
feet depth to: 0 w/ 140 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 7000 ppm Fluid volume: 480 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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.

Submitted Electronically

KCC Office Use ONLY

Letter of Confidentiality Received
 Date: 03/22/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 03/23/2012