



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: Christina Goodrich Purchaser:

Designate Type of Completion: [X] New Well [ ] Re-Entry [ ] Workover [ ] Oil [ ] WSW [ ] SWD [ ] SIOW [ ] Gas [X] 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 #:

07/10/2012 07/21/2012 07/21/2012 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-063-22014-00-00

Spot Description:

S2 SE SE SE Sec. 8 Twp. 14 S. R. 27 [ ] East [X] West 165 Feet from [ ] North / [X] South Line of Section 330 Feet from [X] East / [ ] West Line of Section

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

County: Gove

Lease Name: Jacobs Trust 'A' Unit Well #: 1-8

Field Name:

Producing Formation: n/a

Elevation: Ground: 2539 Kelly Bushing: 2548

Total Depth: 4400 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 214 Feet

Multiple Stage Cementing Collar Used? [ ] Yes [X] No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from:

feet depth to: w/ 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

[X] Letter of Confidentiality Received Date: 09/18/2012 [ ] Confidential Release Date: [X] Wireline Log Received [X] Geologist Report Received [ ] UIC Distribution ALT [ ] I [X] II [ ] III Approved by: NAOMI JAMES Date: 09/19/2012