



KANSAS CORPORATION COMMISSION 1092069  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

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

**CONFIDENTIAL**

**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 # 5123  
Name: Pickrell Drilling Company, Inc.  
Wellsite Geologist: Max Lovely  
Purchaser:

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 #:

08/13/2012	08/21/2012	08/21/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-165-21986-00-00

Spot Description:  
SE SE SE NW Sec. 18 Twp. 18 S. R. 18  East  West  
2740 Feet from  North /  South Line of Section  
2740 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE  NW  SE  SW

County: Rush

Lease Name: Peters 'A' Unit Well #: 1-18

Field Name: wildcat

Producing Formation: n/a

Elevation: Ground: 2063 Kelly Bushing: 2073

Total Depth: 3940 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 946 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.

**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: 10/23/2012  
 Confidential Release Date:  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 10/24/2012