



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

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

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ 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 #: _____

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: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1075365

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

CASING RECORD <input 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

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 <i>(Amount and Kind of Material Used)</i>	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
-----------------------------------	-----------	---------	-------------	---------------	---------

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Kriley Unit 1
Doc ID	1075365

Tops

Name	Top	Datum
Anhydrite	1362-1399	638
Topeka	2917	-912
Heebner	3126	-1126
Toronto	3148	-1148
Lansing-KC	3168	-1168
Base-KC	3386	-1386
Arbuckle	3424	-1424
RTD	3431	-1431



CHARGE TO: CASTLE RESOURCES
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
20249

PAGE 1 OF 2

SERVICE LOCATIONS 1: <u>WAYS</u>	WELL/PROJECT NO. <u>1</u>	LEASE <u>WRIELY UNIT</u>	COUNTY/PARISH <u>ROCKS</u>	STATE <u>KS</u>	CITY	DATE <u>08-08-11</u>	OWNER
2: <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>FALCON DRILL</u>	SHIPPED VIA <u>C.T.</u>	DELIVERED TO <u>S. STOCKTON</u>	ORDER NO.	
3:	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOP</u>	JOB PURPOSE <u>LONGSTRINE</u>	WELL PERMIT NO. <u>15-163-23968</u>	WELL LOCATION <u>S 22 R 18</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF			U/M				
575		1			MILEAGE #112	40	mi	6	00	240	00
578		1			Pump Service	1	EA	1500	00	1500	00
281		1			LONG DRILL	2	GM	25	00	50	00
281		1			MWD FLUSH	500	GM	1	25	625	00
290		1			D-AIR	4	GM	35	00	140	00
402		1			CENTRALIZER	6	EA	70	00	420	00
403		1			BASKET	3	EA	250	00	750	00
406		1			LATCH DOWN PLUG & DISPOSE	1	EA	250	00	250	00
407		1			INSERT FLOAT SHOCK & AUTO FILE	1	EA	350	00	350	00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

x Jeff Crawford

DATE SIGNED 08-08-11 TIME SIGNED 1200 A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	16.1 PAGE TOTAL	4325	00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				Pr. 2	8911	10
WE UNDERSTOOD AND MET YOUR NEEDS?				SUB TOTAL	13236	10
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				ROCKS TAX 6.3%	617	24
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	13,853	34
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR DAVE ASH APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 08/28/11 PAGE NO. 7

CUSTOMER CASZLE RESOURCES WELL NO. 1 LEASE HARLEY UNIT JOB TYPE LONGSTRIPS TICKET NO. 00249

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1300							DISLOCATION
								CMT: 4AS5S SAND 1/4" FLOCEL
								REN 3X33, SET OF 3X31, ST 12.50, TRUSS-3118
								5 1/4" 1 1/2" OR 7" 18" HOLE
								CENT 1.4.7.11.49.62 BASKET 12.50.62
	1310							START OIL FLOUT EGY
	1325							TRK BOTTOM - DRIP BACK
	1400							BREAK CIRC.
	1530		7					PLUG RH 3055
	1535	6.0	12	-	-		200	MUD FLOW
			20	-	-			MCL FLOW
			0	-	-			3155S SAND @ 11.2
			180	-	-			300 825S SAND @ 14.5
			200	-	-			E-40
								DROPPED PLUG W/ BSHOUT PL
	1615	6.5	0	-	-		300	START DISP
			60				500	
			70				600	CIRCUMT TO PIT !!
			80.0				700	30 SAS
	1620	4.5	83.4				1400	LAND AUG
								RELEASE DRY!
								Jeff Crawford
								Joseph on High
								ZHANHOU!
								DAVE JOSHUA DAVID

ALLIED CEMENTING CO., LLC. 038136

Federal Tax I.D.# 20-6975804

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

SERVICE POINT: Russell KS.

DATE <u>8-3-2011</u>	SEC. <u>22</u>	TWP. <u>8 S</u>	RANGE <u>18 W</u>	ON LOCATION	JOB START	JOB FINISH
LEASER <u>Kelly</u>	WELL UNIT # <u>1</u>	LOCATION <u>Wagonville KS, 6 1/2 mi</u>	CALLED OUT	COUNTY <u>ROCKS,</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one)						

CONTRACTOR Falcon Dega, Rig #1 OWNER _____

TYPE OF JOB Cement Surface
 HOLE SIZE 12 1/4 T.D. 237
 CASING SIZE 8 5/8 DEPTH 237
 TUBING SIZE New 2 1/2" API DEPTH
 DRILL PIPE CSG. DEPTH

TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 133 1/4 / 8.6L

EQUIPMENT
 PUMP TRUCK CEMENTER Cylena
 # 341 HELPER DARRIN
 BULK TRUCK _____
 # 410 DRIVER Tony
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:
Real 5 New JTS of 8 5/8 (21#)
Set @ 237 Cement w/ 150 cc
Rem 347, Displace 133 1/4 BBL
H2O & Shut in @ 300 #,
Cement did circulate
NO SURFACE THANKS

HANDLING <u>158</u>	@ <u>1.25</u>	<u>355.50</u>
MILEAGE <u>158/11.45</u>		<u>181.10</u>
TOTAL		<u>536.60</u>

DEPTH OF JOB		
PUMP TRUCK CHARGE	@	<u>1145.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>AV 90</u>	@	<u>7.00</u>
MANIFOLD <u>1YM 90</u>	@	<u>4.00</u>
	@	<u>360.00</u>

CHARGE TO: CASTLE RESOURCES INC.
 STREET _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>8 3/8 wooden plug</u>	@	<u>92.00</u>
	@	
	@	
	@	
TOTAL		<u>92.00</u>

SALES TAX (IF ANY) _____
 TOTAL CHARGES _____
 DISCOUNT 2311.71 IF PAID IN 30 DAYS

PRINTED NAME Porfirio Valdez
 SIGNATURE Porfirio Valdez