



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
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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: _____



1075390

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
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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
<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 <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
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Hachmeister 1
Doc ID	1075390

Tops

Name	Top	Datum
Anhydrite	1250	+809
Topeka	3000	-941
Heebner	3244	-1185
Toronto	3266	-1207
Lansing-KC	3294	-1235
Lansing-KC	3294	-1235
Base-KC	3542	-1483
RTD	3725	-1666

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5313

Home Office 324 Simpson St., Pratt, KS 67124

Todd's Cell 620-388-5422
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	10-19-11	Sec.	6	Twp.	11	Range	15	County	Russell	State	KI	On Location		Finish	7:00 PM
Lease	HACKMEISTER		Well No.	#1	Location		Fairport K1 SN E data								
Contractor	FALCON RIG #1														
Type Job	SURFACE														
Hole Size	12 1/4														
Csg.	8 5/8 20'														
Tbg. Size															
Tool															
Cement Left in Csg.	15														
Meas Line	14.5 ft														
EQUIPMENT															
Pumptrk	No.	7000													
Bulktrk	No.	CRACK													
Bulktrk	No.														
Pickup	No.	BRAND													
JOB SERVICES & REMARKS															
Rat Hole															
Mouse Hole															
Centralizers															
Baskets															
DW or Port Collar															
Run 5 #1's 8 5/8 20' csg															
set a 737															
MAX 1 Pump 150' csg															
2 1/2 CEL 3 1/2 (6 1/4" CF															
15' Haul 1.36 #13															
SHUT DOWN RELEASE WOODEN PIG															
DISD 14.5 Bobs total															
Close Valve on 6:30															
Plog down															
Crown on the JOBS															
CFL-CAF TO KIT															
THANKS															
TODD CARL - BRADY															
Signature <i>Todd Carl Brady</i>															
Signature <i>Robert W. McNeill</i>															
The above was done to satisfaction and supervision of owner agent or contractor.															
Cement Amount Ordered 150' csg Common															
2 1/2 CEL 3 1/2 (6 1/4" CF															
Common 150															
Poz. Mix															
Gel. 3															
Calcium S															
Hulls															
Salt															
Flowseal 38															
Kol-Seal															
Mud CLR 48															
CFL-117 or CD110 CAF 38															
Sand															
Handling 153															
Mileage 25															
80% FLOAT EQUIPMENT															
Guide Shoe															
Centralizer															
Baskets															
AFU Inserts															
Float Shoe															
Latch Down															
1 Wooden Plug															
Pumptrk Charge Surface															
Mileage 25															
Tax															
Discount															
Total Charge															

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5316

Home Office 324 Simpson St., Pratt, KS 67124

Rich's Cell 620-727-3409

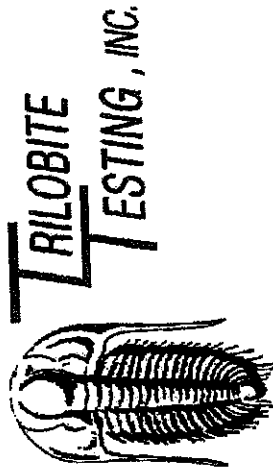
Todd's Cell 620-388-5422

Brady's Cell 620-727-6964

Office / Fax 620-672-3663

Date	10-24-11	Sec.	6	Twp.	11	Range	15	County	Russell	State	Ks	On Location		Finish	11:00
Lease	Hokumeister	Well No.	Fairport Ks SW E 1st												
Contractor	Falcon	Rec'd													
Type Job	PTA	T.D.													
Hole Size	7 7/8	Depth													
Csg.		Depth													
Tbg. Size		Depth													
Tool		Shoe Joint													
Cement Left in Csg.		Displace													
Meas Line		<p style="text-align: center;">EQUIPMENT</p> <p>The above was done to satisfaction and supervision of owner agent or contractor.</p>													
Pumptrk	3	No.	1000												
Bulktrk	4	No.													
Bulktrk		No.													
Pickup		No.													
JOB SERVICES & REMARKS															
Flat Hole	305x 60/40 4% GEL 1/4" CF														
Mouse Hole															
Centralizers															
Baskets															
DM or Port Collar															
	PT Plug 1275'														
	255x 60/40 4% GEL 1/4" CF														
	Disp w/ H2o														
	FLOAT EQUIPMENT														
	2nd Plug 730'														
	1005x 60/40 4% GEL 1/4" CF														
	Disp w/ H2o														
	3rd Plug 290'														
	405x 60/40 4% GEL 1/4" CF														
	0350 w/ H2o														
	4th Plug 40'														
	105x 60/40 4% GEL 1/4" CF														
	1st Double Plug														
	Pumptrk Charge PTA														
	Mileage 25														
	Tax														
	Discount														
	Total Charge														

Jacob
 2000 N. W. 11th St. / Wagon
 913-500-1111



DRILL STEM TEST REPORT

Prepared For: **Castle Resources Inc**

Box 87
Schoenchen, KS 67667

ATTN: Jerry Green

Hachmeister #1

6-11s-15w Russell,KS

Start Date: 2011.10.23 @ 15:32:00

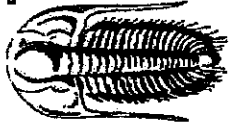
End Date: 2011.10.23 @ 23:35:00

Job Ticket #: 44660 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Castle Resources Inc

6-11s-15w Russell,KS

Box 87

Hachmeister #1

Schoenchen, KS 67667

Job Ticket: 44660

DST#:1

ATTN: Jerry Green

Test Start: 2011.10.23 @ 15:32:00

GENERAL INFORMATION:

Formation: **KC "I"** ft (KB)

Deviated: No Whipstock:

Time Tool Opened: 17:41:00

Time Test Ended: 23:35:00

Test Type: Conventional Straddle (Initial)

Tester: Cody Bloedorn

Unit No: 41

Reference Elevations: 2055.00 ft (KB)

2050.00 ft (CF)

5.00 ft

Interval: 3435.00 ft (KB) To 3478.00 ft (KB) (TVD)

Total Depth: 3725.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF:

Serial #: 8734 Below (Straddle)

Press@RunDepth: psig @ 3702.00 ft (KB)

Start Date: 2011.10.23

2011.10.23

Start Time: 15:32:01

23:35:00

End Date:

Time On Bltmt

Time Off Bltmt

Capacity: 8000.00 psig

Last Calib.: 2011.10.23

TEST COMMENT:

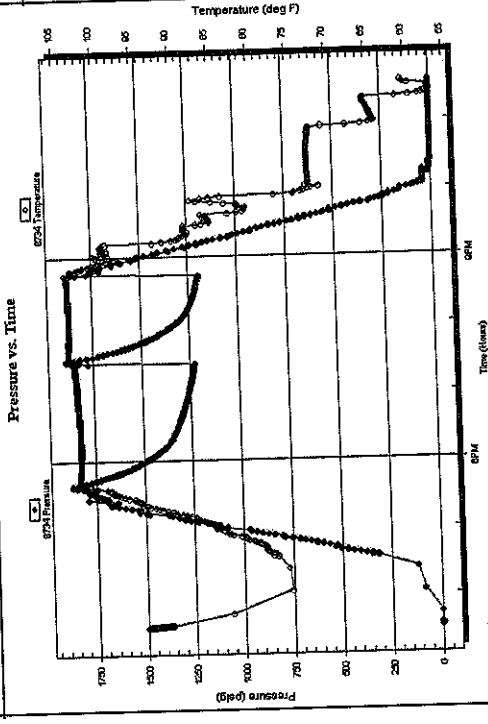
45 - IF- 7" blow

45 - IS- No blow back

45 - FF- No blow back, waited 15 Min, flushed tool, weak surface blow, Built to 1 1/4"

45 - FS- No blow back

PRESSURE SUMMARY



23 Sep Oct 2011

Recovery

Length (ft)	Description	Volume (bbl)
129.00	VM, 10%VM, 90%M	1.53

Gas Rates

Choke (Inches)	Pressure (psig)	Gas Rate (Mcf/D)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources Inc
6-11s-15w Russell, KS
Hachmeister #1
 Job Ticket: 44660 DST#: 1
 Box 87
 Schoenchen, KS 67667
 Test Start: 2011.10.23 @ 15:32:00
 ATTN: Jerry Green

Mud and Cushion Information

Mud Type: Gel Chem
 Mud Weight: 9.00 lb/gal
 Viscosity: 48.00 sec/qt
 Water Loss: 5.19 in³
 Resistivity: ohm
 Salinity: 3000.00 ppm
 Filter Cake: inches

Cushion Type:
 Cushion Length: ft
 Cushion Volume: bbl
 Gas Cushion Type: psig
 Gas Cushion Pressure:
 Oil API:
 Water Salinity: deg API
 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
129.00	VM, 10%W, 90%M	1.527

Total Length: 129.00 ft Total Volume: 1.527 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0
 Laboratory Name: Laboratory Location:
 Recovery Comments: Serial #:

Serial #: 8734

Below (Stratella) Resources Inc

Hachmeister #1

DST Test Number: 1

