



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: _____



1094750

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
_____ 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
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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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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 383

Date	5-4-12	Sec.	4	Twp.	16	Range	13	County	BARTON	State	KANSAS	On Location		Finish	1:45 Am
Lease	MONROE	Well No.	1		Location		SUSANK N 3 MI - E INTO								
Contractor	SOUTHWARD DRILLING # 6							Owner CASTLE RESOURCES							
Type Job	SURFACE							To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	12 1/4'		T.D.		470'		Charge To CASTLE RESOURCES								
Csg.	8 7/8'		Depth		468'		To P.O. Box 87								
Tbg. Size			Depth				City SCHOENWEN State KANSAS								
Tool			Depth		15'		The above was done to satisfaction and supervision of owner agent or contractor.								
Cement Left in Csg.			Shoe Joint				Cement Amount Ordered 185 SKS Lom 3 Pcc 2% GEL								
Meas Line			Displace		28 BLS										

EQUIPMENT

Pumptrk #5	No.	Cement Helper	PAUL	Common	185
Bulktrk #8	No.	Driver	DAUG	Poz. Mix	
Bulktrk P/4	No.	Driver	CISCO	Gel.	3

JOB SERVICES & REMARKS

Remarks:	Calcium	6
Rat Hole	Hulls	
Mouse Hole	Salt	
Centralizers	Flowseal	
Baskets	Kol-Seal	
D/V or Port Collar	Mud CLR 48	
	CFL-117 or CD110 CAF 38	
	Sand	
	Handling	194
	Mileage	

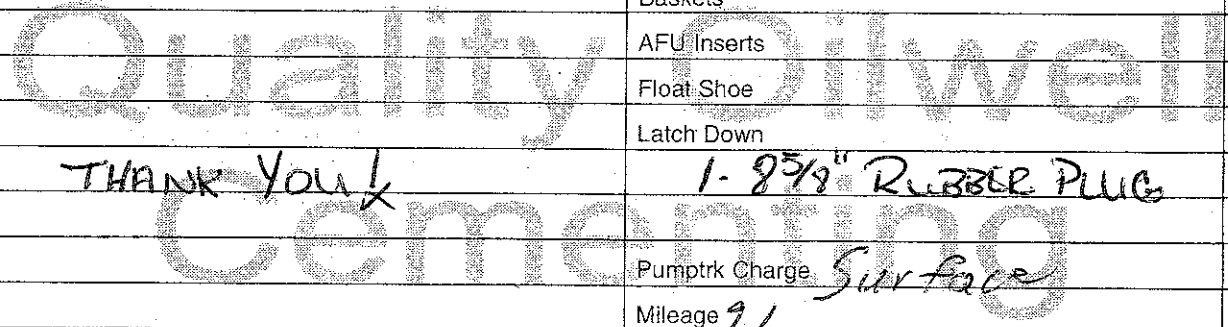
FLOAT EQUIPMENT

	Guide Shoe	
	Centralizer	
	Baskets	
	AFU Inserts	
	Float Shoe	
	Latch Down	
	1- 8 5/8" RUBBER PLUG	
	Pumptrk Charge	SURFACE
	Mileage	31

Signature <i>[Signature]</i>	Tax	
	Discount	
	Total Charge	

CEMENT DID CIRCULATE ↓

THANK YOU ↓



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

785-483-2025
85-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 350

Date	5-8-12	Sec.	4	Twp.	16	Range	13	County	Barton	State	KS	On Location		Finish	7:15pm
Lease	Menroe	Well No.	1	Location Susank 3-U Einto											
Contractor	Southwind #6							Owner							
Type Job	Avg							To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	2 7/8			T.D. 3475											
Csg.	4 1/2 DP K-H			Depth				Charge To Castle Resources							
Tbg. Size	Depth				Street										
Tool	Depth				City						State				
Cement Left in Csg.	Shoe Joint				The above was done to satisfaction and supervision of owner agent or contractor.										
Meas Line	Displace				Cement Amount Ordered 200 gal 4 1/2" 1/4" #6										

EQUIPMENT

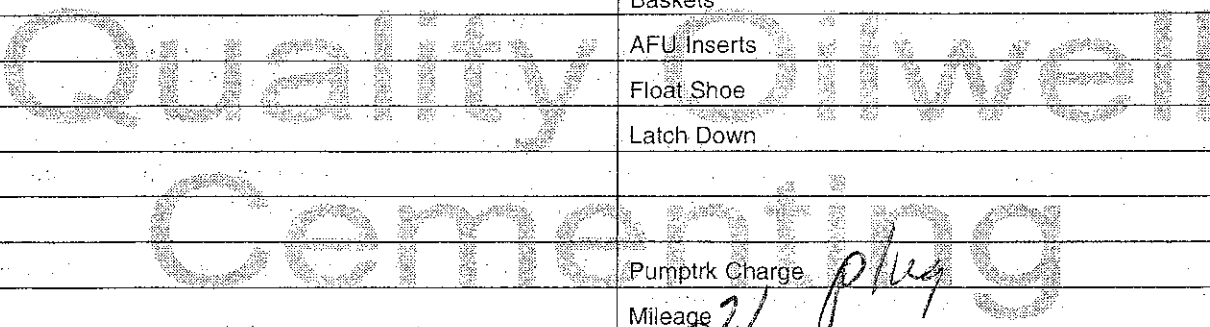
Pumptrk	5	No.	Cementer	Chrg	Common	120
			Helper			
Bulktrk		No.	Driver	Brett	Poz. Mix	80
			Driver			
Bulktrk	8	No.	Driver	Dick	Gel.	7
			Driver			

JOB SERVICES & REMARKS

Remarks:	Calcium
Rat Hole 30SK	Hulls
Mouse Hole	Salt
Centralizers	Flowseal 50H
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
1st 3984 25SK	CFL-117 or CD110 CAF 38
2nd 900 25SK	Sand 207
3rd 527 110SK	Handling
4th 40 10SK	Mileage

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down



Pumptrk Charge	plug
Mileage	21
	Tax
	Discount
	Total Charge

X Signature *[Handwritten Signature]*