



**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: \_\_\_\_\_



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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Huber 1
Doc ID	1119136

Tops

Name	Top	Datum
Heebner	3774	-1369
LKC	3815	-1411
BKC	4080	-1676
Pawnee	4167	-1763
Cherokee Shale	4266	-1862
Kutina SS	4322	-1918
Mississippi	4343	-1939
RTD	4367	-1963

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

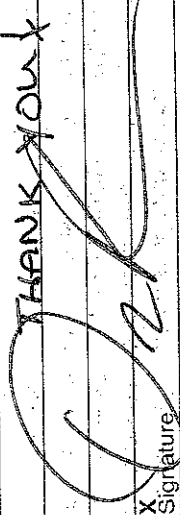
No. 842

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

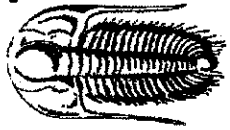
Home Office P.O. Box 32 Russell, KS 67665

Date	8-31-12	31	15	21	TRIGO	KANSAS	On Location	11:25AM
Lease	HUBER	Well No.	#1	Location	BROWNELL-500 - 1 <sup>st</sup> F - N/INTD	State		Finish
Contractor	PRECISION DRILLING #1	Owner CASTLE RESOURCES To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.						
Type Job	SURFACE	T.D.	210'	Charge To	CASTLE RESOURCES	Street	BOX 87	
Hole Size	12 1/4"	Depth	201'	City	SCHDENCHEN	State	KS	67667
Csg.	8 5/8"	Depth		The above was done to satisfaction and supervision of owner agent or contractor.				
Tbg. Size		Shoe Joint	15'	Cement Amount Ordered	150 com - 3 <sup>80</sup> - 295L			
Tool		Displace	12 Bbls					
Cement Left in Csg.		EQUIPMENT						
Meas Line		JOB SERVICES & REMARKS						
Pumptrk No.	15	Cementer		Common	50			
Helper	SPETT			Poz. Mix				
Driver				Gel.	3			
Bulktrk No.	14	Driver		Calcium	5			
Driver	LONNIS			Hulls				
Driver				Salt				
Driver	GISCO			Flowseal				
Remarks: SURFACE ON LOCATION								
Rat Hole								
Mouse Hole								
Centralizers								
Baskets								
D/V or Port Collar								
Cement 150 CIRCULAR								
Mileage 58								
FLOAT EQUIPMENT								
Guide Shoe								
Centralizer								
Baskets								
AFU Inserts								
Float Shoe								
Latch Down								
Pumptrk Charge SURFACE								
Mileage 28								
Tax								
Discount								
Total Charge								

THANK YOU!



X Signature



**TRILOBITE**  
**TESTING, INC.**

# DRILL STEM TEST REPORT

Castle Resources, Inc

31-15s-21w Trego, KS

PO Box 87

Huber #1

Schoenchen, KS 67667

Job Ticket: 47864

DST#: 1

ATTN: Jerry Green

Test Start: 2012.09.13 @ 20:28:46

## GENERAL INFORMATION:

Formation: Cherokee Sand  
Deviated: No Whipstock:  
Time Tool Opened: 22:35:31  
Time Test Ended: 03:20:31

0.00 ft (KB)

Test Type: Conventional Straddle (Initial)  
Tester: Jason McLemore  
Unit No: 54

Interval: 4257.00 ft (KB) To 4274.00 ft (KB) (TVD)  
Total Depth: 4360.00 ft (KB) (TVD)  
Hole Diameter: 7.80 inches Hole Condition: Good

Reference Elevations: 2408.00 ft (KB)  
2403.00 ft (CF)  
5.00 ft  
KB to GR/CF:

Serial #: 8366 Inside

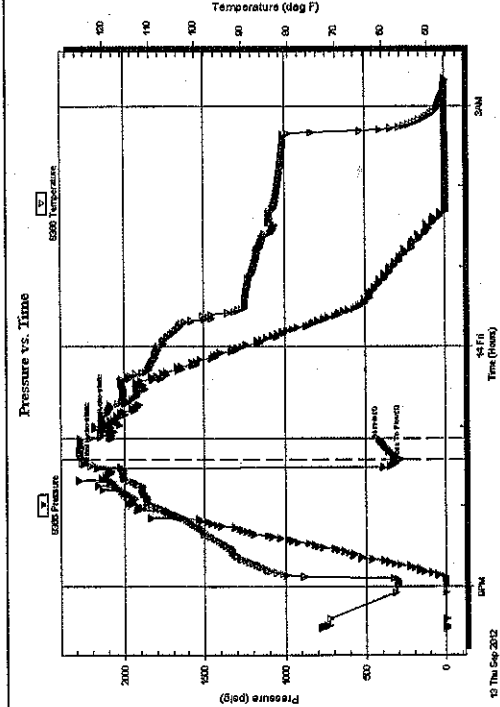
Press@RunDepth: psig @ 4260.00 ft (KB)

Capacity: 8000.00 psig  
Last Calib.: 2012.09.14

Start Date: 2012.09.13 End Date:  
Start Time: 20:28:48 End Time:

Time On Btm: 2012.09.13 @ 22:29:01  
Time Off Btm: 2012.09.13 @ 22:51:31

TEST COMMENT: I/P-Strong, BOB in 45 Seconds. Open 20 Min., Pull Tool.



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Anotation
0	2167.61	115.98	Initial Hydro-static
7	283.24	124.15	Open To Flow (1)
22	416.77	125.11	Shut-In(1)
23	2063.82	122.76	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
120.00	VSOCMMW-2%O-80%W-18%M	1.68
760.00	Free Oil	10.66
0.00	840' Gas in Pipe	0.00

## Gas Rates

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



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

TICKET No 23407


PAGE 1 OF

SERVICE LOCATIONS: 1. **NESS CITY, KS**  
 WELL/PROJECT NO.: **HUBER #1**  
 LEASE: **TREGO**  
 COUNTY/PARISH: **KS**  
 STATE: **BROWNELL, KS**  
 CITY: **19 SEP 12**  
 DATE: **OWNER**  
 TICKET TYPE:  SERVICE  SALES  
 CONTRACTOR: **FRITZLER TRUCKING**  
 RIG NAME/NO.:  
 SHIPPED VIA:  
 DELIVERED TO:  
 ORDER NO.:  
 WELL TYPE: **CVL**  
 WELL CATEGORY: **DEVELOPMENT**  
 JOB PURPOSE: **CEMENT PORT COLLAR**  
 WELL PERMIT NO.:  
 WELL LOCATION: **4N, 1E, N11STO**  
 REFERRAL LOCATION:  
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #110	30	mi			6.00	180.00
576ED					PUMP CHARGE	1	508			1250.00	1250.00
105					PORT COLLAR OPENING TOOL	1	set			350.00	350.00
276					FLOCELE	32	lbs			2.00	64.00
290					D-AIR	1 1/2	gal			35.00	52.50
330					SWIFT MULTI DENSITY	125	sq			16.50	2062.50
581					SERVICE CHARGE CEMENT	200	sq			2.00	400.00
583					DRAYAGE	19970	lb	29	935	1.00	299.55

**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   
 DATE SIGNED: **19 Sep 12** TIME SIGNED: **1230**  A.M.  P.M.

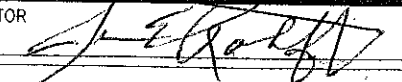
REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

**SURVEY**

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	4658.55
TREGO TAX (6.8%)	171.97
TOTAL	4830.52

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

SWIFT OPERATOR: 

APPROVAL: \_\_\_\_\_

Thank You!

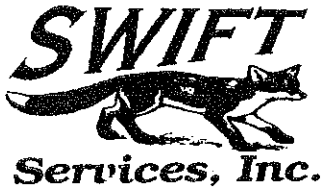
**JOB LOG**

**SWIFT Services, Inc.**

DATE 19 Sep 12 PAGE NO.

CUSTOMER: CASTLE RESOURCES WELL NO. \_\_\_\_\_ LEASE: HUBER #1 JOB TYPE: CEMENT PORT COLLAR TICKET NO. 234087

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
1030								ON LOCATION
1115				✓		1000		TEST - HELD
1110	3			✓		600		PORT COLLAR 1793
1118	4	70		✓		800		MIX 125 SX SAND
	3	6		✓		400		DISPLACE CEMENT
								CIRCULATE 20 SX TO FIT
1138				✓		1000		CLOSE PORT COLLAR - TEST - HELD
								RUN 4375.
1147	3	15		✓		300		REVERSE CEMENT OUT OF TUBING-
1155								WASH TRUCK
1230								JOB COMPLETE
								THANKS #110
								JASON JEFF FLINT



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

TICKET No 23404

PAGE 1 OF 2

SERVICE LOCATIONS: 1. **NESS CITY, KS.** WELL/PROJECT NO.: LEASE: **HUBER #1** COUNTY/PARISH: **TREGO** STATE: **KS.** CITY: **BROWNELL, KS.** DATE: **14 SEP 12** OWNER:  
 2. TICKET TYPE:  SERVICE  SALES CONTRACTOR: **WHITE KNIGHT** RIG NAME/NO.: SHIPPED VIA: DELIVERED TO: ORDER NO.:  
 3. WELL TYPE: **OIL** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **S 2 LONGSTRING** WELL PERMIT NO.: WELL LOCATION: **4N, 16, N, INTD**  
 4. REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #110	30		MIL		6.00	180.00
578					PUMP CHARGE	1		DBB		1500.00	1500.00
402					CENTRALIZERS	6		EA		70.00	420.00
403					CEMENT BASKETS	2		EA		250.00	500.00
404					PORT COLLAR	1		EA	1793 FT.	2400.00	2400.00
406					LATCH DOWN PLUG & BAFFLE	1		EA		250.00	250.00
407					INSERT FLOAT SHADE W/AUTO FILL	1		EA		350.00	350.00
281					MUD FLUSH	500		Gal		1.25	625.00
221					LIQUID KCL	2		Pc		25.00	50.00

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS  
 X *Jeff Crawford*  
 DATE SIGNED: **14 Sep 12** TIME SIGNED: **1830**  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	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				1	6275.00
WE UNDERSTOOD AND MET YOUR NEEDS?				2	4260.00
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				subtotal	10535.00
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TREGO TAX 6.8%	561.37
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	11,096.87
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					





PO Box 466  
Ness City, KS 67560  
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 23404

CUSTOMER CASTLE RESOURCES WELL HUBER #1 DATE 14 SEP 12 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
276						FLOCELE	44	lbs			2.00	88.00
283						SALT	900	lbs			0.20	180.00
284						CALSEAL	8	bx			35.00	280.00
286						HALAD	100	lbs			7.50	750.00
325						STANDARD CEMENT EA2	175	bx			13.50	2362.50
581						SERVICE CHARGE					2.00	350.00
582						MILEAGE CHARGE	18294	TOTAL WEIGHT	30	LOADED MILES	250.00	250.00
							TON MILES	274.41				
											CONTINUATION TOTAL	4260.50

