



KANSAS CORPORATION COMMISSION 1119144
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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

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: _____



1119144

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

No. 028

Phone 785-483-2025

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

Cell 785-324-1041

Date	8-9-12	Sec.	Twp.	Range	County	State	On Location	Finish	10:00 pm
Lease		Well No.		Location <i>Homer Rd 13E 190 Fed 2 1/2 W</i>					
Contractor	<i>percision</i>			Owner					
Type Job	<i>Surface</i>			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	<i>12 1/4</i>	T.D.	<i>370</i>	Charge To <i>Castle Resources</i>					
Csg.	<i>8 3/8</i>	Depth	<i>361</i>	Street					
Tbg. Size		Depth		City					
Tool		Depth		State					
Cement Left in Csg.	<i>10 1/2</i>	Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.					
Meas Line		Displace		Cement Amount Ordered <i>180 lbm 3 1/2</i>					
EQUIPMENT									
Pumptrk	<i>9</i>	No.		<i>Dave</i>			Common <i>180</i>		
				<i>Codey</i>			Poz. Mix		
Bulktrk	<i>8</i>	No.		<i>Clayton</i>			Gel. <i>3</i>		
							Calcium <i>6</i>		
Bulktrk	<i>p</i>	No.					Hulls		
JOB SERVICES & REMARKS									
Remarks:									
Rat Hole	<i>Rathbun 1</i>								
Mouse Hole									
Centralizers									
Baskets									
D/V or Port Collar									
	Sand								
	Handling <i>189</i>								
	Mileage								
FLOAT EQUIPMENT									
	Guide Shoe								
	Centralizer								
	Baskets								
	AFU Inserts								
	Float Shoe <i>Swage</i>								
	Latch Down								
	Pumptrk Charge <i>Surface</i>								
	Mileage <i>11</i>								
	Tax								
	Discount								
	Total Charge								
X	Signature <i>[Signature]</i>								

Cement

Cin

Quality Oilwell

Cementing

QUALITY WELL SERVICE, INC.

5632

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

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

Date	8-22-12	Sec.	23	Twp.	13	Range	13	County	Russell	State	KS	On Location		Finish	5:15-5:45pm																								
Lease	Reimburse	Well No.	1			Location Russell US 7E 2N 3/4W through gate																																	
Contractor	White Knight				Owner To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.																																		
Type Job	Rotary Plug				Charge To Castle Resources																																		
Hole Size	T.D. 3275				Street																																		
Csg.	Depth				City State																																		
Tbg. Size	Depth				The above was done to satisfaction and supervision of owner agent or contractor.																																		
Tool	Depth				Cement Amount Ordered 190 sy 160/140 40/60 1/4"																																		
Cement Left in Csg.	Shoe Joint				EQUIPMENT																																		
Meas Line	Displace				<table border="1"> <tr> <td>Pumptrk</td> <td>No.</td> <td>9</td> <td>body</td> <td>Common</td> <td>110</td> </tr> <tr> <td>Bulktrk</td> <td>No.</td> <td>4</td> <td>depth</td> <td>Poz. Mix</td> <td>80</td> </tr> <tr> <td>Bulktrk</td> <td>No.</td> <td></td> <td></td> <td>Gel.</td> <td>7</td> </tr> <tr> <td>Pickup</td> <td>No.</td> <td></td> <td></td> <td>Calcium</td> <td></td> </tr> </table>											Pumptrk	No.	9	body	Common	110	Bulktrk	No.	4	depth	Poz. Mix	80	Bulktrk	No.			Gel.	7	Pickup	No.			Calcium	
Pumptrk	No.	9	body	Common	110																																		
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Bulktrk	No.			Gel.	7																																		
Pickup	No.			Calcium																																			
JOB SERVICES & REMARKS																																							
Rat Hole	305X				Hulls																																		
Mouse Hole					Salt																																		
Centralizers					Flowseal 47.50																																		
Baskets					Kol-Seal																																		
D/V or Port Collar					Mud CLR 48																																		
1st plug @ 3220 - 255X					CFL-117 or CD110 CAF 38																																		
2nd plug @ 700 - 255X					Sand																																		
3rd plug @ 410 = 105X					Handling 199																																		
4th plug @ 40 = 105X and plug					Mileage 10																																		
FLOAT EQUIPMENT																																							
Guide Shoe																																							
Centralizer																																							
Baskets																																							
AFU Inserts																																							
Float Shoe																																							
Latch Down																																							
8 5/8 wood plug																																							
Pumptrk Charge Rotary Plug																																							
Mileage 10																																							
Tax																																							
Discount																																							
Total Charge																																							
<p style="text-align: center;">Thank you,</p> <p style="text-align: center;">J. A. M.</p>																																							
<p>X Signature</p>																																							



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47849

Well Name & No. Rathbun #1 Test No. 1 Date 8-19-12
 Company Castle Resources, Inc. Elevation 1717 KB 1712 GL
 Address PO Box 87, Schoenchen, Ks. 67667
 Co. Rep / Geo. Randy Kilian Rig White Knight
 Location: Sec. 23 Twp. 13s Rge. 13w Co. Russell State Ks

Interval Tested 2892 - 2944 Zone Tested LKC - B-C
 Anchor Length 52' Drill Pipe Run 2895 Mud Wt. 8.7
 Top Packer Depth 2887 Drill Collars Run 0 Vis 48
 Bottom Packer Depth 2892 Wt. Pipe Run 0 WL 8.0
 Total Depth 2944 Chlorides 3,000 ppm System LCM 1th

Blow Description IFP - Strong, BOB in 3 min.
ISI - Blowback Built to 9"
FFP - Strong, BOB in 5 min.
FSI - Blowback Built to 8"

Rec	Feet of	%gas	%oil	%water	%mud
<u>40</u>	<u>Free Oil</u>				
<u>710</u>	<u>Muddy Water</u>		<u>95</u>		<u>5</u>
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of <u>150' GIP</u>	%gas	%oil	%water	%mud
Rec Total <u>750</u>	BHT	Gravity <u>36</u>	API RW <u>.210 @ 67 ° F</u>	Chlorides <u>34,000</u>	ppm

- (A) Initial Hydrostatic 1438
- (B) First Initial Flow 44
- (C) First Final Flow 242
- (D) Initial Shut-In 891
- (E) Second Initial Flow 248
- (F) Second Final Flow 399
- (G) Final Shut-In 853
- (H) Final Hydrostatic 1401

- Test 1150
- Jars
- Safety Joint
- Circ Sub
- Hourly Standby
- Mileage 68 rt 105.40
- Sampler
- Straddle
- Shale Packer
- Extra Packer
- Extra Recorder
- Day Standby
- Accessibility
- Sub Total 1255.40

T-On Location 15:29
 T-Started 16:17
 T-Open 18:36
 T-Pulled 20:36
 T-Out 23:50

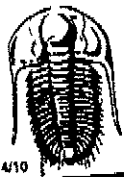
Comments _____
 Ruined Shale Packer
 Ruined Packer
 Extra Copies
 Sub Total 0
 Total 1255.40
 MP/DST Disc't _____

Initial Open 30
 Initial Shut-In 30
 Final Flow 30
 Final Shut-In 30

Approved By _____ Our Representative Jana M. Leman Thank You
 Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Test Ticket

NO. 47850



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Well Name & No. Rathbun #1 Test No. 2 Date 8-21-12
 Company Castle Resources, Inc. Elevation 1717 KB 1712 GL
 Address PO Box 87, Schenck, KS. 67667
 Co. Rep / Geo. Randy Kilian Rig White Knight State Ks
 Location: Sec. 23 Twp. 13s Rge. 13w Co. _____

Interval Tested 2912-2922 Zone Tested LKC 'C'
 Anchor Length 10' Drill Pipe Run 2922 Mud Wt. 9.4
 Top Packer Depth 2907 Drill Collars Run 0 Vis 47
 Bottom Packer Depth 2912 510 @ 2922 Wt. Pipe Run 0 WL 10.4
 Total Depth 32.75 Chlorides 5,000 ppm System LCM 1 #
 Blow Description IFF - Strong, BOB in 30 seconds
ISI. Dead, Pull Tool

Rec	Feet of	%gas	%oil	%water	%mud
<u>1900</u>	<u>Muddy Water</u>				
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 1900/1900 BHT _____ Gravity _____ API RW 523 @ 90° F Chlorides 9,000 ppm

(A) Initial Hydrostatic 1470 Test _____ T-On Location 5:55
 (B) First Initial Flow 268 Jars _____ T-Started 6:16
 (C) First Final Flow 929 Safety Joint _____ T-Open 8:48
 (D) Initial Shut-In 1002 Circ Sub _____ T-Pulled 9:48
 (E) Second Initial Flow [Hatched] Hourly Standby _____ T-Out 12:18
 (F) Second Final Flow [Hatched] Mileage _____ Comments _____
 (G) Final Shut-In [Hatched] Sampler _____
 (H) Final Hydrostatic 1428 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Extra Recorder _____ Sub Total _____
 Day Standby _____ Total _____
 Accessibility _____ MP/DST Disc't _____
 Sub Total _____

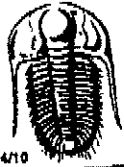
Initial Open 30
 Initial Shut-In 30
 Final Flow _____
 Final Shut-In _____

Approved By _____ Our Representative [Signature] Thank you

TriLOBITE TESTING Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Test Ticket

NO. 47851



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Well Name & No. Rathbun #1 Test No. 3 Date 8-21-12
 Company Castle Resources, Inc. Elevation 1717 KB 1712 GL
 Address PO Box 87, Schoenchen, KS 67667
 Co. Rep / Geo. Randy Kilian Flg White Knight
 Location: Sec. 23 Twp. 13s Rge. 13w Co. Russell State KS

Interval Tested 2912-2921 Zone Tested LKC-'C'
 Anchor Length 9' Drill Pipe Run 2922 Mud Wt. 9.4
 Top Packer Depth 2907 Drill Collars Run 0 Vis 47
 Bottom Packer Depth 2912 straddle @ 2921 Wt. Pipe Run 0 WL 104
 Total Depth 3275 Chlorides 5,000 ppm System LCM 1"
 Blow Description IFP - Good Blow BOB in 25 min.
TSI - Blowback Built to 1 1/2"
FFP - Good Blow BOB in 15 min.
FSI - Blowback BOB in 45 min.

Rec	Feet of	%gas	%oil	%water	%mud
90	Free Oil				
210	Muddy Water				
	900' GIP				
Rec Total	300	BHT	Gravity 36	API RW 180 @ 81 °F	Chlorides 33,000 ppm

(A) Initial Hydrostatic 1470 Test 12:18
 (B) First Initial Flow 14 Jars 12:42
 (C) First Final Flow 55 Safety Joint 14:31
 (D) Initial Shut-In 921 Circ Sub 18:31
 (E) Second Initial Flow 54 Hourly Standby 20:47
 (F) Second Final Flow 103 Mileage FP: 14-103
 (G) Final Shut-In 160 Sampler IFP IS
 (H) Final Hydrostatic 1413 Straddle IFP
 Shale Packer FSIP failed
 Extra Packer 921
 Extra Recorder ISIP
 Day Standby
 Accessibility
 Sub Total
 Initial Open 45
 Initial Shut-In 45
 Final Flow 60
 Final Shut-In 90
 T-On Location 12:18
 T-Started 12:42
 T-Open 14:31
 T-Pulled 18:31
 T-Out 20:47
 Comments
 Ruined Shale Packer
 Ruined Packer
 Extra Copies
 Sub Total
 Total
 MP/DST Disc't
 Approved By _____ Our Representative Jason McLawrence Thank you