



KANSAS CORPORATION COMMISSION 1119156  
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: \_\_\_\_\_



1119156

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Henderson 3
Doc ID	1119156

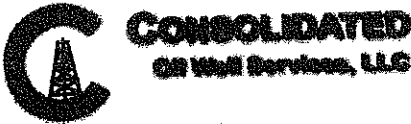
All Electric Logs Run

Radiation Guard
Cement Bond
Dual Indction
Micro Resistivity

Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Henderson 3
Doc ID	1119156

Tops

Name	Top	Datum
Anhydrite	1348	+722
Topeka	3038	-968
Heebner	3266	-1196
Toronto	3286	-1216
LKC	3310	-1240
BKC	3536	-1466
Arbuckle	3607	-1537
RTD	3650	-1480



PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

TICKET NUMBER 37077

LOCATION Oakley

FOREMAN Fuzzy

FIELD TICKET & TREATMENT REPORT

CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-12-12	3387	Henderson #3	22	115	29W	Ellis
CUSTOMER Castle Resources			MAYS 11W- 6+ S 0 S →			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			563	Jerry Y		
STATE			460	Bobbys	TRAVISW	
ZIP CODE			529	Cody R		

JOB TYPE 2-stage HOLE SIZE 7 7/8 HOLE DEPTH 3650' CASING SIZE & WEIGHT 5 1/2 14#  
 CASING DEPTH 3648' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER PU @ 1420'  
 SLURRY WEIGHT 13.8-12.5 SLURRY VOL. 1.42-1.89 WATER gal/sk 6.7-10.8 CEMENT LEFT in CASING 1988  
 DISPLACEMENT 88.5 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on White Knight #1. Rig up float equip  
 Cent #1, 3, 5, 7, 54, 76 - Bask #54, 76 - BU Tool Top @ #55. Circ  
 1 hr on bottom Pump 5 BBL water, serial mud flush, 5 BBL water mix 150 gals  
 OWC w/ 5# Kol-seal, wash pump and lines. Drop plug and displace 53 BBL water  
 35 1/2 BBL mud 700# L.S. 1400# land. Drop BU bomb open tool @ 900' Circ 45 min.  
 Pump 5 BBL water, mix 30 gals in P.H. mix 325 gals 60/40 pos 8' tool 1 1/4" closed  
 down 5 1/2" esp. wash pump and lines. Drop plug and displace 34 1/2 BBL  
 water 500# L.S. close BU Tool @ 1600'. Cement did circulate  
 approx 34 BBLs to pit

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401P	1	PUMP CHARGE	2700 <sup>00</sup>	2700 <sup>00</sup>
5406	30	MILEAGE	5 <sup>00</sup>	150 <sup>00</sup>
5407a	22.2 ton	Tow mileage Delivery	1 <sup>67</sup>	112 <sup>40</sup>
1126	150 gals	OWC	22 <sup>33</sup>	3382 <sup>30</sup>
1110 A	750 #	Kol-seal	.56	420 <sup>00</sup>
1131	355 gals	60/40 pos	15 <sup>10</sup>	5360 <sup>30</sup>
1118 B	2442 #	Bentonite	.25	610 <sup>50</sup>
1107	89 #	Flo-seal	2 <sup>82</sup>	250 <sup>98</sup>
1144G	500 gal	Mud Flush	1 <sup>00</sup>	500 <sup>00</sup>
4159	1	5 1/2 - AFU float shoe	413 <sup>00</sup>	413 <sup>00</sup>
4130	6	5 1/2 - Centralizers	58 <sup>00</sup>	348 <sup>00</sup>
4104	2	5 1/2 - Baskets (W)	276 <sup>00</sup>	552 <sup>00</sup>
4283	1	5 1/2 - BU Tool w/ 1st end down	3850 <sup>00</sup>	3850 <sup>00</sup>
		subtotal		19649 <sup>88</sup>
		less 1090		19649 <sup>88</sup>
		subtotal		17664 <sup>98</sup>
		SALES TAX		889.48
		ESTIMATED TOTAL		18574.37

Revin 3737

AUTHORIZATION Jeff Crawford

TITLE \_\_\_\_\_

DATE 8-12-2012

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

251973

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

No. 766

35-483-2025

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

5-324-1041

Lease No. <b>8-1-12</b>	Sec. <b>22</b>	Twp. <b>11</b>	Range <b>18</b>	County <b>Ellis</b>	State <b>KS</b>	On Location	Finish <b>3:45 p.m.</b>
Lease <b>Henderson</b>		Well No. <b>3</b>		Location <b>Hay's River Road 1/23 Finto</b>			

Contractor <b>Precision Drilling</b>	Owner
Type Job <b>Surface</b>	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 <b>12 1/4</b>	T.D. <b>220</b>
Csg. <b>8 5/8</b>	Depth <b>211</b>
Tbg. Size	Depth
Tool	Depth
Cement Left in Csg. <b>15'</b>	Shoe Joint
Meas Line	Displace <b>12 1/2 BC</b>
Charge To <b>Castle Resources</b>	
Street	
City State	
The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Amount Ordered <b>150 LBS 3 1/2" 2 1/2" 2 1/2"</b>	

**EQUIPMENT**

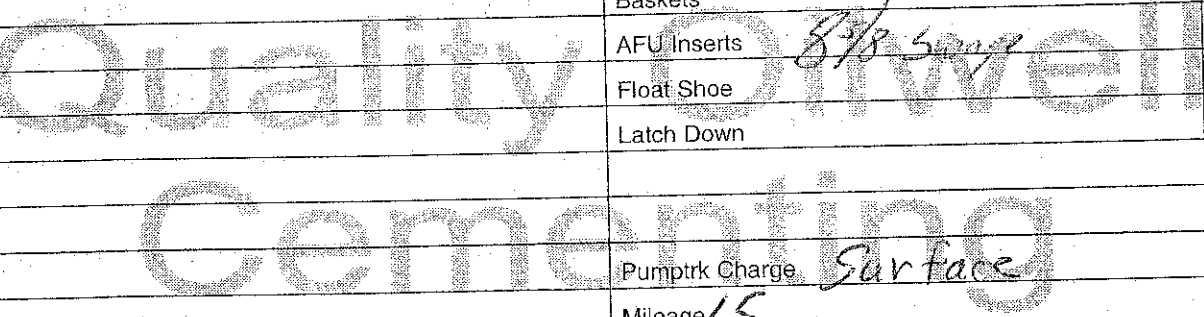
Pumptrk <b>5</b> No.	Cement Helper <b>Chris</b>	Common <b>150</b>
Bulktrk No.	Driver <b>Brett</b>	Poz. Mix
Bulktrk <b>13</b> No.	Driver <b>Arnie</b>	Gel. <b>3</b>
		Calcium <b>5</b>

**JOB SERVICES & REMARKS**

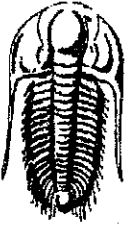
Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
<b>8 5/8 on bottom - Best Circulation</b>	Sand
<b>M. 2 1/2" 3" 3 1/2" 4" 5" 6"</b>	Handling <b>158</b>
<i>(Signature)</i>	Mileage

**FLOAT EQUIPMENT**

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts <b>8 5/8 5000</b>	
Float Shoe	
Latch Down	



Pumptrk Charge <b>Surface</b>	Tax
Mileage <b>15</b>	Discount
	Total Charge
X Signature <i>(Signature)</i>	



**TRILOBITE  
TESTING, INC.**

**DRILL STEM TEST REPORT**

Castle Resources, Inc.

22-11s-18w Ellis,KS

PO Box 87  
Schoenchen KS 67667

**Henderson #3**

ATTN: Jerry Green

Job Ticket: 49457

DST#: 1

Test Start: 2012.08.11 @ 17:58:00

**GENERAL INFORMATION:**

Formation: **Arbuckle**  
 Deviated: No Whipstock: ft (KB)  
 Time Tool Opened: 20:36:00  
 Time Test Ended: 02:14:30

Test Type: Conventional Straddle (Initial)  
 Tester: Cody Bloedorn  
 Unit No: 59

Interval: **3608.00 ft (KB) To 3616.00 ft (KB) (TVD)**  
 Total Depth: 3650.00 ft (KB) (TVD)  
 Hole Diameter: 7.88 inches Hole Condition: Fair

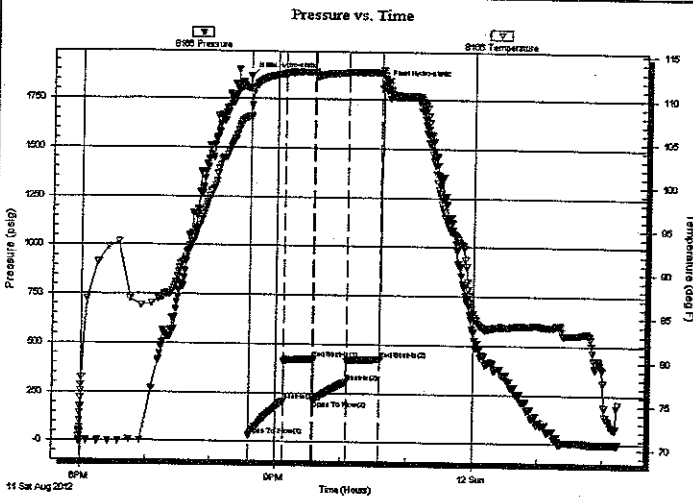
Reference Elevations: 2059.00 ft (KB)  
 2055.00 ft (CF)  
 KB to GR/CF: 4.00 ft

**Serial #: 8166 Inside**

Press@RunDepth: 307.88 psig @ 3609.00 ft (KB)  
 Start Date: 2012.08.11 End Date: 2012.08.12  
 Start Time: 17:58:05 End Time: 02:14:29

Capacity: 8000.00 psig  
 Last Calib.: 2012.08.12  
 Time On Btm: 2012.08.11 @ 20:35:30  
 Time Off Btm: 2012.08.11 @ 22:37:30

**TEST COMMENT:** 30 - IF- B.O.B. in 4 Min.  
 30 - IS- No blow back  
 30 - FF- B.O.B. in 6 Min.  
 30 - FS- No blow back



**PRESSURE SUMMARY**

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1864.98	108.00	Initial Hydro-static
1	30.59	107.80	Open To Flow (1)
32	208.17	112.80	Shut-In(1)
59	423.45	113.02	End Shut-In(1)
60	212.52	112.82	Open To Flow (2)
90	307.88	112.95	Shut-In(2)
120	423.83	113.04	End Shut-In(2)
122	1829.92	112.65	Final Hydro-static

**Recovery**

Length (ft)	Description	Volume (bbl)
62.00	GHOCWM, 10%G, 20%W, 30%M, 40%O	0.87
784.00	GO, 20%G, 80%O	11.00

**Gas Rates**

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