



KANSAS CORPORATION COMMISSION 1119160
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: _____



1119160

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Melanie 1
Doc ID	1119160

All Electric Logs Run

Compensated Density Neutron
Micro Resistivity
Dual Induction
Borehole Compensated Sonic

MIT TO
R I BOX 90 D
HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

593

DATE <i>7/1/00</i>	SEC. <i>25</i>	RANGE/TWP. <i>E-2</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Melanie</i>			WELL# <i>1</i>			
					COUNTY <i>SD</i>	STATE <i>KS</i>

CONTRACTOR <i>W.H. Knight</i>	OWNER <i>Con/Co</i>			
TYPE OF JOB <i>Surface</i>				
HOLE SIZE <i>17 7/8</i>	T.D. <i>274</i>	CEMENT		
CASING SIZE <i>8 7/8</i>	DEPTH	AMOUNT ORDERED		
TUBING SIZE	DEPTH			
DRILL PIPE	DEPTH			
TOOL	DEPTH			
PRES. MAX	MINIMUM	COMMON	<i>2000</i>	@ <i>15</i>
DISPLACEMENT	SHOE JOINT	POZMIX		@
CEMENT LEFT IN CSG.		GEL	<i>8</i>	@ <i>52</i>
PERFS		CHLORIDE	<i>4</i>	@ <i>26</i>
		ASC		@
EQUIPMENT				@
				@
PUMP TRUCK				@
#				@
BULK TRUCK				@
#				@
BULK TRUCK				@
#				@
				@
		HANDLNG	<i>777</i>	@ <i>25</i>
		MILEAGE	<i>200</i>	@
				TOTAL

REMARKS	SERVICE <i>Surface</i>		
<i>Circulated 3 Days</i>	DEPT OF JOB	@	
<i>Working on Rig</i>	PUMP TRUCK CHARGE	@	<i>1050</i>
	EXTRA FOOTAGE	@	
<i>Circulation limited to P.H.</i>	MILEAGE <i>min 250</i>	@	
<i>Plug Down 5:00 PM</i>	MANIFOLD <i>min 100</i>	@	
		@	
		TOTAL	

CHARGE TO: <i>Con/Co</i>	
STREET	STATE
CITY	ZIP

PLUG & FLOAT EQUIPMENT	
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Services, Inc.

TICKET NO 21732

CHARGE TO: Castle Resources
 ADDRESS:
 CITY, STATE, ZIP CODE:

PAGE 1 OF 2

1. Ways, KS WELL/PROJECT NO. H1 LEASE Melanie COUNTY/PARISH Sherridan STATE KS DATE 8-1-12 OWNER Sam E
 2. Ness City, KS TICKET TYPE SERVICE CONTRACTOR White Knight D-1g RIG NAME/NO. CH Location ORDER NO.
 3. WELL TYPE oil WELL CATEGORY Development JOB PURPOSE Leasing DELIVERED TO CH Location WELL PERMIT NO. WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575					#111	80	m				600	48000
578					Pump Charge (Leasing)	1	ea				1500	150000
221					RCL	2	ea				250	50000
281					Mud Plush	500	gal				1.25	62500
290					D-Air	5	ba				35	17500
402					Centralizers	9	ea				70	63000
403					Baskets	4	ea				250	100000
406					RD Plug + Baffle	1	ea				250	25000
407					Insert Float Shoe w/ P.I.	1	ea				350	35000

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

Jeff Crawford
 TIME SIGNED 0010 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	50600
WE UNDERSTOOD AND MET YOUR NEEDS?					2	114550
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					Subtotal	165750
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					Sherridan TAX	96114
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			TOTAL	17,47614

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

APPROVAL: Mark Walker

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 8-1-12 PAGE NO. 1

CUSTOMER Castle Resources WELL NO. # 1 LEASE Melanie JOB TYPE Longstring TICKET NO. 21732

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1630							on loc w/FE
								RTD 4600'
								5 1/2" x 14# x
								Cent 1, 5, 10, 15, 20, 25, 30, 66, 94
								Back 6, 31, 67, 95
	1830							start FE
	2148							Break Circ.
	2205	2.5	7					Plug RH
	2210	5	0				200	start Mudflush
	2212	5	12/0				200	start KCL Flush
	2216	6	20/0				250	start 300sks SMD @ 11.2 #/gal
	2240	6	165/0				250	start 25sks SMD @ 12.8 #/gal
	2245	6	27/0				200	start 125sks SMD @ 14.5 #/gal
	2252		35					End Cement wash P/L Drop LD Plug
	2300	2	0				50	start Displacement (w/ Tank Plugged)
	2330	5	20				350	Circ Cement (off pumps until)
	2340	5	105				750	Load Plug (w/ truck filled)
	2341		111.5				800/1000	Release Pressure backup resumed Float Held 5 bpm @ 60 bpm
								Circ 25sks to pit
								Thank you
								Nick, David E. & Jeremy



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

TICKET CONTINUATION

TICKET No. 21732

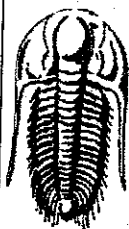
CUSTOMER *Castle Resource*

WELL #1 *Melanie*

DATE 8-1-12

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY / UNIT				UNIT PRICE	AMOUNT
		LOC	ACCT	DE			QTY	UNIT	QTY	UNIT		
330		2				SMD Cement	500	SKS			16.50	8250.00
276		2				Flocote	125	TH			2.00	250.00
									1/4	TH/SK		
581		2				<i>Concert Service Charge</i>	500	SKS			2.00	1000.00
583		2				<i>Drayage</i>	1955	TM			1.00	1955.00
						SERVICE CHARGE						
						MILEAGE CHARGE						
						TOTAL WEIGHT						
						LOADED MILES						
						CUBIC FEET						
						TON MILES						
CONTINUATION TOTAL												1955.00



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Castle Resources, Inc.

25-8s-29w-Sheridan, KS

PO Box 87
Schoenchen, KS 67667

Melanie #1

Job Ticket: 45630

DST#: 2

ATTN: Jerry Green

Test Start: 2012.07.30 @ 03:13:05

GENERAL INFORMATION:

Formation: **LKC "G & H"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 06:18:30

Time Test Ended: 11:28:14

Interval: **3966.00 ft (KB) To 3985.00 ft (KB) (TVD)**

Total Depth: 4142.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Test Type: Conventional Straddle (Initial)

Tester: Kevin Mack & Jim Sva

Unit No: 43

Reference Elevations: ft (KB)

ft (CF)

KB to GR/CF: ft

Serial #: 6799

Inside

Press@RunDepth: 452.03 psig @ 3967.00 ft (KB)

Start Date: 2012.07.30

End Date:

2012.07.30

Capacity: 8000.00 psig

Start Time: 03:13:05

End Time:

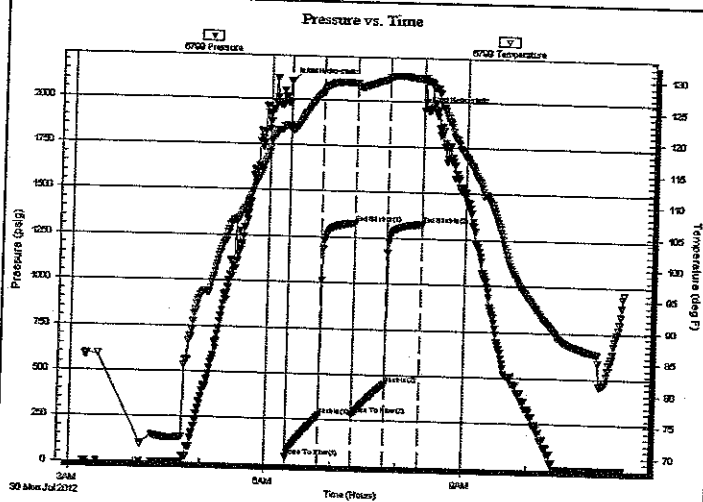
11:28:14

Last Calib.: 2012.07.30

Time On Btm: 2012.07.30 @ 06:18:15

Time Off Btm: 2012.07.30 @ 08:19:30

TEST COMMENT: 30 - IF- BoB in 5 min.
30 - IS - No Return
30 - FF- BoB in 6 min.
30 - FS- Surface Return started at 5 min. Built to



PRESSURE SUMMARY

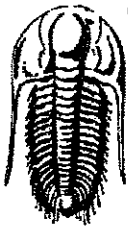
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2094.68	122.09	Initial Hydro-static
1	44.35	121.46	Open To Flow (1)
30	275.24	127.61	Shut-In(1)
60	1328.48	129.01	End Shut-In(1)
61	284.41	128.59	Open To Flow (2)
90	452.03	129.76	Shut-In(2)
121	1326.52	129.87	End Shut-In(2)
122	1952.56	130.08	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
248.00	Water 100%	2.39
372.00	O & MCW 10%o 10%m 80%w	5.22
124.00	Gassy MCO 10%g 40%m 50%o	1.74
124.00	MCO 40%m 60%o	1.74
134.00	CO 100%o	1.88
0.00	GIP 124	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Castle Resources, Inc.

25-8s-29w-Sheridan,KS

PO Box 87
Schoenchen, KS 67667

Melanie #1

Job Ticket: 45629

DST#: 1

ATTN: Jerry Green

Test Start: 2012.07.27 @ 23:05:00

GENERAL INFORMATION:

Formation: **Howard**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 01:41:45

Time Test Ended: 05:00:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Kevin Mack

Unit No: 43

Interval: **3538.00 ft (KB) To 3610.00 ft (KB) (TVD)**

Total Depth: 3610.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: ft (KB)

ft (CF)

KB to GR/CF: ft

Serial #: 6799 Inside

Press@RunDepth: 32.68 psig @ 3539.00 ft (KB)

Start Date: 2012.07.27

End Date: 2012.07.28

Start Time: 23:05:05

End Time: 04:59:59

Capacity: 8000.00 psig

Last Calib.: 2012.07.28

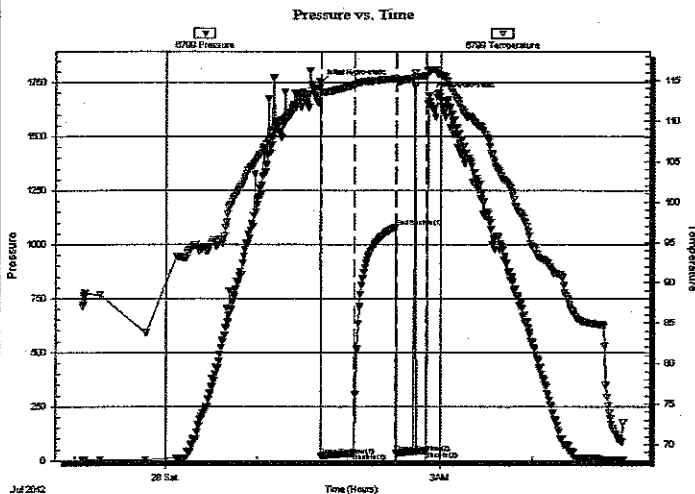
Time On Btm: 2012.07.28 @ 01:41:00

Time Off Btm: 2012.07.28 @ 02:52:15

TEST COMMENT: 20 - IF- 1/8" Blow died in 10 min.

30 - IS- No Return

20 - FF- No Blow - Flushed tool at 10 min. - Surface blow died in 1 min.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1748.06	114.18	Initial Hydro-static
1	21.24	113.60	Open To Flow (1)
23	32.68	114.49	Shut-In(1)
50	1081.35	115.20	End Shut-In(1)
51	32.83	114.83	Open To Flow (2)
70	45.73	115.63	Shut-In(2)
72	1689.61	116.26	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
40.00	Mud 100M	0.56

Gas Rates

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