



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1119165

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 Date Reached TD Completion Date or
Recompletion Date 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: _____

1119165

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 ☐ Yes ☐ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top Datum

CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | |
|---|---|---------|-------------|---|
| TUBING RECORD: | Size: | Set At: | Packer At: | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumed Production, SWD or ENHR. | Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio Gravity |

| | | |
|--|--|--|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.) | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|--|--|--|



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Castle Resources, Inc
Box 87
Schoenchen, KS 67667
ATTN: Jerry Green

33-18s-23w Ness, KS
Hawkinson #1
Job Ticket: 51002 DST#: 1
Test Start: 2012.09.22 @ 18:36:00

GENERAL INFORMATION:

Formation: **Mississippi**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 21:33:00
Time Test Ended: 01:23:00

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

Interval: 4263.00 ft (KB) To 4287.00 ft (KB) (TVD)
Total Depth: 4350.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 2251.00 ft (KB)
2246.00 ft (CF)
KB to GR/CF: 5.00 ft

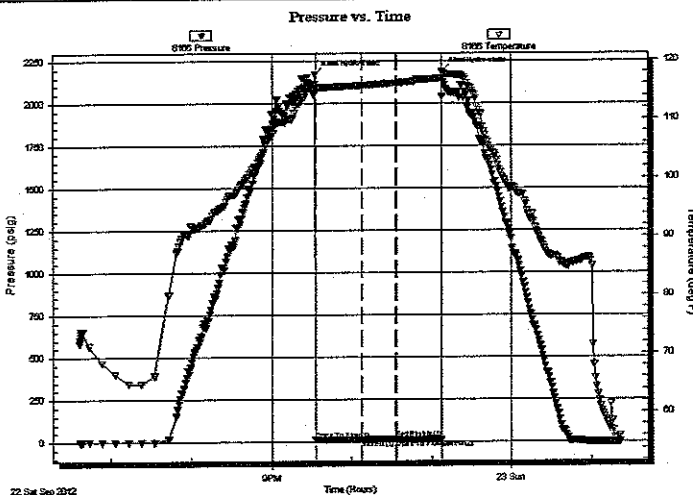
Serial #: 8166

Outside

Press@RunDepth: 13.90 psig @ 4264.00 ft (KB)
Start Date: 2012.09.22 End Date: 2012.09.23
Start Time: 18:36:05 End Time: 01:22:59

Capacity: 8000.00 psig
Last Calib.: 2012.09.23
Time On Btm: 2012.09.22 @ 21:32:30
Time Off Btm: 2012.09.22 @ 23:08:00

TEST COMMENT: 30 - IF- 1/8" blow, died back to surface blow.
30 - IS- No blow back.
25 - FF- No blow for 15 Minutes, flushed tool, no blow for 10 Minutes. Pulled tool



PRESSURE SUMMARY

| Time (Min.) | Pressure (psig) | Temp (deg F) | Annotation |
|-------------|-----------------|--------------|----------------------|
| 0 | 2168.35 | 115.88 | Initial Hydro-static |
| 1 | 11.61 | 115.39 | Open To Flow (1) |
| 36 | 13.90 | 115.70 | Shut-In(1) |
| 60 | 20.05 | 116.09 | End Shut-In(1) |
| 61 | 12.72 | 116.11 | Open To Flow (2) |
| 95 | 15.16 | 116.84 | Shut-In(2) |
| 96 | 2187.77 | 117.80 | Final Hydro-static |

Recovery

| Length (ft) | Description | Volume (bbl) |
|-------------|-------------|--------------|
| 5.00 | Mud, 100%M | 0.07 |
| | | |
| | | |
| | | |
| | | |
| | | |

Gas Rates

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

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

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

Taylor Printing, Inc.

QUALITY WELL SERVICE, INC.

5680

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 <u>9-23-12</u> | Sec. <u>33</u> | Twp. <u>18</u> | Range <u>23</u> | County <u>Ness</u> | State <u>KS</u> | On Location | Finish <u>12:00</u> |
| Lease <u>Hawkins</u> | Well No. <u>1</u> | Location | | | | | |
| Contractor <u>White Knight</u> | | | | Owner | | | |
| Type Job <u>Rotary Plug</u> | | | | 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. | | | |
| Hole Size | | | | T.D. | | | |
| Csg. | | | | Depth | | | |
| Tbg. Size | | | | Depth | | | |
| Tool | | | | Depth | | | |
| Cement Left in Csg. | | | | Shoe Joint | | | |
| Meas Line | | | | Displace | | | |
| EQUIPMENT | | | | Charge To <u>Coke Resources</u> | | | |
| Pumptrk <u>8</u> No. | <u>60/40</u> | | | Common <u>140</u> | | | |
| Bulktrk <u>9</u> No. | <u>60/40</u> | | | Poz. Mix <u>90</u> | | | |
| Bulktrk No. | | | | Gel. <u>8</u> | | | |
| Pickup No. | | | | Calcium | | | |
| JOB SERVICES & REMARKS | | | | Hulls | | | |
| Rat Hole <u>300</u> | | | | Salt | | | |
| Mouse Hole | | | | Flowseal <u>57.50</u> | | | |
| Centralizers | | | | Kol-Seal | | | |
| Baskets | | | | Mud CLR 48 | | | |
| D/V or Port Collar | | | | CFL-117 or CD110 CAF 38 | | | |
| <u>1st Pumped 500 60/40 44% Gel</u> | | | | Sand | | | |
| <u>@ 1500'</u> | | | | Handling <u>238</u> | | | |
| | | | | Mileage <u>5</u> | | | |
| | | | | FLOAT EQUIPMENT | | | |
| <u>2nd Pumped 800 60/40 44% Gel</u> | | | | Guide Shoe | | | |
| <u>@ 720'</u> | | | | Centralizer | | | |
| | | | | Baskets | | | |
| <u>3rd Pumped 500 60/40 44% Gel</u> | | | | AFU Inserts | | | |
| <u>@ 240'</u> | | | | Float Shoe | | | |
| | | | | Latch Down | | | |
| <u>4th Pumped 200 60/40 44% Gel</u> | | | | <u>878 Dry hole Plug.</u> | | | |
| <u>@ 60'</u> | | | | | | | |
| | | | | Pumptrk Charge <u>Rotary Plug.</u> | | | |
| | | | | Mileage <u>5</u> | | | |
| | | | | Tax | | | |
| | | | | Discount | | | |
| X Signature <u>[Signature]</u> | | | | Total Charge | | | |