

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1133736

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 #		API No. 15
Name:		Spot Description:
Address 1:		
Address 2:		Feet from Dorth / South Line of Section
City: Sta	ite: Zip:+	Feet from Cast / West Line of Section
Contact Person:	·	Footages Calculated from Nearest Outside Section Corner:
Phone: ()		
CONTRACTOR: License #		County:
		Lease Name: Well #:
		Field Name:
5		Producing Formation:
Designate Type of Completion:		Elevation: Ground: Kelly Bushing:
New Well	Entry Workover	Total Depth: Plug Back Total Depth:
 Oil WSW Gas D&A OG CM (Coal Bed Methane) Cathodic Other (Core, 	SWD SIOW ENHR SIGW GSW Temp. Abd.	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
If Workover/Re-entry: Old Well Info	as follows:	
Well Name:		Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Deepening Re-perf.	Original Total Depth: Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled	Permit #:	Operator Name:
Dual Completion	Permit #:	Lease Name: License #:
SWD	Permit #:	Quarter Sec TwpS. R East West
	Permit #:	County: Permit #:
GSW	Permit #:	
Spud Date or Date Read Recompletion Date	ched TD Completion Date or Recompletion Date	

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 Approved by: Date:

	Side Two	1133736
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No	L		n (Top), Depth an	d Datum Top	Sample
Samples Sent to Geolog	ical Survey	Yes No	INdill	C		юр	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	 Yes No Yes No Yes No 					
List All E. Logs Run:							
		CASING	RECORD Ne	ew Used			
		Report all strings set-	conductor, surface, inte	ermediate, product	ion, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION Specify For	RECOF	RD - Bridge P Each Interval F	lugs Set/Typ Perforated	e			ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	ł.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil Bb	s.	Gas	Wate	er	Bbls.	Gas-Oil Ratio	Gravity		
DISPOSITIO	ON OF (BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit /	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sul	bmit ACC)-18.)		Other (Specify)						<u></u>

Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Bemis 1
Doc ID	1133736

All Electric Logs Run

Dual compensated porosity
Dual Induction
Micro resistivity
Sonic cement

QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

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

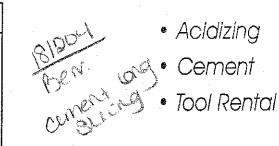
Rich's Cell 620-727-3409 Brady's Cell 620-727-6964

	Sec.	Twp.	Range		County	State	On Location	Finish
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Csg. 85 /8		Depth	215:16		Charge	\$ Resource	25	· · · · · · · · · · · · · · · · · · ·
Tbg. Size		Depth			Street		<u> </u>	•
Tool		Depth			City		State	· · · · · · · · · · · · · · · · · · ·
Cement Left in Csg. /5 4	14	Shoe Jo	pint		The above wa	s done to satisfaction an		agent or contractor.
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Pickup No.					Calcium 5			
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Rat Hole	· · · · ·				Salt			· ·
Mouse Hole			್ರಭಾಸಿ		Flowseal			
Centralizers					Kol-Seal			
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D/V or Port Collar					CFL-117 or (CD110 CAF 38		
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BILL TO

Castle Resources Inc. PO Box 87 Schoenchen, KS 67667



TERMS	Well No	b. Lease	County	Contractor	We	II Туре	W	ell Category	Job Purpose	Operator
Net 30	#1	Bemis	Ellis	White Knight	1	Oil	D	Development	Cement LongStri	Don
PRICE	REF.		DESCRIPT	ÎON	QTY		UM	UNIT PRICE	AMOUNT	
575D 578D-L 221 281 290 402-5 403-5 404-5 406-5 407-5 419-5 325 276 283 284 286 581D 583D		Mileage - 1 Way Pump Charge - Long Liquid KCL (Clayfix Mud Flush D-Air 5 1/2" Centralizer 5 1/2" Centralizer 5 1/2" Port Collar - 1 5 1/2" Latch Down H 5 1/2" Insert Float SI 5 1/2" Rotating Head Standard Cement Flocele Salt Calseal Halad-1 (Halad 9) Service Charge Cem- Drayage	et 952 Feet Plug & Baffle noe With Auto I Rental	Fill (C. H.	A.		1 2 500 2 5 3 1 1 1 1 1 1 1 1 1 1 7 5 44 875 9 83 175	Gallon(s)	$\begin{array}{c} 6.00\\ 1,500.00\\ 25.00\\ 1.25\\ 35.00\\ 70.00\\ 250.00\\ 2,400.00\\ 250.00\\ 350.00\\ 200.00\\ 13.50\\ 2.00\\ 0.20\\ 35.00\\ 7.50\\ 2.00\\ 1.00\\ \end{array}$	120.00 1,500.00 50.00T 625.00T 70.00T 350.00T 2,400.00T 2,50.00T 2,62.50T 88.00T 175.00T 315.00T 622.50T 350.00 456.88 11,034.88 542.30
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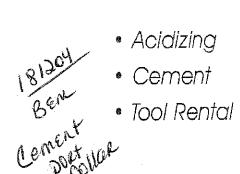
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SWIFT Services, Inc. DATE -24-36 PAGE NO. JOB LOG CUSTOMER WELL NO. LEASE Branis JOB TYPE COMPET Lingstring TICKET NO. Remarces Lestle CHART NO. PUMPS PRESSURE (PSI) RATE (BPM) VOLUME (BBL) (GAL) TIME 15-3593 DESCRIPTION OF OPERATION AND MATERIALS T C TUBING CASING 15.5 4 W/F.E. Rescalipur Legering 5/2 location De 1600 Fin Lossing - Ris wo to 5 1/2 " (asi is 1720 Meri 10 3592 -Start Casing - Insert Abat She is 1741 D. Beffle-Shoe J4 24 @ 3568 =[85 13 Bpt. 7-42-74 1-3-6-41-73 Pig brike Den Carles # 42 (2 1952 -182 to 1820 Drop Filturo ll - 5 Jts ant be Sporter Barder - La dans Fin 1415 CUSE 763 192 Stort cie /Retate Com ELCIP 7 878-2 30 Sts gel need flech ζ 412 Atust. , A KCI 4 FA-7 14 SPS 4h 25 Mansthider \mathcal{P}_{l} 400 C_{1} 401 S IFF pross 55 457 2100 6 Plue, 85 Decipi-1.56 loce + Hell up Beck up Uler <u> 2130</u> JAL Complete 4 anto Del. Jen t



BILL TO

Castle Resources Inc. PO Box 87 Schoenchen, KS 67667



Well Type Well No. Well Category Job Purpose Operator TERMS County Contractor Lease Port Collar Nick #1 Ellis Company Tools Oil Development Bemis Net 30 UNIT PRICE AMOUNT PRICE REF. QTY ŲΜ DESCRIPTION Miles 575D Mileage - 1 Way 20 6.00 120.00 Pump Charge - Port Collar - 1952 Feet Job 1,250.00 1,250.00 576D-D 1 290 D-Air 3 Gallon(s) 35.00 105.00T Port Collar Tool Rental With Man 1 Each 350.00 350.00T 105 Swift Multi-Density Standard (MIDCON II) 250 Sacks 16.50 4.125.00T 330 Lb(s) 2.00150.00T 276 Flocele 75 250 Sacks 2.00500.00 Service Charge Cement 581D 611 Ton Miles 1.00 611.00 583D Drayage 7,211.00 Subtotal 297.99 6.30% Sales Tax Ellis County Thank You For Your Business In 2012! Total \$7,508.99 We Look Forward To Serving You In 2013!

Thank You!							, VAL	APPROVAL	Cortere	10 July	
		es receipt of the materials and services listed on this ticket.	services liste	he materials and		CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowled	MATERIALS AND SERV	CEPTANCE OF	CUSTOMER ACC		
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