



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: _____



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 Bbbs.	Gas Mcf	Water Bbbs.	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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ALLIED OIL & GAS SERVICES, LLC 056342

Federal Tax I.D.# 20-5975804

MITT TO PO. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Oakley, KS

DATE <u>11-18-12</u>	SEC. <u>25</u>	TWP. <u>10</u>	RANGE <u>20</u>	CALLED OUT	ON LOCATION <u>6:00 pm</u>	JOB START <u>7:00 am</u>	JOB FINISH <u>10:00 pm</u>
LEASE <u>Sutor</u>	WELL # <u>1</u>	LOCATION <u>Pales, Ks, G.S. 2E, 1/4 S.</u>		COUNTY <u>Roark</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one) <u>NEW</u>				E.C.# <u>103</u>		b.3 all	

CONTRACTOR White Knight Drilling OWNER Same
 TYPE OF JOB PTA
 HOLE SIZE 7 7/8" T.D. 3265'
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 5 1/2" DEPTH 3650'
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 48.35 bbl

CEMENT AMOUNT ORDERED 230 sks 60/40 5/8 gel
1/4 # 5/8 seal
 COMMON 138 sks @ 17.70 2470.20
 POZ MIX 72 sks @ 9.38 675.96
 GEL 85 sks @ 23.40 1992.00
 CHLORIDE _____ @ _____
 ASC _____ @ _____
Flare seal 58 # @ 2.97 172.26

EQUIPMENT
 PUMP TRUCK CEMENTER Lakane Wanta
 # 423/281 HELPER Wayne Mcghee
 BULK TRUCK _____
 # 396/306 DRIVER Kevin Ryan 3'
 BULK TRUCK _____
 # _____ DRIVER _____

HANDLING 2470.20 @ 2.88 612.71
 MILBAGE 12.81 @ 60x 2.60 1608.86
 TOTAL 5910.01

REMARKS:
MIX 25 sk cement 3650'
MIX 25 sk cement 1610'
MIX 100 sk cement 877'
MIX 40 sk cement 252'
CWC 10 sk cement 401 w/ plug
Plug R.H. 90 sks

SERVICE
 DEPTH OF JOB 3650'
 PUMP TRUCK CHARGE 2508.25
 EXTRA FOOTAGE _____ @ _____
 MILBAGE MFW 60 @ 2.90 174.00
 MANIFOLD _____ @ _____
MFLV 60 @ 5.40 324.00

CHARGE TO: Castle Resources Inc.
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 3284.25

PLUG & FLOAT EQUIPMENT

Wooden Plug 898 @ 107.64
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 107.64

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) 586.05
 TOTAL CHARGES 9300.40
 DISCOUNT 2837.23 IF PAID IN 30 DAYS

PRINTED NAME _____
 SIGNATURE Robert McLaughlin

6465.17
30.520

QUALITY WELL SERVICE, INC.

5746

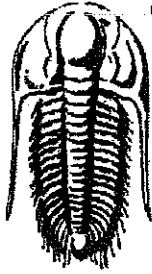
Federal Tax I.D. # 481187368

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	11-6-12	Sec.	25	Twp.	10	Range	20	County	ROCKS	State	KS	On Location		Finish	3:00 - 3:30pm
Lease Sutor	Well No.		Location <i>ELLISUS 11A 2E 1 1/2 N E into</i>												
Contractor	Precision							Owner							
Type Job	Surface							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	12 1/4		T.D.		209		Charge To								
Csg.	8 5/8		Depth		201		Castle Resources								
Tbg. Size			Depth				Street								
Tool			Depth				City				State				
Cement Left in Csg.	15 FT		Shoe Joint				The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line			Displace		11 3/4		Cement Amount Ordered <i>200sx com 3% CC 2% gel</i>								
EQUIPMENT															
Pumptrk	No.	8			Corky		Common <i>200</i>								
Bulktrk	No.	7			Neale		Poz. Mix								
Bulktrk	No.						Gel. <i>4</i>								
Pickup	No.						Calcium <i>7</i>								
JOB SERVICES & REMARKS															
Rat Hole							Hulls								
Mouse Hole							Salt								
Centralizers							Flowseal								
Baskets							Kol-Seal								
D/V or Port Collar							Mud CLR 48								
<i>Run 8 Jts of 8 5/8 casing & landing Jr</i>							CFL-117 or CD110 CAF 38								
							Sand								
<i>Est Circulation</i>							Handling <i>211</i>								
							Mileage <i>28</i>								
FLOAT EQUIPMENT															
<i>Mixed 200sx and d.sp 11 3/4 bbl - Shut in @ 200 psi</i>							Guide Shoe								
							Centralizer								
							Baskets								
							AFU Inserts								
							Float Shoe								
<i>Cement Did Circulate</i>							Latch Down								
<i>Thank You!!</i>							Pumptrk Charge <i>Surface</i>								
							Mileage <i>28</i>								
X Signature							Tax								
							Discount								
							Total Charge								



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Castle Resources**
Box 87
Schoenchen KS 67667

ATTN: Jerry Green

Sutor #1

25-10s-20w Rooks,KS

Start Date: 2012.11.13 @ 06:56:17

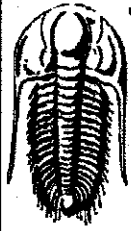
End Date: 2012.11.13 @ 13:40:41

Job Ticket #: 48729 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2012.11.20 @ 15:08:34

Castle Resources 25-10s-20w Rooks,KS Sutor #1 DST # 1 Arbuckle 2012.11.13



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Castle Resources
Box 87
Schoenchen KS 67667
ATTN: Jerry Green

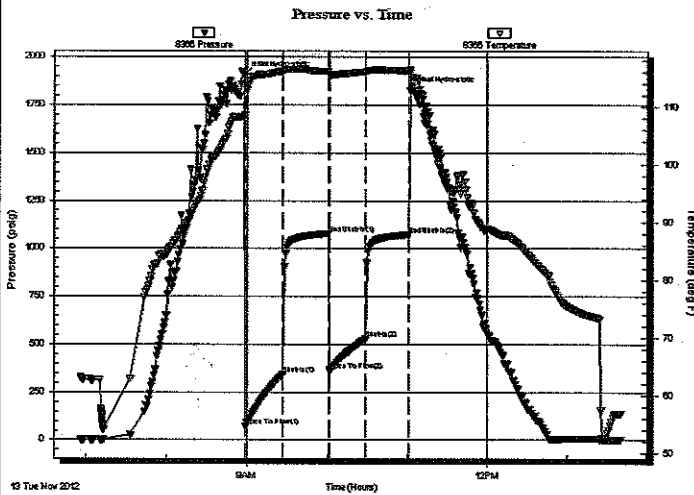
25-10s-20w Rooks, KS
Sutor #1
Job Ticket: 48729 **DST#: 1**
Test Start: 2012.11.13 @ 06:56:17

GENERAL INFORMATION:

Formation: **Arbuckle**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 08:58:27
Time Test Ended: 13:40:41
Interval: **3694.00 ft (KB) To 3742.00 ft (KB) (TVD)**
Total Depth: 3767.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Reference Elevations: 2152.00 ft (KB)
2148.00 ft (CF)
KB to GR/CF: 4.00 ft
Test Type: Conventional Straddle (Initial)
Tester: Jason McLemore
Unit No: 54

Serial #: 8366 **Inside**
Press@RunDepth: 529.37 psig @ 3733.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2012.11.13 End Date: 2012.11.13 Last Calib.: 2012.11.13
Start Time: 06:56:19 End Time: 13:40:42 Time On Btm: 2012.11.13 @ 08:57:42
Time Off Btm: 2012.11.13 @ 11:02:12

TEST COMMENT: IF-BOB in 2 min
ISI-no blow back
FF-BOB in 4 min
FSI-no black back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1907.70	108.25	Initial Hydro-static
1	73.69	108.54	Open To Flow (1)
29	345.41	116.09	Shut-In(1)
63	1077.44	116.07	End Shut-In(1)
64	364.92	115.58	Open To Flow (2)
91	529.37	115.97	Shut-In(2)
124	1071.85	116.12	End Shut-In(2)
125	1823.17	116.23	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1116.00	Salt Water W/Oil Specks	15.65

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Castle Resources

25-10s-20w Rooks,KS

Box 87
Schoenchen KS 67667

Sutor #1

Job Ticket: 48729 DST#: 1

ATTN: Jerry Green

Test Start: 2012.11.13 @ 06:56:17

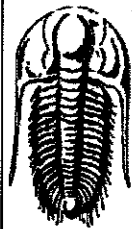
Tool Information

Drill Pipe:	Length: 3702.00 ft	Diameter: 3.80 inches	Volume: 51.93 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.70 inches	Volume: 0.00 bbl	Weight set on Packer: 30000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 38000.00 lb
			Total Volume: 51.93 bbl	Tool Chased 0.00 ft
Drill Pipe Above KB:	29.00 ft			String Weight: Initial 30000.00 lb
Depth to Top Packer:	3694.00 ft			Final 36000.00 lb
Depth to Bottom Packer:	3742.00 ft			
Interval between Packers:	48.00 ft			
Tool Length:	93.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3674.00	
Shut In Tool	5.00			3679.00	
Hydraulic tool	5.00			3684.00	
Packer	5.00			3689.00	21.00 Bottom Of Top Packer
Packer	5.00			3694.00	
Stubb	1.00			3695.00	
Perforations	5.00			3700.00	
Change Over Sub	1.00			3701.00	
Drill Pipe	31.00			3732.00	
Change Over Sub	1.00			3733.00	
Recorder	0.00	8366	Inside	3733.00	
Recorder	0.00	8289	Outside	3733.00	
Perforations	5.00			3738.00	
Blank Off Sub	1.00			3739.00	
Blank Spacing	3.00			3742.00	48.00 Tool Interval
Packer	1.00			3743.00	
Perforations	20.00			3763.00	
Recorder	0.00	8789	Below	3763.00	
Bullnose	3.00			3766.00	24.00 Bottom Packers & Anchor

Total Tool Length: 93.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources

25-10s-20w Rooks,KS

Box 87
Schoenchen KS 67667

Sutor #1

Job Ticket: 48729

DST#: 1

ATTN: Jerry Green

Test Start: 2012.11.13 @ 06:56:17

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

35000 ppm

Viscosity: 56.00 sec/qt

Cushion Volume:

bbf

Water Loss: 9.19 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
1116.00	Salt Water W/Oil Specks	15.655

Total Length: 1116.00 ft Total Volume: 15.655 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 8366

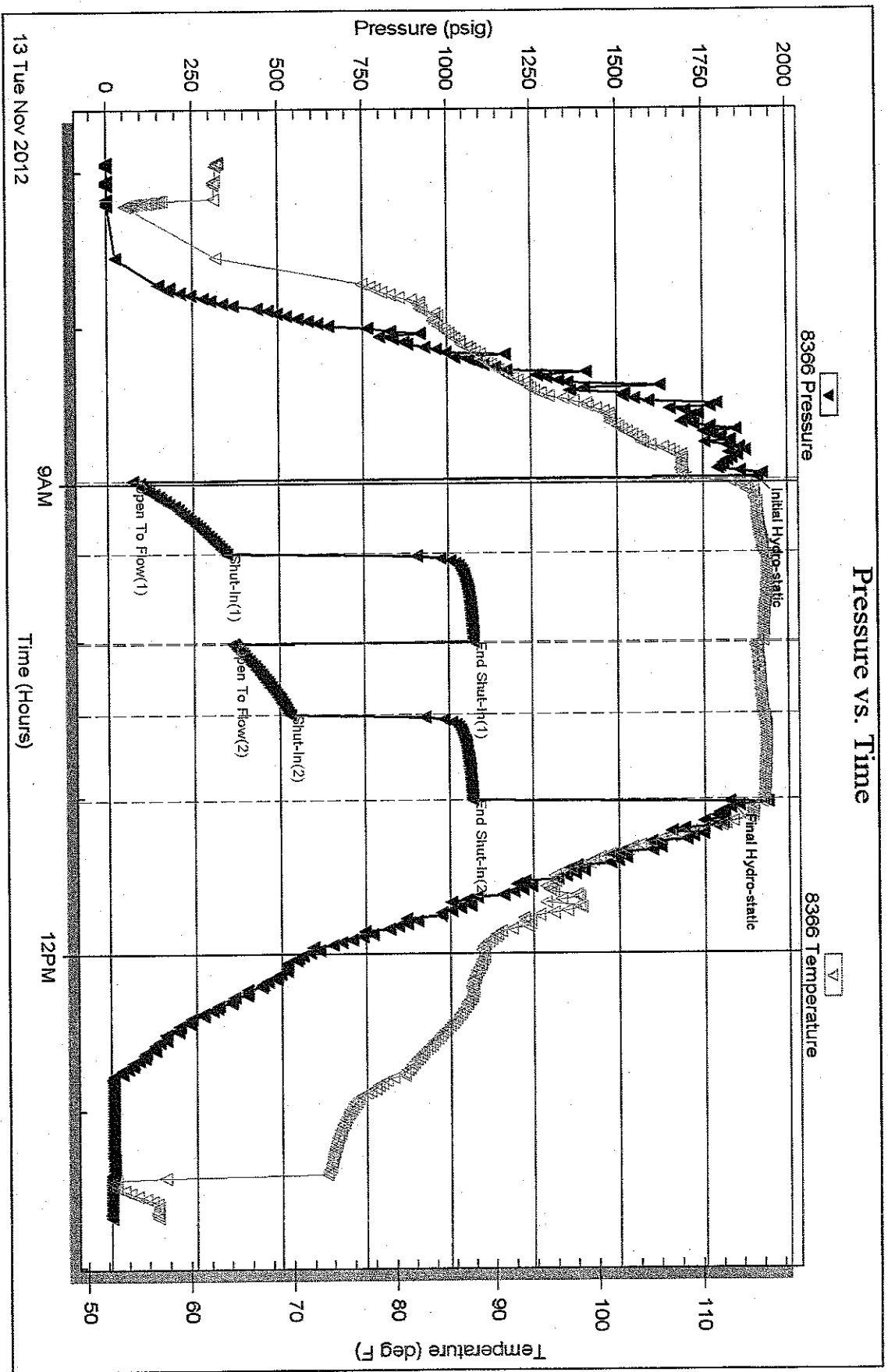
Inside

Castle Resources

Sutor #1

DST Test Number: 1

Pressure vs. Time



13 Tue Nov 2012

Triobite Testing, Inc

Ref. No: 48729

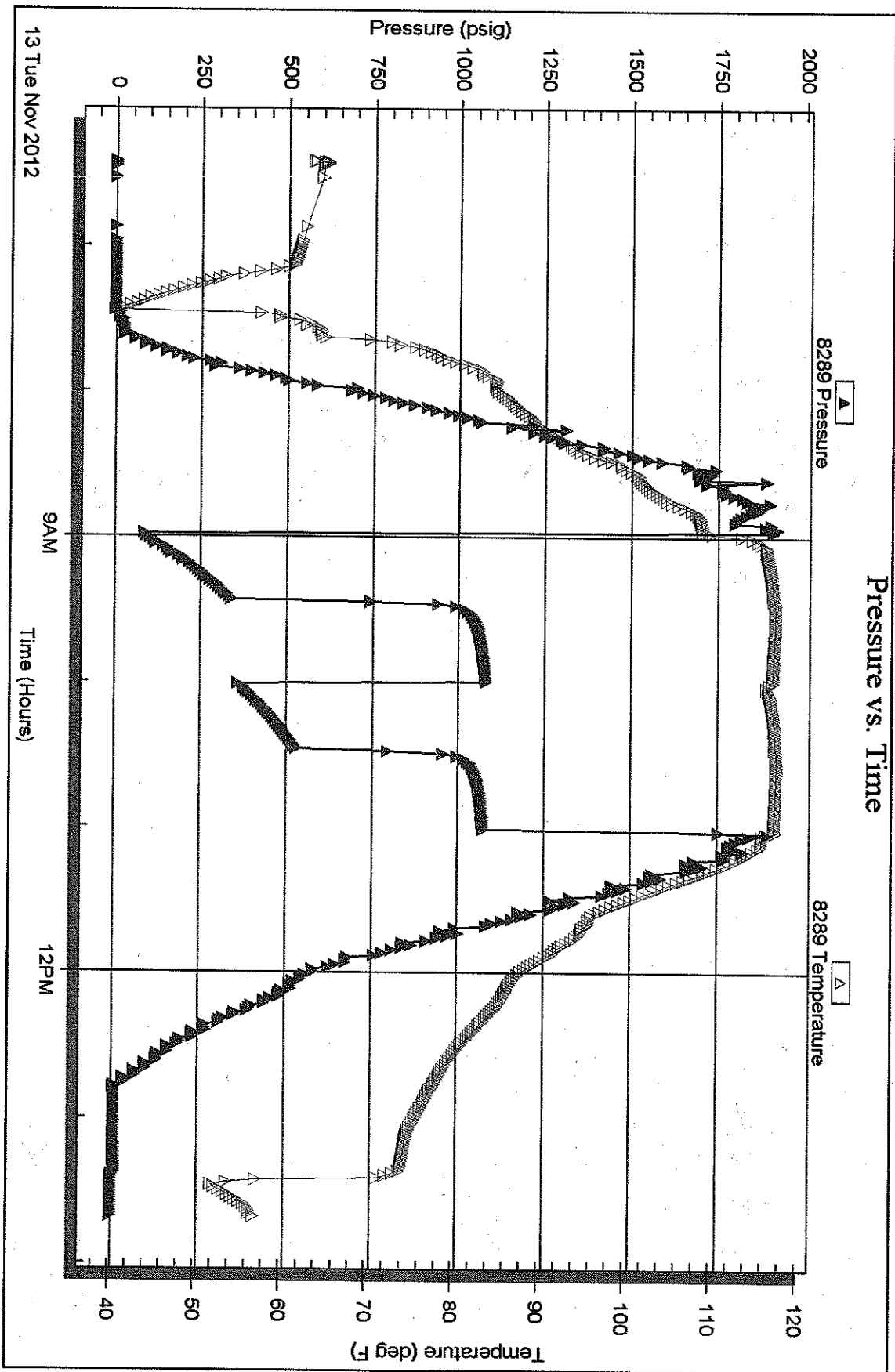
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Serial #: 8289

Outside Castle Resources

Sutor #1

DST Test Number: 1



Tribble Testing, Inc

Ref. No: 48729

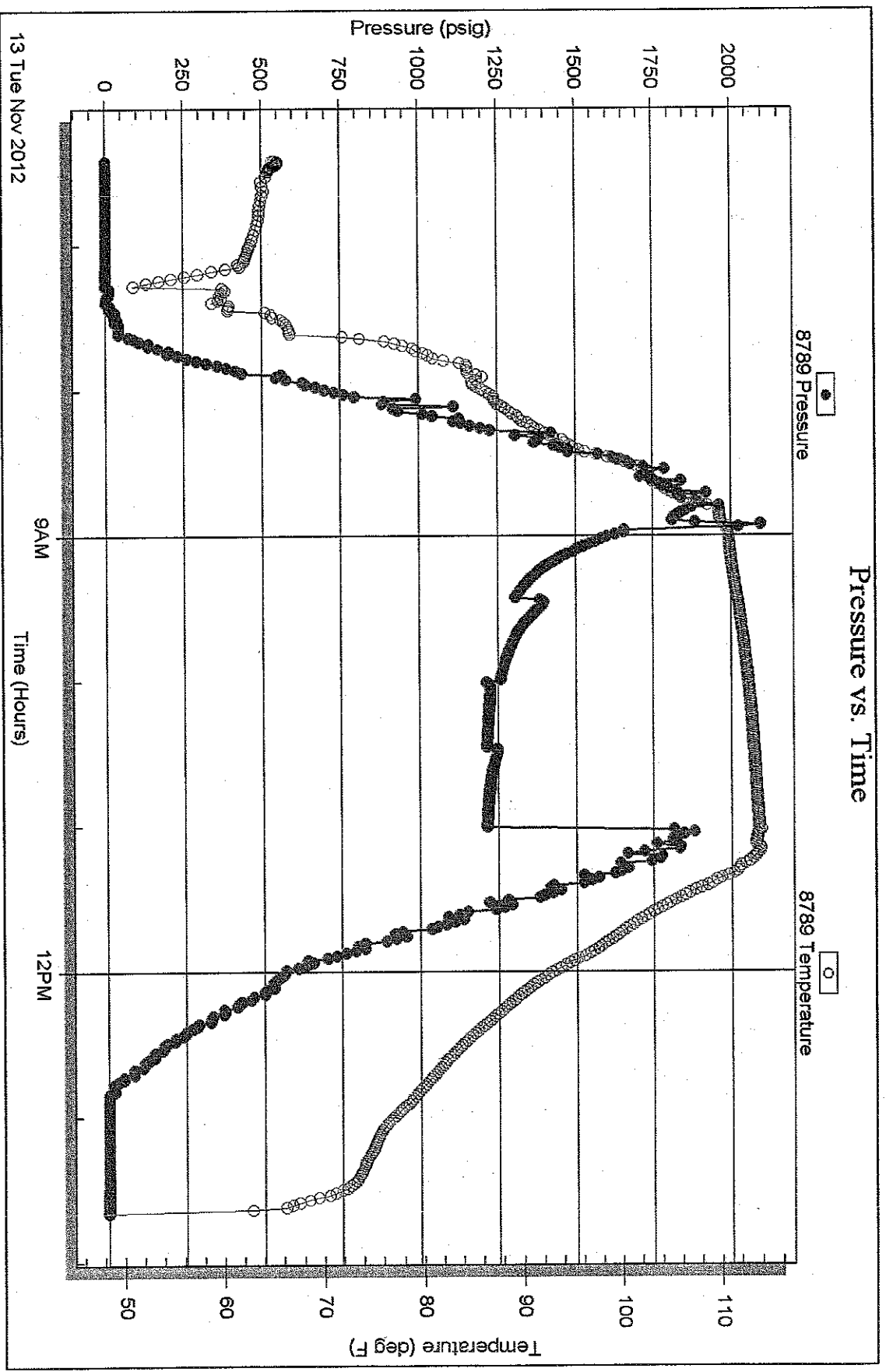
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Serial #: 8789

Below (Strat) Resources

Sutor #1

DST Test Number: 1



Triobite Testing, Inc

Ref. No: 48729

Printed: 2012.11.20 @ 15:08:40



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 48729

Well Name & No. Su1 for #1 Test No. 1 Date 11-13-12
 Company Castle Resources Elevation 2157 KB 2152 GL
 Address Box 87, Schoenchen KS, 67667
 Co. Rep / Geo. Jerry Green Rig White Knight
 Location: Sec. 25 Twp. 10s Age. 20w Co. Rooks State KS

Interval Tested 3694-3742 ^{T^D3767} Zone Tested Arbuckle
 Anchor Length 48' Drill Pipe Run _____ Mud Wt. 9.2
 Top Packer Depth 3689 Drill Collars Run 0 Vis 56
 Bottom Packer Depth 3694 Wt. Pipe Run 0 WL 9.2
 Total Depth LTD-3767 3742 Chlorides 3,000 ppm System LCM _____
 Blow Description IF - Strong, BOB in 2 min
FSI - Dead
FF - Strong, BOB in 4 min.
FSI - Dead

Rec	Feet of	%gas	%oil	%water	%mud
<u>1116</u>	<u>Salt Water with oil specks,</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 1116 BHT _____ Gravity _____ API RW .224 @ 58 °F Chlorides 35,000 ppm
 (A) Initial Hydrostatic 1908 Test 1150 T-On Location 6:18am
 (B) First Initial Flow 74 Jars _____ T-Started 6:52am
 (C) First Final Flow 345 Safety Joint _____ T-Open 9:26
 (D) Initial Shut-In 1077 Circ Sub _____ T-Pulled 11:26
 (E) Second Initial Flow 365 Hourly Standby _____ T-Out 14:09
 (F) Second Final Flow 529 Mileage 192.20 1241CT Comments _____
 (G) Final Shut-In 1072 Sampler _____
 (H) Final Hydrostatic 1823 Straddle 600 Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Initial Open 30 Extra Recorder _____ Sub Total 0
 Initial Shut-In 30 Day Standby _____ Total 1942.20
 Final Flow 30 Accessibility _____ MP/DST Disc't _____
 Final Shut-In 30 Sub Total 1942.20

Approved By _____

Our Representative [Signature]

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.

THANK YOU