



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
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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: _____



1152743

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	Sieker 1
Doc ID	1152743

All Electric Logs Run

Micro Resistivity
Dual Induction
Cement Bond
Compensated Density Neutron



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

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	6-1-13	CUSTOMER #	3387
WELL NAME & NUMBER	S: 124 * 1		
SECTION	34	TOWNSHIP	19
RANGE	10	COUNTY	Pica

CUSTOMER	Castle Resources
MAILING ADDRESS	1140 E. 9th
CITY	Chanute, KS
STATE	KS
ZIP CODE	66703

JOB TYPE	518
HOLE SIZE	12 1/4"
HOLE DEPTH	315'
CASING SIZE & WEIGHT	8 5/8"
DRILL PIPE	
SLURRY VOLUME	14.7
DISPLACEMENT	18 1/2"

REMARKS: Safety meeting on white knight. Rig up and circulate. Mix 1905RS Class 'A' 390cc 270gal. Displace 18 1/2" BBL and shut in. Cement did circulate approx 4 BBL to bit.

Thanks fuzzy + crew

ACCOUNT CODE QUANTITY or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE TOTAL

5405	1	PUMP CHARGE	1150.00	1150.00
5406	25	MILEAGE	131.25	3281.25
5407	8.9 ton	Low Mileage Delivery (main)	1.25	11.125
11045	1905RS	Class 'A' cement	18.55	3524.50
1102	536#	Calcium Chloride	.94	503.84
115B	357#	Bentonite	1.27	96.39
		Subtotal		5835.98
		Less 1090		583.60
		Subtotal		5252.38
		SALES TAX		871.00
		ESTIMATED TOTAL		6123.38

AUTHORIZATION: *[Signature]*
DATE: _____ TITLE: _____

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.

TICKET NUMBER: 39475
LOCATION: Olathe KS
FOREMAN: Fuzzy

WELL NO. 4 LEASE Slicker JOB TYPE Condit long string TICKET NO. 29379

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL (GAL))	PUMPS	PRESSURE (PSI)	CASING	TUBING
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150 sk EA-2 w/ 7" floater
5x 17" casing 95 joints
TD = 3380' string 31.5'
Contractor 1,3,5,7,9 Baskets 4

on loc TRK 114

Street 5x 17" casing in well

Drop ball - circulate

Pump 50 gal mud flush
Pump 20 gal RCL flush

Plug RH 30sk

200 mix EA-2 Condit 120sk @ 15.30ppg

Drop latch down plug

Wash out pump & line

200 Displace plug
752 Hand plug

Release pressure to truck - dried up

Wash truck

Rack up

Job complete

Y. Lewis
Blaine Davis / John

0533							
0530	6 3/4	78					
0513	6 3/4	76					
0511							
0500	4 3/4	30					
0458		6					
0452	4 3/4	12					
0452	4 3/4	20					
0400							
7 Jun 0025							
2100							



DRILL STEM TEST REPORT

Prepared For: **Castle Resource nc**

Box 87 Schoenohem KS 67667+0067

ATTN: Jerry Green

Seiker #1

34-19-10 Rice

Start Date: 2013.06.05 @ 11:30:00

End Date: 2013.06.05 @ 18:59:00

Job Ticket #: 17465
DST #: 1

Superior Testers Enterprises LLC

PO Box 138 Great Bend KS 67530

1-800-792-6902

DRILL STEM TEST REPORT



Castle Resource nc
 Box 87 Schoenohen KS 67667+0067
 Seiker #1
 Job Ticket: 17465
 DST#:1
 ATTN: Jerry Green
 Test Start: 2013.06.05 @ 11:30:00

GENERAL INFORMATION:

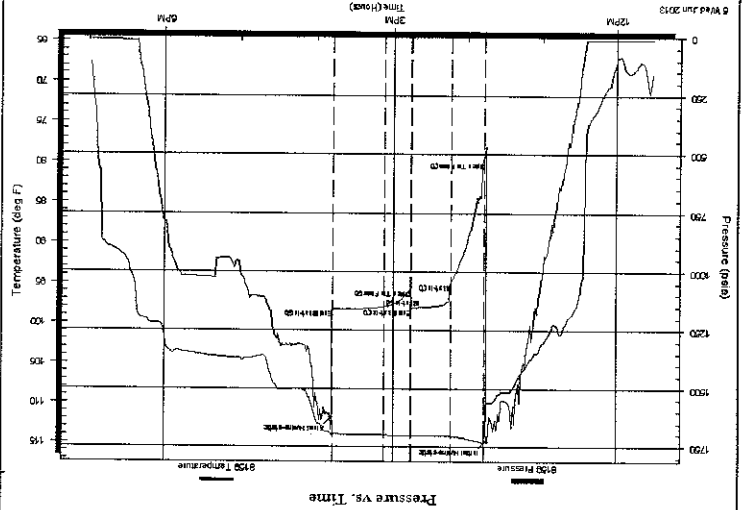
Formation: Arbuclie
 Deviated: No
 Whipstock: No
 Interval: 3266.00 ft (KB) To 3319.00 ft (KB) (TVD)
 Total Depth: 3319.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inchesHole Condition: Fair
 Reference Elevations: 1787.00 ft (KB)
 1782.00 ft (CF)
 5.00 ft
 KB to GR/CF:
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Jared Scheck
 Unit No: 3320-Great Bend -40

Serial #: 8159

Capacity: 5000.00 psia
 Last Calib.: 2013.06.05
 Time On Btm: 2013.06.05 @ 13:45:00
 Time Off Btm: 2013.06.05 @ 15:48:00
 Start Date: 2013.06.05
 End Date: 2013.06.05
 Start Time: 11:30:00
 End Time: 18:59:00
 Press@RunDepth: 1159.43 psia @
 TEST COMMENT: 1st Opening 30 Minutes-Strong blow built bottom of bucket in 2 1/2 minutes
 1st Shut-in 30 Minutes- No blow back
 2nd Opening 30 Minutes-Strong blow built bottom of bucket in 2 1/2 minutes
 2nd Shut-in 30 Minutes-No blow back

PRESSURE SUMMARY

Annotation	Time (Min.)	Pressure (psia)	Temp (deg F)
Initial Hydro-static	0	1724.25	110.10
Open To Flow (1)	2	529.60	114.73
Shut-in(1)	29	1045.65	114.22
End Shut-in(1)	60	1153.76	114.10
Open To Flow (2)	61	1071.45	114.13
Shut-in(2)	82	1149.39	114.10
End Shut-in(2)	122	1159.43	113.95
Final Hydro-static	123	1620.63	114.08



Recovery

Length (ft)	Description	Volume (bbl)
60.00	Spot oil w ater cut mud 1%o59%40%w	0.84
120.00	mud w ater 50%w	1.68
2020.00	w ater	28.34
0.00	chlorides 60,000	0.00

Gas Rates

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



DRILL STEM TEST REPORT

Castle Resource Inc
 34-19-10 Rice
 Seiker #1
 Job Ticket: 17465
 DST#: 1
 ATTN: Jerry Green
 Test Start: 2013.06.05 @ 11:30:00

Mud and Cushion Information

Mud Type: Gel Chem
 Mud Weight: 10.00 lb/gal
 Viscosity: 58.00 sec/qt
 Water Loss: 10.40 in³
 Resistivity: ohm.m
 Salinity: 8000.00 ppm
 Filter Cake: 1.00 inches
 Cushion Type:
 Cushion Length: ft
 Cushion Volume: bbl
 Oil API: deg API
 Water Salinity: ppm
 Gas Cushion Pressure: psia

Recovery Information

Length ft	Description	Volume bbl
60.00	Spot oil w ater cut mud 1%o59%m40%w	0.842
120.00	mud w ater 50%w 50%w	1.683
2020.00	w ater	28.335
0.00	chlorides 60,000	0.000

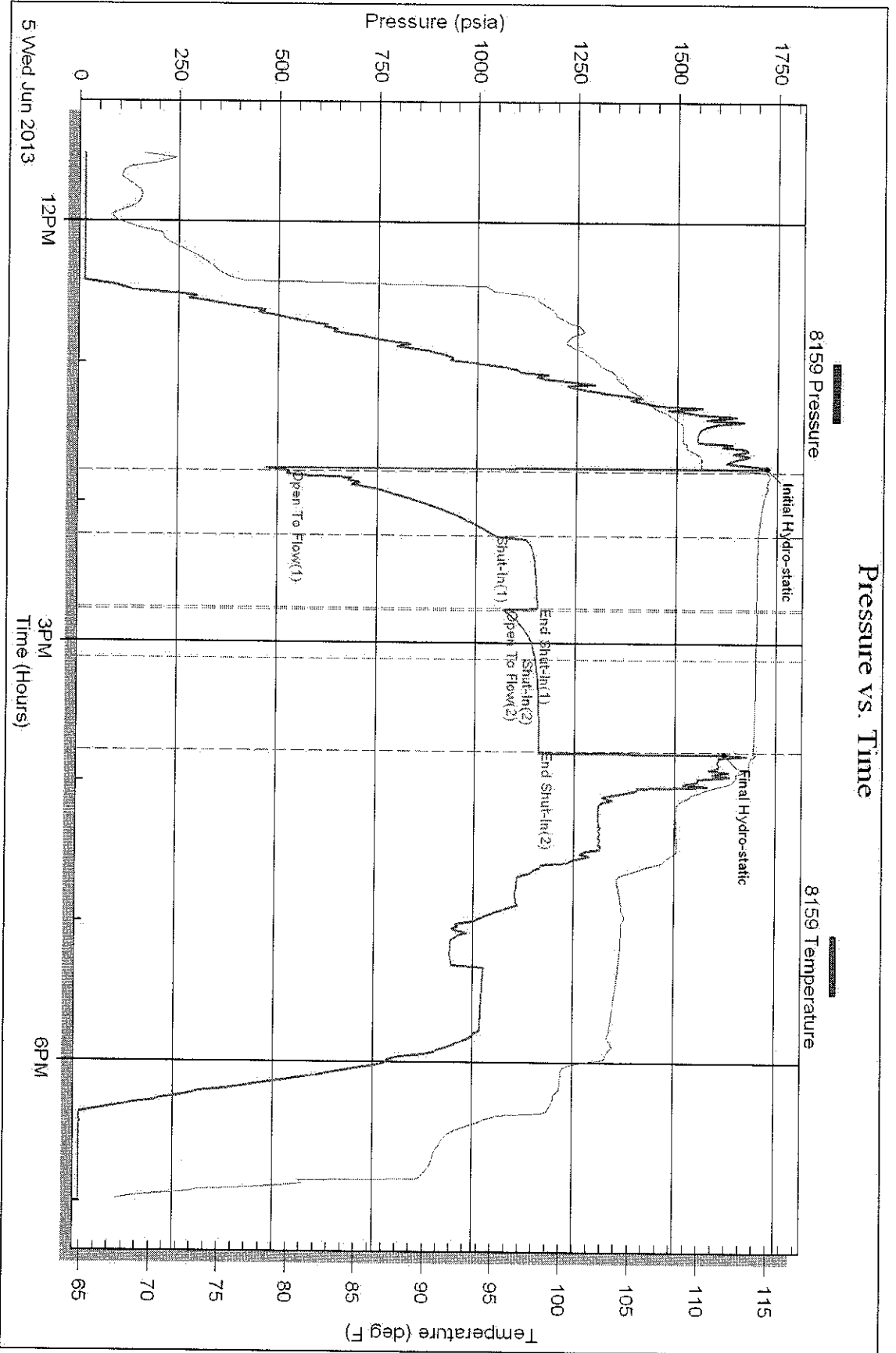
Total Length: 2200.00 ft
 Total Volume: 30.860 bbl
 Num Fluid Samples: 0
 Num Gas Bombs: 0
 Laboratory Name:
 Laboratory Location:
 Recovery Comments: 60,000, chlorides /dropped bar

Serial #: 8159

Castle Resource Inc

Seller #1

DST Test Number: 1



Superior Testers Enterprises LLC
PO Box 138 Great Bend KS 67530
1-800-792-6902

Start Date: 2013.06.06 @ 08:55:00
End Date: 2013.06.06 @ 15:23:00
Job Ticket #: 17466
DST # ● 2

34-19-10 Rice

Seiker #1

ATTN: Jerry Green

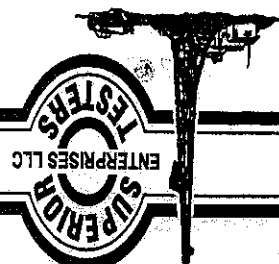
Box 87 Schoenhoh KS 67667+0067

Prepared For: Castle Resource nc

DRILL STEM TEST REPORT



DRILL STEM TEST REPORT



Castle Resource nc
 Box 87 Schoenohen KS 67667+0067

Seiker #1
 Job Ticket: 17466
 DST#: 2

Test Start: 2013.06.06 @ 08:55:00

ATTN: Jerry Green

GENERAL INFORMATION:

Formation: Arbuckle
 Deviated: No
 Whipstock: (ft (KB))

Time Tool Opened: 10:43:30
 Time Test Ended: 15:23:00

Interval: 3262.00 ft (KB) To 3308.00 ft (KB) (TVD)

Total Depth: 3377.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches
 Hole Condition: Fair

Serial #: 8159

Press@RunDepth: psia @ (ft (KB))

Start Date: 2013.06.06

End Date: 2013.06.06

Start Time: 08:55:00

End Time: 15:21:00

Capacity: 5000.00 psia
 Last Calib.: 2013.06.06
 Time On Btm: 15:21:00
 Time Off Btm: 2013.06.06

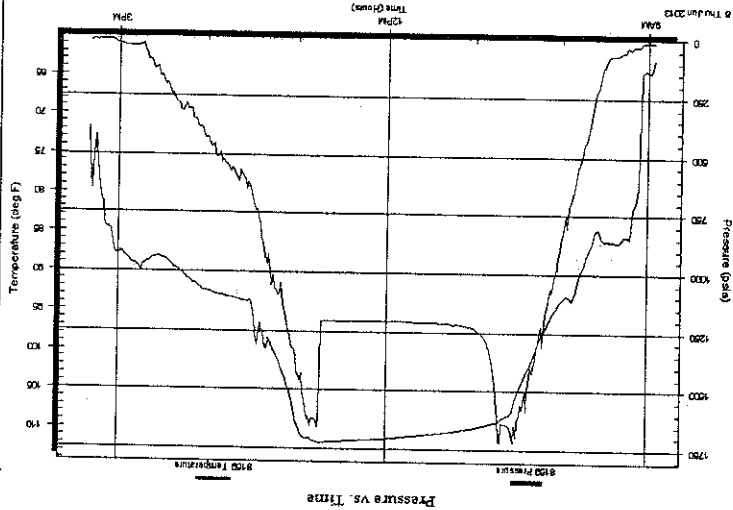
TEST COMMENT: 1st opening 30 Minutes-Strong blow built bottom of bucket in 4 minutes

1st Shut-in 30 Minutes-Weak blow built 2 inches

2nd Opening 30 Minutes-Strong blow built bottom of bucket in 4 1/2 minutes

2nd Shut-in 30 Minutes-Weak blow back built 2 inches

PRESSURE SUMMARY



Recovery

Length (ft)	Description	Volume (bbl)
300.00	Water	4.21
600.00	gassy oil cut mud water	8.42
0.00	25%gas 45%oil 10%mud 20%water	0.00
240.00	gassy oil cut water 20%gas 60%oil 20%	13.37
30.00	clean oil	0.42
0.00	30 feet gas in pipe	0.00

Gas Rates

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



DRILL STEM TEST REPORT

Castle Resource nc
 Box 87 Schoenohen KS 67667+0067
 Seiker #1
 Job Ticket: 17466 DST# 2
 ATTN: Jerry Green
 Test Start: 2013.06.06 @ 08:55:00

Mud and Cushion Information

Mud Type: Gel Chem
 Mud Weight: 10.00 lb/gal
 Viscosity: 58.00 sec/qt
 Water Loss: 10.40 in³
 Resistivity: ohm.m
 Salinity: 8000.00 ppm
 Filter Cake: 1.00 inches

Cushion Type:
 Cushion Length: ft
 Cushion Volume: bbl
 Oil API: deg AP
 Water Salinity: ppm
 Gas Cushion Pressure: psia
 Gas Cushion Type:
 Gas Cushion Pressure:

Recovery Information

Length ft	Description	Volume bbl
300.00	water	4.208
600.00	gassy oil cut mud w ater	8.416
0.00	25%gas 45%oil 10%mud 20%w ater	0.000
240.00	gassy oil cut w ater 20%gas 60%oil 20%w at	3.367
30.00	clean oil	0.421
0.00	30 feet gas in pipe	0.000
0.00	chlorides 60,000	0.000
0.00	resistivity .7 @55degree	0.000

Total Length: 1170.00 ft
 Total Volume: 16.412 bbl

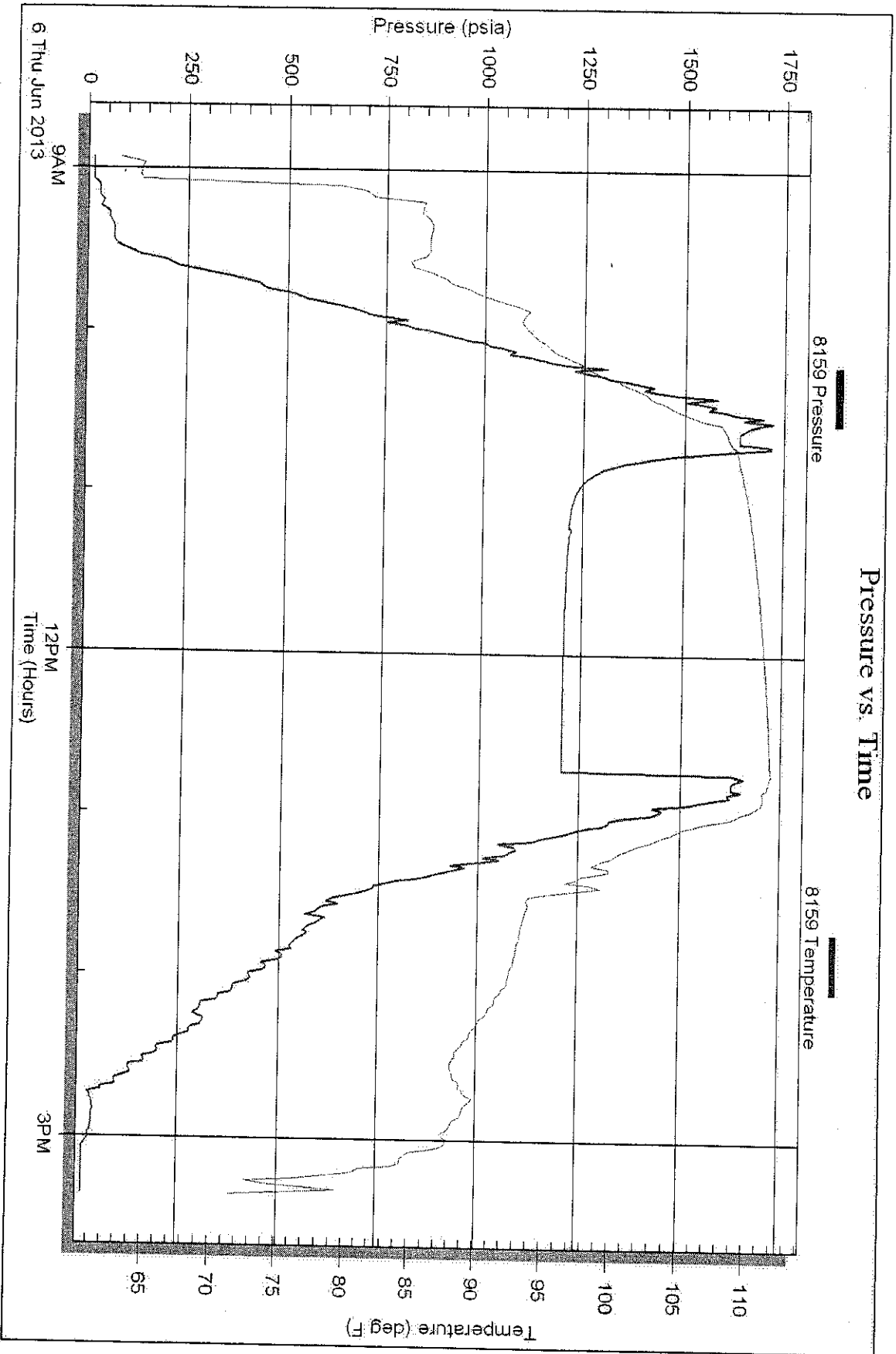
Num Fluid Samples: 0
 Num Gas Bombs: 0
 Laboratory Name:
 Laboratory Location:
 Recovery Comments: chlorides 60,000/ gravity oil 46

Serial #: 8159

Castle Resource inc

Seal/er #1

DST Test Number: 2



Superior Testers Enterprises LLC

Ref. No: 17466

Printed: 2013.06.06 @ 15:59:40