

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1152749

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 North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls
Deepening Re-perf. Conv. to ENHR Conv. to SWD	
Conv. to GSW	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 #:	
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date 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 III Approved by: Date:

	Side Two	1152749
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)	☐ Log Name	Formatior	n (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes No)	Name			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	Yes No Yes No Yes No	>					
List All E. Logs Run:								
		CAS	ING RECORD	New	Used			
		Report all strings	set-conductor, surfa	ace, interm	nediate, productio	on, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / F		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	Mcf	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	Clark 32 2
Doc ID	1152749

Tops

Name	Тор	Datum
Anhydrite	2332	+382
Howard	3484	-770
Topeka	3586	-854
Heebner	3780	-1066
Toronto	3801	-1087
L-KC	3817	-1103
B-KC	4052	-1338
RTD	4118	-1404

IF PAID IN 30 DAYS	DISCOUNT	• 	
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DRILL STEM TEST REPORT

Prepared For: Castle Resources Inc

Schoenchen KS 67667-0087 PO Box 87

ATTN: Jerry Green

Clark 32 #2

32 8s 28w Sheridan,KS

 Job Ticket #: 53824
 DST #: 1

 Job Ticket #: 53824
 DST #: 1

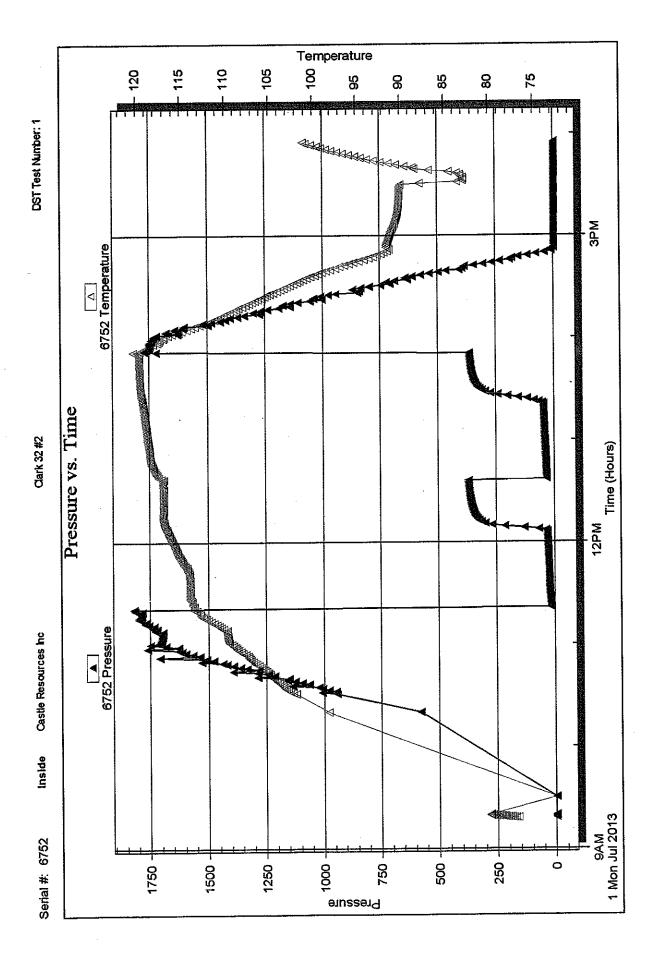
Ph: 785-625-4778 fax: 785-625-5620

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	2'00 CO 100% 0'01
Choke (inches) Pressure (psig) Gas Rate (Mctid)	Length (ft) Description Volume (bb)
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	TEST COMMENT: 45-IFP- Surface Blow Building to 3 1/4" 30-ISIP- No Blow 45-FFP- Surface Blow in 3 min. 30-FSIP- No Blow
Capacity: 2013.07.01 beig 2013.07.01 Last Calib.: 2013.07.01 2013.07.01 Last Calib.: 2013.07.01 2013.07.01 Bitm:	Serial #: 6752 Inside Serial #: 6752 Inside Press@RunDepth: psig 3787.00 ft (KB) Start Date: 2013.07.07 End Date: 3787.00 ft (KB) Start Date: 2013.07.07 End Date: 3787.00 ft (KB)
Reference Eevations: 2726.00 ft (CF) 2720.00 ft (CF) KB to GR/CF: 6.00 ft	Interval: 3786.00 ft (KB) To 3819.00 ft (KB) Total Total Depth: 3819.00 ft (KB) (TVD) 1000 ft (KB) 1000 ft (KB) Hole Diameter: 7.85 inchesHole Condition: Poor
Test Type: Conventional Bottom Hole (Initial) Tester: Jim Svaty Unit No: 41	GENERAL INFORMATION: Formation: Toronto Deviated: No Whipstock: ft (KB) Time Tool Opened: 15:55:00 Time Test Ended: 15:55:00
	ib. a
Test Start: 2013.07.0 @ 09:18:00	ATTN: Jerry Green
10b Ticket: 53824 DST:	Schoenchen KS 67667-0087
Clark 32 #2	
32 8s 28w Sheridan,KS	BILLE Castle Resources Inc
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Ref. No: 53824



Printed: 2013.07.08 @ 14:41:05

Ref. No: 53824

Trilobite Testing, Inc

55 DST#: 2 5.07.02 @ 20:22:00 nventional Straddle (Reset) کانتلائ	.Get Type: C		Image: Second State Resources Inc
3.07.02 @ 20:22:00 nventional Straddle (Reset) 2726.00 ft (KB) 2720.00 ft (CF)	Test Start: 201 Test Type: Co Tester: Jir Tester: 41		ATTN: Jerry Green ENERAL INFORMATION: sviated: No Whipstock: ft (KB) aviated: No Whipstock: ft (KB) me Tool Opened: 22:19:40 me Teol Opened: 22:19:40 me Test Ended: 03:02:00 me Test Ended: 03:02:00
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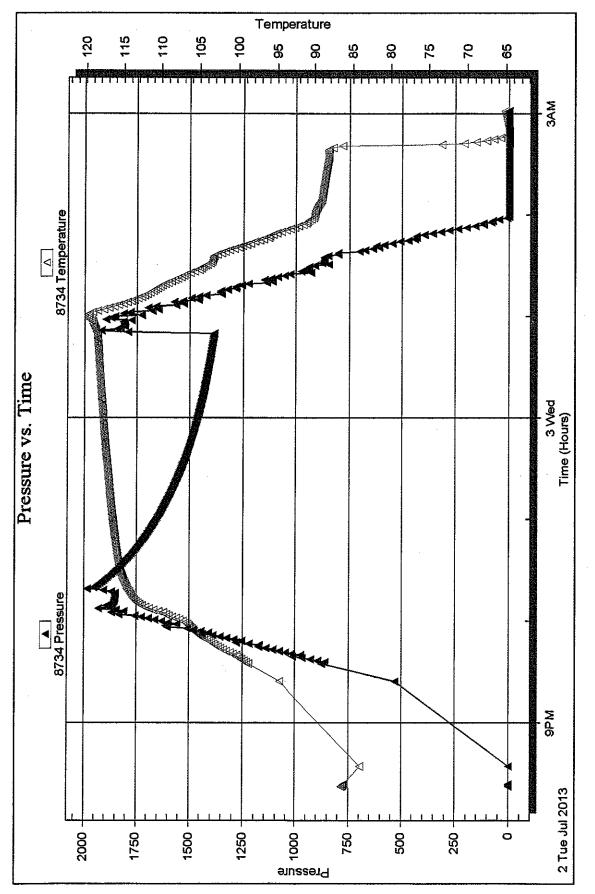
Ref. No: 53825

Serial #: 8734

Below (Stradictic) Resources Inc

Clark 32 #2

DST Test Number: 2



Ref. No: 53825

Trilobite Testing, Inc

Frinted: 2013.07.08 @ 14:40:19



DRILL STEM TEST REPORT

Prepared For: Castle Resources Inc

Schoenchen KS 67667-0087 PO Box 87

ATTN: Jerry Green

Clark 32 #2

32 8s 28w Sheridan,KS

 Job Ticket #:
 54301
 DST #:
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 End Date:
 2013.07.03 @ 10:07:00
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Ph: 785-625-4778 fax: 785-625-5620

Printed: 2013.07.08 @ 14:39:35

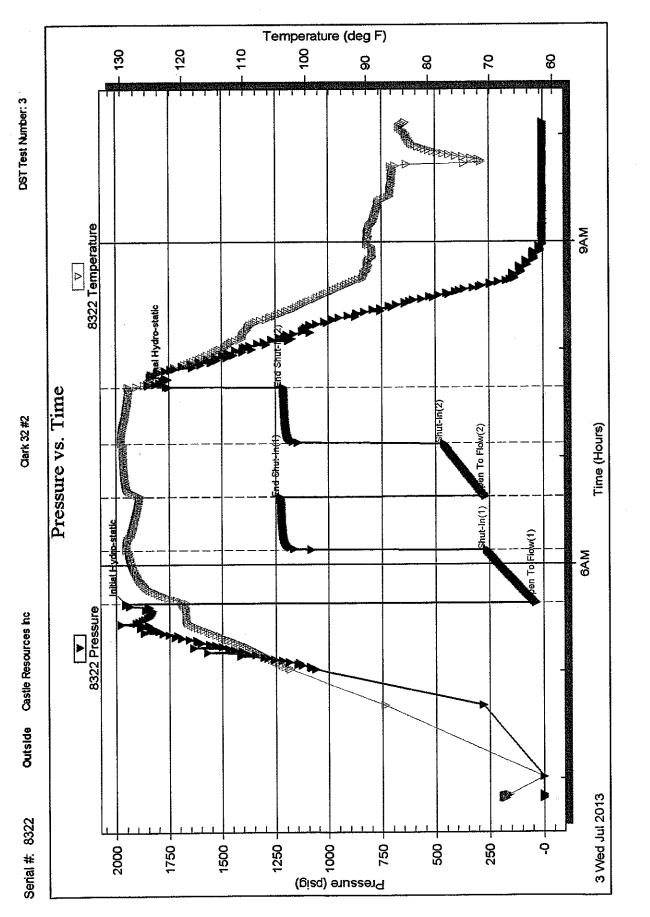
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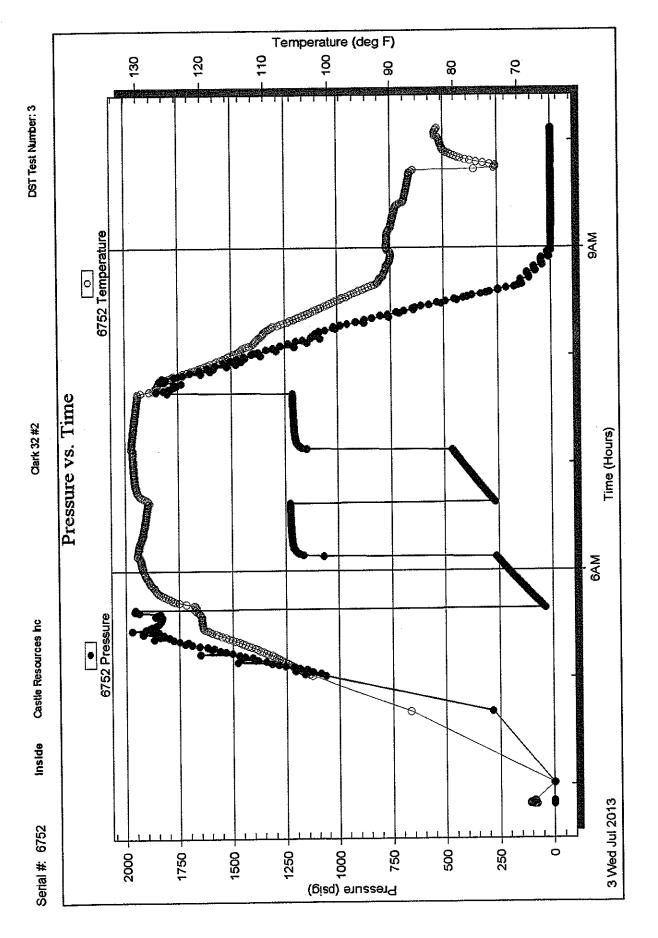
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Trilobite Testing, Inc



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