



**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: \_\_\_\_\_



1152762

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Steele 1
Doc ID	1152762

All Electric Logs Run

Compensated Density Neutron
Dual Induction
Micro Resistivity
Borehole Compensated

Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Steele 1
Doc ID	1152762

Tops

Name	Top	Datum
Anhydrite	2782	+435
Heebner	4112	-895
Toronto	4131	-917
L-KC	4153	-936
B-KC	4428	-1211
Ft. Scott	4624	-1407
Cherokee	4654	-1437
Johnson	4686	-1469
Mississippi	4750	-1533
RTD	4936	-1719

TO  
BOX 90 D  
XIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

705

DATE <i>4-20-12</i> SEC. <i>36</i>	RANGE/TWP. <i>8-34</i>	CALLED OUT	ON LOCATION	JOB START <i>11:45</i>	JOB FINISH <i>11:45</i>
LEASE <i>Steele</i>			WELL # <i>1</i>	COUNTY <i>Thomas</i>	STATE <i>KS</i>

CONTRACTOR <i>White knight</i>	OWNER <i>Castle</i>				
TYPE OF JOB <i>Surface</i>					
HOLE SIZE <i>12 1/4</i>	T.D. <i>374</i>	CEMENT	<i>300sx</i>	<i>Com</i>	<i>3%llc</i>
CASING SIZE <i>8 5/8</i>	DEPTH <i>374</i>	AMOUNT ORDERED	<i>2%gel</i>		
TUBING SIZE	DEPTH				
DRILL PIPE	DEPTH				
TOOL	DEPTH				
PRES. MAX <i>300ps.</i>	MINIMUM <i>100ps.</i>	COMMON	<i>300</i>	<i>@ 15"</i>	<i>4650"</i>
DISPLACEMENT	SHOE JOINT	POZMIX		<i>@</i>	
CEMENT LEFT IN CSG. <i>15-R</i>		GEL	<i>5</i>	<i>@ 26"</i>	<i>130"</i>
PERFS		CHLORIDE		<i>@</i>	
		ASC		<i>@</i>	
EQUIPMENT				<i>@</i>	
				<i>@</i>	
PUMP TRUCK				<i>@</i>	
# <i>1</i>	<i>Cody</i>			<i>@</i>	
BULK TRUCK				<i>@</i>	
# <i>1</i>	<i>Eric</i>			<i>@</i>	
BULK TRUCK <i>Pickup</i>				<i>@</i>	
# <i>Heath</i>				<i>@</i>	
				<i>@</i>	
		HANDLING	<i>305</i>	<i>@ 2"</i>	<i>655"</i>
		MILEAGE	<i>39.2</i>	<i>@ 30"</i>	<i>1187"</i>
		TOTAL			

REMARKS	SERVICE <i>Surface</i>		
<i>Ran 8 5/8 casing down 373' and landing it</i>	DEPT OF JOB	<i>@</i>	
<i>Est Circulation with mud pump</i>	PUMP TRUCK CHARGE	<i>@</i>	<i>1250"</i>
<i>hooked up and miked. 300sx shut</i>	EXTRA FOOTAGE	<i>@</i>	
<i>down released plug and diso 225</i>	MILEAGE <i>39.2</i>	<i>@ 6"</i>	<i>507"</i>
<i>bhl of H2O - shut in @ 300ps.</i>	MANIFOLD	<i>@</i>	
<i>Cement did circulate.</i>	<i>LVM 39x2</i>	<i>@ 2"</i>	<i>156"</i>
	TOTAL		

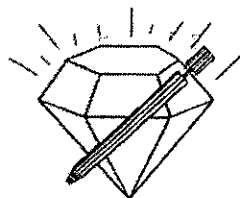
CHARGE TO:	<i>Castle Resources</i>
STREET	STATE
CITY	ZIP

To: Schippers Oil Field Service LLC  
 You are hereby requested to rent cementing equipment and furnish staff 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT	
<i>1 8 5/8 Surface Plug</i>	<i>@ 77"</i>
	<i>@</i>
	<i>@</i>
	<i>@</i>
	<i>@</i>
	<i>@</i>
TOTAL	<i>8617.25</i>
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

SIGNATURE *Terry Austin*

PRINTED NAME



**DIAMOND TESTING, LLC**  
P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
(620) 653-7550 • (800) 542-7313  
STEELE1DST1

Company Castle Resources, Inc. Lease & Well No. Steele No. 1  
Elevation 3217 KB Formation Johnson Effective Pay \_\_\_\_\_ Ft. Ticket No. T197  
Date 4-27-13 Sec. 36 Twp. 8S Range 34W County Thomas State Kansas  
Test Approved By Jerry D. Green Diamond Representative \_\_\_\_\_ Tim Venters

Formation Test No. 1 Interval Tested from 4,630 ft. to 4,710 ft. Total Depth 4,710 ft.  
Packer Depth 4,625 ft. Size 6 3/4 in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Packer Depth 4,630 ft. Size 6 3/4 in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Depth of Selective Zone Set \_\_\_\_\_ ft.

Top Recorder Depth (Inside) 4,611 ft. Recorder Number 8457 Cap. 10,000 psi.  
Bottom Recorder Depth (Outside) 4,707 ft. Recorder Number 11030 Cap. 5,025 psi.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ psi.

Drilling Contractor White Knight Drilling, LLC - Rig 1 Drill Collar Length \_\_\_\_\_ ft. I.D. \_\_\_\_\_ in.  
Mud Type Chemical Viscosity 77 Weight Pipe Length \_\_\_\_\_ ft. I.D. \_\_\_\_\_ in.  
Weight 9.8 Water Loss 12.0 cc. Drill Pipe Length 4,597 ft. I.D. 3 1/2 in.  
Chlorides 6,800 P.P.M. Test Tool Length 33 ft. Tool Size 3 1/2-IF in.  
Jars: Make Sterling Serial Number 4 Anchor Length 18' perf. w/62' drill pipe Size 4 1/2-FH in.  
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.  
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Weak surface blow increasing to 1/2 in. No blow back during shut-in.  
2nd Open: Weak surface blow throughout. No blow back during shut-in.

Recovered 20 ft. of water cut mud w/spotty oil = .284600 bbls. (Grind out: 8%-water; 92%-mud) Chlorides: 19,000 Ppm PH: 9.5 RW: .35 @ 82°  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Remarks Tool Sample Grind Out: Trace-oil; 12%-water; 88%-mud  
Flushed tool 6 mins. into final flow period & received a weak surface blow.

Time Set Packer(s) 12:10 P.M. Time Started off Bottom 3:19 P.M. Maximum Temperature 119°  
Initial Hydrostatic Pressure.....(A) 2283 P.S.I.  
Initial Flow Period.....Minutes 45 (B) 9 P.S.I. to (C) 13 P.S.I.  
Initial Closed In Period.....Minutes 45 (D) 1142 P.S.I.  
Final Flow Period.....Minutes 45 (E) 14 P.S.I. to (F) 16 P.S.I.  
Final Closed In Period.....Minutes 54 (G) 903 P.S.I.  
Final Hydrostatic Pressure.....(H) 2275 P.S.I.

# Diamond Testing

## General information Report

### General Information

Company Name CASTLE RESOURCES, INC.

Contact	JERRY GREEN	Job Number	T197
Well Name	STEELE #1	Representative	TIM VENTERS
Unique Well ID	DST #1, JOHNSON, 4630-4710	Well Operator	CASTLE RESOURCES, INC.
Surface Location	SEC 36-8S-34W, THOMAS CO. KS.	Report Date	2013/04/27
Well License Number		Prepared By	TIM VENTERS
Field	WILDCAT		
Well Type	Vertical		

Test Type	CONVENTIONAL		
Formation	DST #1, JOHNSON, 4630-4710		
Well Fluid Type	01 Oil	Start Test Time	09:18:00
		Final Test Time	17:25:00
Start Test Date	2013/04/27		
Final Test Date	2013/04/27		
Gauge Name	8457		
Gauge Serial Number			

### Test Results

RECOVERED: 20' WCM W/SP.O, 8% WATER, 92% MUD

TOOL SAMPLE: TRACE OIL, 12% WATER, 88% MUD

CHLORIDES: 19,000 ppm  
PH: 9.5  
RW: .35 @ 82 deg.

CASTLE RESOURCES, INC.  
DST #1, JOHNSON, 4630-4710  
Start Test Date: 2013/04/27  
Final Test Date: 2013/04/27

STEELE #1  
Formation: DST #1, JOHNSON, 4630-4710  
Pool: WILDCAT  
Job Number: T197

# STEELE #1

