



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1163148
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1163148

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Peaslee 1
Doc ID	1163148

Tops

Name	Top	Datum
Anyhdrite	1314-49	+608
Topeka	2844	-922
Heebner	3051	-1129
Toronto	3075	-1152
LKC	3093	-1171
BKC	3312	-1390
Arbuckle	3374	-1452
RTD	3430	-1507

ALLIED OIL & GAS SERVICES, LLC 054758

Federal Tax I.D.# 20-5975804

TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

DATE <u>7-27-13</u>	SEC <u>9</u>	TWP <u>8</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00AM</u>	JOB FINISH <u>8:30AM</u>
LEASE <u>Peaslee</u>	WELL# <u>1</u>	LOCATION <u>Plainville KS 8N1W 1/2 S</u>			COUNTY <u>Rooks</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>2W 1 1/2 N E into</u>					

CONTRACTOR White Knight
TYPE OF JOB Long String

HOLE SIZE <u>7 7/8</u>	T.D. <u>3460</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>3452</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL PC	DEPTH <u>1341</u>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>12.66</u>
CEMENT LEFT IN CSG. <u>12.66</u>	
PERFS.	
DISPLACEMENT	<u>80 bbl</u>
EQUIPMENT	
PUMP TRUCK CEMENTER <u>Robert Y</u>	
# <u>477</u> HELPER <u>Woody O</u>	
BULK TRUCK	
# <u>481</u> DRIVER <u>Joc G</u>	
BULK TRUCK	
#	DRIVER

OWNER

CEMENT	AMOUNT ORDERED <u>175 ASC 5# Gil/sk</u>
COMMON	@
POZMIX	@
GEL	@
CHLORIDE	@
ASC	<u>175</u> @ <u>20.90</u> <u>3657.50</u>
<u>Gilsonite 900# 18sx</u>	@ <u>0.98</u> <u>882.00</u>
<u>Mud flush 12bbl</u>	@ <u>58.70</u> <u>704.40</u>
HANDLING <u>225.42</u>	@ <u>2.48</u> <u>559.04</u>
MILEAGE <u>397</u>	@ <u>2.60</u> <u>1032.20</u>
TOTAL <u>6835.14</u>	

REMARKS:

run 92 jts of 5 1/2 17" csg receive circulation
mix 12 bbl mud flush 30 sk in Rathole
145 sk down hole displace 80 bbl
of water land plug at 1300 #

Thank you

SERVICE

DEPTH OF JOB	<u>3452</u>
PUMP TRUCK CHARGE	<u>2558.75</u>
EXTRA FOOTAGE	@
MILEAGE <u>40 HVM I</u>	@ <u>7.70</u> <u>308.00</u>
MANIFOLD	@
<u>40 LVMI</u>	@ <u>4.40</u> <u>176.00</u>
TOTAL <u>3042.75</u>	

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

PLUG & FLOAT EQUIPMENT

<u>5 1/2 float shoe</u>	@ <u>339.30</u> <u>339.30</u>
<u>latchdown plug</u>	@ <u>398.75</u> <u>398.75</u>
<u>2 baskets</u>	@ <u>159.40</u> <u>318.80</u>
<u>2 cent</u>	@ <u>28.40</u> <u>56.80</u>
<u>1 Partcollar</u>	@ <u>1831.25</u> <u>1831.25</u>
TOTAL <u>2944.90</u>	

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) 12822.79

TOTAL CHARGES 10991.54 10991.54

PRINTED NAME _____

DISCOUNT 2198.31 IF PAID IN 30 DAYS

SIGNATURE [Signature]

1975.58
9015.98 before Tax
\$10847.21

SCHIPPER'S OIL FIELD SERVICES, L.L.C.

1070

REMIT TO 18048 170RD
RUSSELL, KS 67665SERVICE POINT:
Russell, KS - Horie, KS

DATE <u>7-20-13</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>11:00am</u>	JOB FINISH <u>11:30pm</u>
LEASE <u>ProSpec</u>	WELL #. <u>1</u>	LOCATION			COUNTY <u>Rooks</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (CIRCLE ONE)							

CONTRACTOR White Knight
TYPE OF JOB Surface
HOLE SIZE 12 1/4 T.D.
CASING SIZE 8 7/8 DEPTH
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG.
PERFS
DISPLACEMENT

OWNER
CEMENT AMOUNT ORDERED 150 sacks 3 1/2 cc
2 1/2 gal

EQUIPMENT
PUMP TRUCK CEMENTER Heath
P1 HELPER Cody
BULK TRUCK
B1 DRIVER Jay
BULK TRUCK
DRIVER

COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	@	
MILEAGE		
TOTAL		

REMARKS:
Ran 5 hrs of 8 7/8 casing and bonding
Est circulation
hooked up and mixed 150 sacks and disp
1 1/2 bbl of H₂O - shut in @ 300 ps
Cement did circulate
Castle
CHARGE TO: Castle
STREET
CITY STATE ZIP

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		
EXTRA FOOTAGE	@	
MILEAGE	@	
MANIFOLD	@	
	@	
	@	
TOTAL		

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL		

Schippers Oil Field Services, L.L.C.,
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.

PRINTED NAME _____

SIGNATURE Terry Austin

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS



CHARGE TO: Castle Resources
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET No **24843**
 PAGE 1 OF 1

SERVICE LOCATIONS
 1. Leays, KS WELL/PROJECT NO. #1 LEASE Proface COUNTY/PARISH Rock STATE KS CITY
 2. TICKET TYPE SERVICE CONTRACTOR Proface 1 Pull Serv. RIG NAME/NO. Rock SHIPPED VIA CHT DELIVERED TO Loc. DATE 8-1-13 OWNER Same
 3. WELL TYPE Dil WELL CATEGORY Development JOB PURPOSE CR. Part Collar WELL PERMIT NO.
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #113	45	mi			6.00	270.00
576 D					Pump Service	1	ea			1500.00	1,500.00
105					Part Collar Tool	1	ea		5 1/2 in	350.00	350.00
581					Service Charge	175	hrs			2.00	350.00
583					Drygas	610	mi			1.00	610.00
330					5MD CRT.	150	sk			17.00	2,550.00
296					Flocele	45	#			2.00	90.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY**, and **LIMITED WARRANTY** provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMERS AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 DATE SIGNED [Signature] TIME SIGNED A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 5,720.00
 TOTAL 5,903.89

Rock's TAX 15% 183.89

SWIFT OPERATOR [Signature] APPROVAL [Signature]
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 Thank You!

JOB LOG

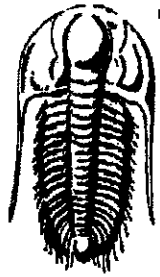
SWIFT Services, Inc.

DATE 8-1-13 PAGE NO. 7

CUSTOMER Castle Res. WELL NO. 1 LEASE Rowley JOB TYPE Cnt. Port Collar TICKET NO. 24843

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	12:30							On Loc. Set up truck P.C. @ 1337'
	13:00						1,000	Press. test Ctg. 1,000 psi held open Port Collar
		3					400	Inj. Rate 3BPM 400psi
	13:25							Start Mix SMO Cement 2 nd Pumped establish circulation
	13:55							Cement Circulate Increase weight Finish mixing 150 sks total Disp. 4 sks
							1,000	Close P.C. Press test 1,000 psi held Release press. Run 3 Joints Reverse out
	14:05							2 Flags Hole clean wash & rack up truck Job complete
	14:12							

[Signature]
Roger Don Rob



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Castle Resources Inc**

PO Box 87
Schoenchen KS 67867

ATTN: Jerry Green

Peaslee #1

9-8s-18w Rooks,KS

Start Date: 2013.07.26 @ 08:58:00

End Date: 2013.07.26 @ 16:57:30

Job Ticket #: 53937 DST #: 1

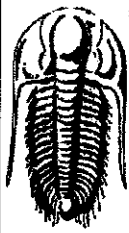
Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Printed: 2013.07.29 @ 09:45:09

Castle Resources Inc
9-8s-18w Rooks,KS
Peaslee #1
DST # 1
2013.07.26



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Castle Resources Inc
PO Box 87
Schoenchen KS 67867
ATTN: Jerry Green

9-8s-18w Rooks,KS
Peaslee #1
Job Ticket: 53937 **DST#: 1**
Test Start: 2013.07.26 @ 08:58:00

GENERAL INFORMATION:

Formation:

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:52:15

Time Test Ended: 16:57:30

Test Type: Conventional Straddle (Initial)

Tester: Cody Bloedorn

Unit No: 53

Interval: **3360.00 ft (KB) To 3402.00 ft (KB) (TVD)**

Total Depth: 3430.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 1910.00 ft (KB)

1905.00 ft (CF)

KB to GR/CF: 5.00 ft

Serial #: 6799

Inside

Press@RunDepth: 87.68 psig @ 3364.00 ft (KB)

Start Date: 2013.07.26

End Date: 2013.07.26

Start Time: 08:58:05

End Time: 16:57:29

Capacity: 8000.00 psig

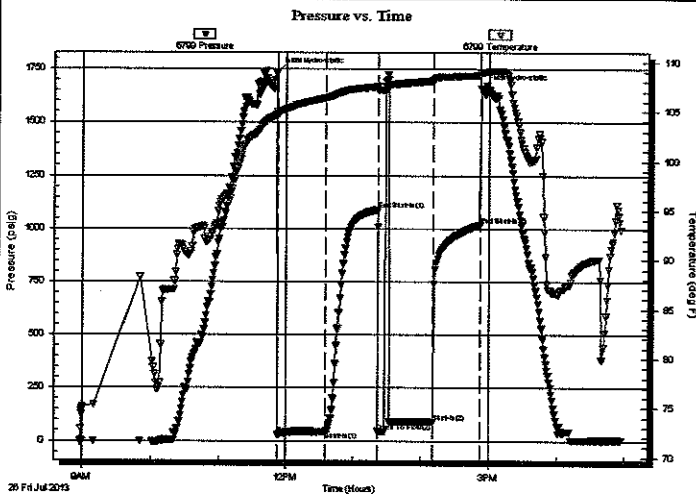
Last Calib.: 2013.07.26

Time On Btm: 2013.07.26 @ 11:51:45

Time Off Btm: 2013.07.26 @ 14:52:45

TEST COMMENT: 45 - IF- 5" in 23 minutes, died back to 4"
45 - IS- No return
45 - FF- No blow for 5 min. Flushed tool, 7" blow and dying to 6"
45 - FS- No return

PRESSURE SUMMARY



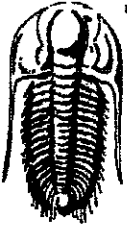
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1734.88	104.98	Initial Hydro-static
1	29.11	104.69	Open To Flow (1)
44	43.93	106.36	Shut-In(1)
90	1088.94	107.50	End Shut-In(1)
91	44.96	107.18	Open To Flow (2)
139	87.68	108.08	Shut-In(2)
181	1017.46	108.67	End Shut-In(2)
181	1661.17	108.91	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
150.00	Mud, with oil spots	2.10

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Castle Resources Inc
 PO Box 87
 Schoenchen KS 67867
 ATTN: Jerry Green

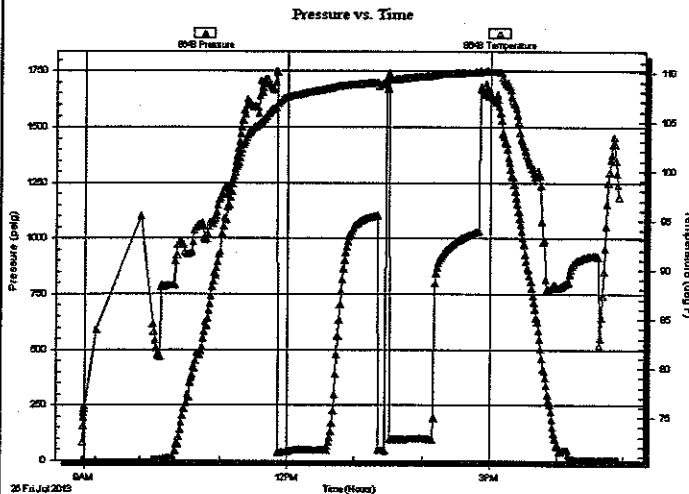
9-8s-18w Rooks, KS
Peaslee #1
 Job Ticket: 53937 DST#: 1
 Test Start: 2013.07.26 @ 08:58:00

GENERAL INFORMATION:

Formation:				Test Type:	Conventional Straddle (Initial)
Deviated:	No	Whipstock:	ft (KB)	Tester:	Cody Bloedorn
Time Tool Opened:	11:52:15			Unit No.:	53
Time Test Ended:	16:57:30			Reference Elevations:	1910.00 ft (KB)
Interval:	3360.00 ft (KB) To	3402.00 ft (KB) (TVD)			1905.00 ft (CF)
Total Depth:	3430.00 ft (KB) (TVD)			KB to GR/CF:	5.00 ft
Hole Diameter:	7.88 inches	Hole Condition:	Fair		

Serial #: 8648	Outside			Capacity:	8000.00 psig
Press@RunDepth:	psig @	3364.00 ft (KB)		Last Calib.:	2013.07.26
Start Date:	2013.07.26	End Date:	2013.07.26	Time On Btm:	
Start Time:	08:58:05	End Time:	16:55:29	Time Off Btm:	

TEST COMMENT: 45 - IF- 5" in 23 minutes, died back to 4"
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PRESSURE SUMMARY

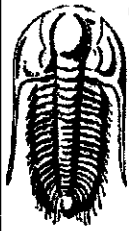
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
150.00	Mud, with oil spots	2.10

Gas Rates

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



TRILLOBITE TESTING, INC

DRILL STEM TEST REPORT

Castle Resources Inc
 PO Box 87
 Schoenchen KS 67867
 ATTN: Jerry Green

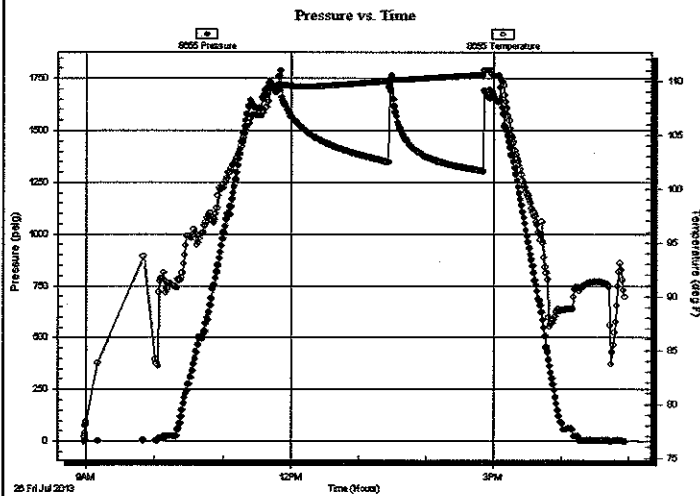
9-8s-18w Rooks,KS
Peaslee #1
 Job Ticket: 53937 **DST#: 1**
 Test Start: 2013.07.26 @ 08:58:00

GENERAL INFORMATION:

Formation:			
Deviated:	No	Whipstock:	ft (KB)
Time Tool Opened:	11:52:15	Test Type:	Conventional Straddle (Initial)
Time Test Ended:	16:57:30	Tester:	Cody Bloedorn
Interval:	3360.00 ft (KB) To 3402.00 ft (KB) (TVD)	Unit No:	53
Total Depth:	3430.00 ft (KB) (TVD)	Reference Elevations:	1910.00 ft (KB)
Hole Diameter:	7.88 inches	Hole Condition:	Fair
			1905.00 ft (CF)
		KB to GR/CF:	5.00 ft

Serial #: 8655	Below (Straddle)		
Press@RunDepth:	psig @ 3407.00 ft (KB)	Capacity:	8000.00 psig
Start Date:	2013.07.26	End Date:	2013.07.26
Start Time:	08:58:05	End Time:	16:55:44
		Last Calib.:	2013.07.26
		Time On Btm:	
		Time Off Btm:	

TEST COMMENT: 45 - IF- 5" in 23 minutes, died back to 4"
 45 - IS- No return
 45 - FF- No blow for 5 min. Flushed tool, 7" blow and dying to 6"
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PRESSURE SUMMARY

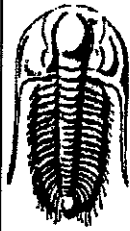
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
150.00	Mud, with oil spots	2.10

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Castle Resources Inc
 PO Box 87
 Schoenchen KS 67867
 ATTN: Jerry Green

9-8s-18w Rooks,KS
Peaslee #1
 Job Ticket: 53937 DST#: 1
 Test Start: 2013.07.26 @ 08:58:00

Tool Information

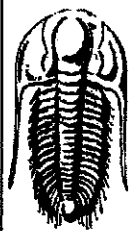
Drill Pipe:	Length: 3364.00 ft	Diameter: 3.80 inches	Volume: 47.19 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 30000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 60000.00 lb
			<u>Total Volume: 47.19 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	25.00 ft			String Weight: Initial 42000.00 lb
Depth to Top Packer:	3360.00 ft			Final 44000.00 lb
Depth to Bottom Packer:	3402.00 ft			
Interval between Packers:	42.00 ft			
Tool Length:	94.00 ft			
Number of Packers:	3	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3340.00	
Shut In Tool	5.00			3345.00	
Hydraulic tool	5.00			3350.00	
Packer	5.00			3355.00	21.00 Bottom Of Top Packer
Packer	5.00			3360.00	
Stubb	1.00			3361.00	
Perforations	2.00			3363.00	
Change Over Sub	1.00			3364.00	
Recorder	0.00	6799	Inside	3364.00	
Recorder	0.00	8648	Outside	3364.00	
Drill Pipe	31.00			3395.00	
Change Over Sub	1.00			3396.00	
Perforations	5.00			3401.00	
Blank Off Sub	1.00			3402.00	42.00 Tool Interval
Packer	4.00			3406.00	
Stubb	1.00			3407.00	
Recorder	0.00	8655	Below	3407.00	
Perforations	23.00			3430.00	
Bullnose	3.00			3433.00	31.00 Bottom Packers & Anchor

Total Tool Length: 94.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources Inc

9-8s-18w Rooks,KS

PO Box 87
Schoenchen KS 67867

Peaslee #1

Job Ticket: 53937

DST#: 1

ATTN: Jerry Green

Test Start: 2013.07.26 @ 08:58:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 42.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
150.00	Mud, with oil spots	2.104

Total Length: 150.00 ft

Total Volume: 2.104 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

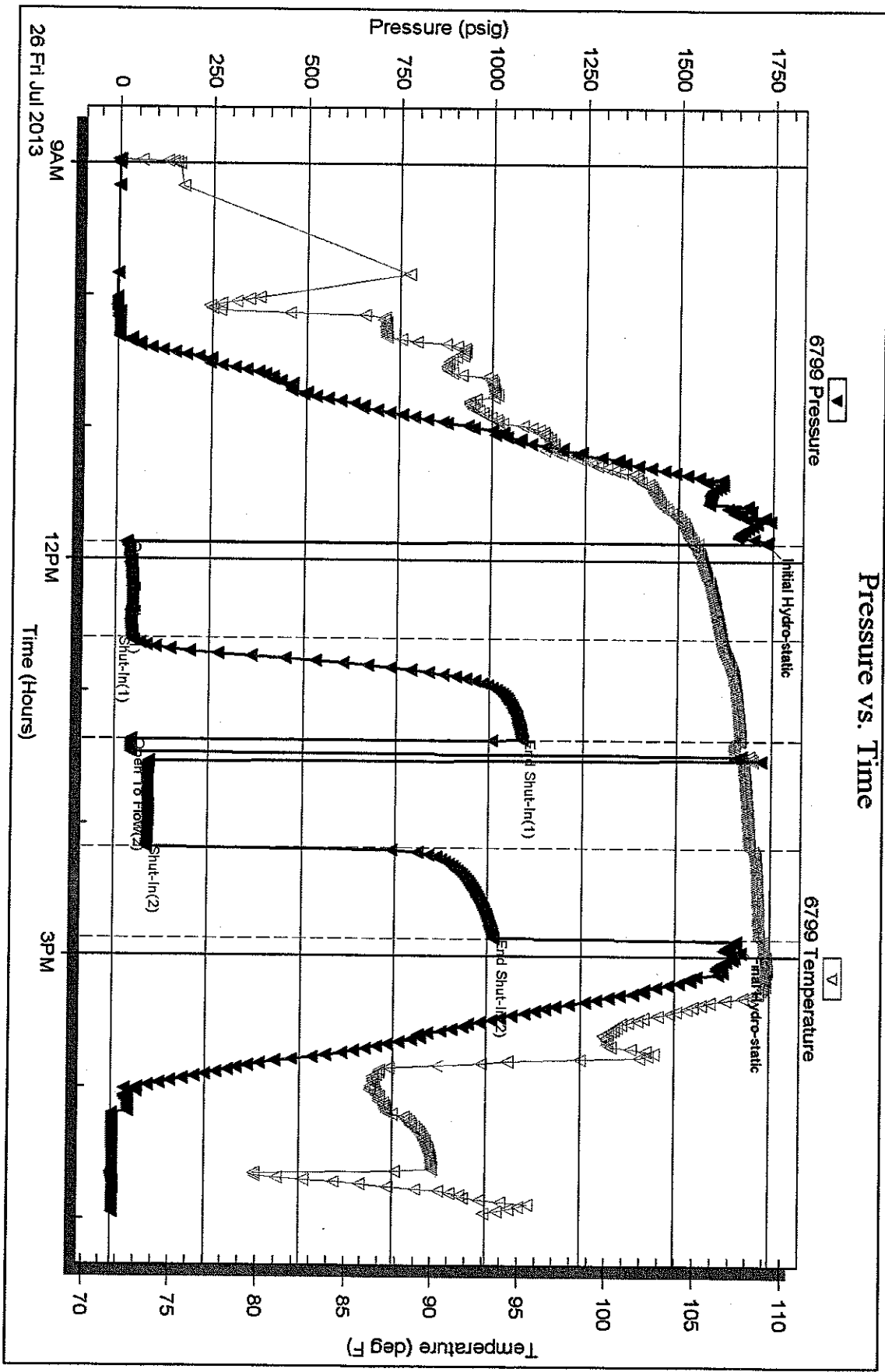
Serial #: 6799

Inside

Castle Resources Inc

Peaslee #1

DST Test Number: 1



Triobite Testing, Inc

Ref. No: 53937

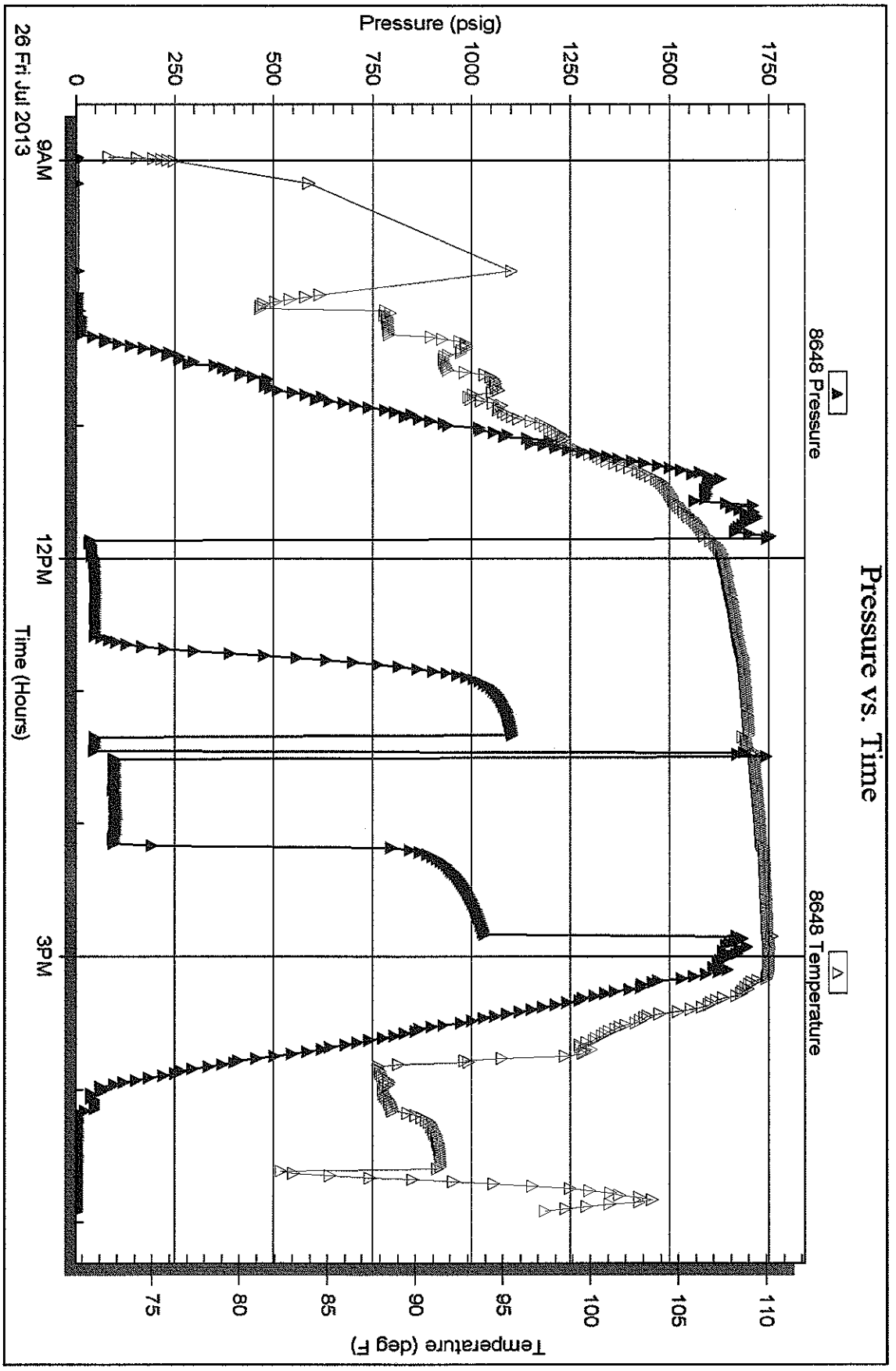
Printed: 2013.07.29 @ 09:45:12

Serial #: 8648

Outside Castle Resources Inc

Peaslee #1

DST Test Number: 1

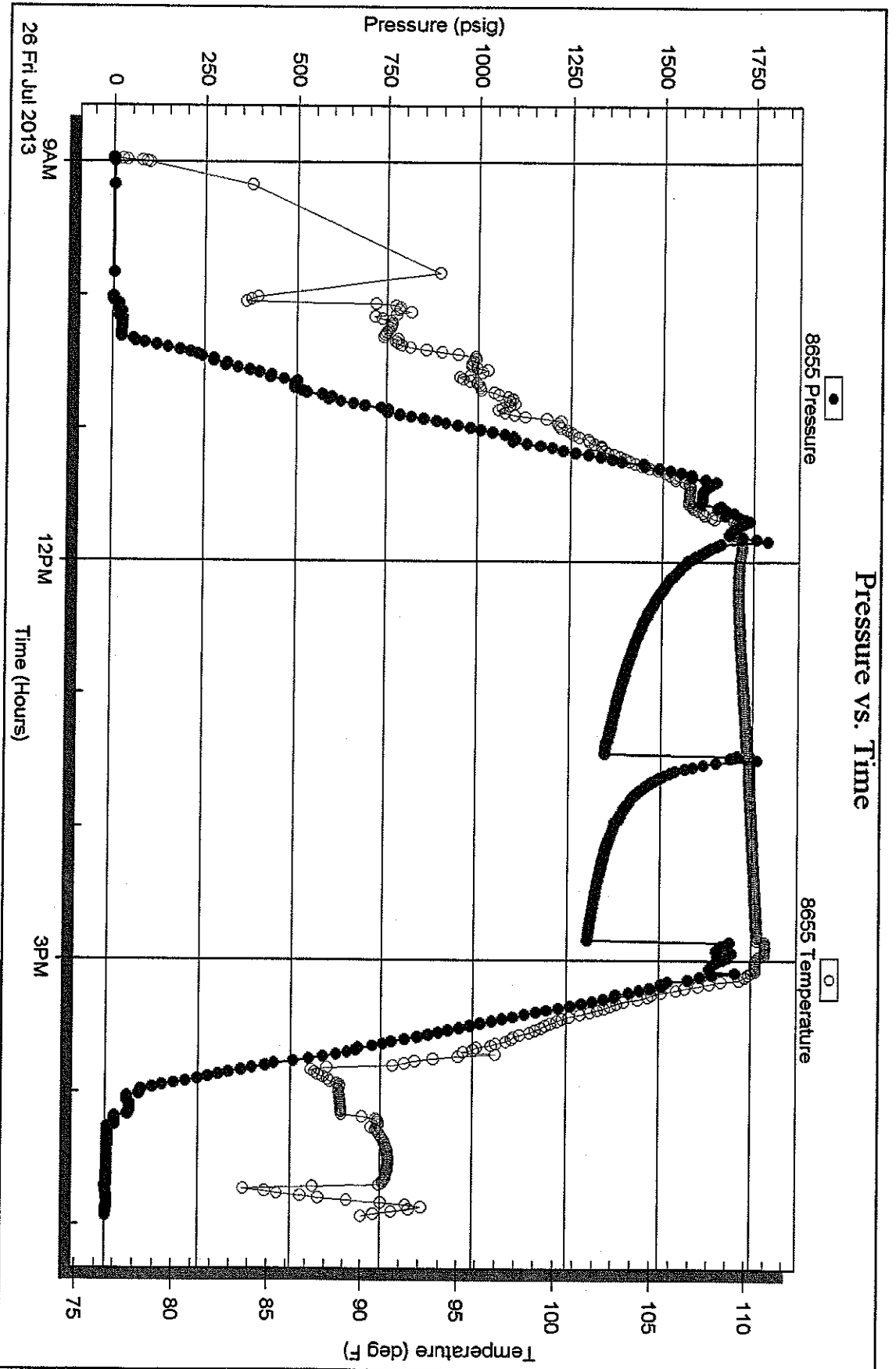


Serial #: 8655

Below (Straddle) Resources Inc

Peaslee #1

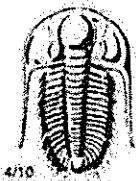
DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 53937

Printed: 2013.07.29 @ 09:45:13



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 53937

Well Name & No.	Peaslee #1	Test No.	1	Date	7-26-13
Company	Castle Resources INC	Elevation	1905	KB	1910
Address	Po Box 87, Schoenchen KS, 67867				
Co. Rep / Geo.	Jerry Green	Rig	White Knight		
Location: Sec.	9	Twp.	8s	Rge.	18w
		Co.	Rooks	State	KS

Interval Tested	3360 - 3402	Zone Tested	
Anchor Length	42' TD=3430	Drill Pipe Run	3364'
Top Packer Depth	3355	Drill Collars Run	—
Bottom Packer Depth	3360	Wt. Pipe Run	—
Total Depth	3402	Chlorides	4,000 ppm System
		LCM	—

Blow Description IF - 5" in 23 minutes. died back to 4"
 IST - No return
 FF - No blow for 5 min. Flushed tool, 7" blow died back to 6"
 PSI - No return

Rec	Feet of	%gas	%oil	%water	%mud
150	Mud with oil spots			100	

Rec Total 150' BHT 108° Gravity — API RW — @ — F Chlorides — ppm

(A) Initial Hydrostatic	1734	<input checked="" type="checkbox"/> Test	150	T-On Location	7:55am
(B) First Initial Flow	29	<input type="checkbox"/> Jars		T-Started	8:58am
(C) First Final Flow	43	<input type="checkbox"/> Safety Joint		T-Open	11:53am
(D) Initial Shut-In	1088	<input type="checkbox"/> Circ Sub		T-Pulled	2:53pm
(E) Second Initial Flow	44	<input type="checkbox"/> Hourly Standby		T-Out	4:58pm
(F) Second Final Flow	87	<input type="checkbox"/> Mileage	79 RT x 2 122.45	Comments	Mileage x2 for bringing shale packer out by Daniel. 122.45
(G) Final Shut-In	1017	<input type="checkbox"/> Sampler		<input type="checkbox"/> Ruined Shale Packer	
(H) Final Hydrostatic	1661	<input checked="" type="checkbox"/> Straddle	600	<input type="checkbox"/> Ruined Packer	

Initial Open	45	<input checked="" type="checkbox"/> Shale Packer	250	<input type="checkbox"/> Extra Copies	
Initial Shut-In	45	<input type="checkbox"/> Extra Packer		Sub Total	0
Final Flow	45	<input type="checkbox"/> Extra Recorder		Total	2244.90
Final Shut-In	45	<input type="checkbox"/> Day Standby		MP/DST Disc't	
		<input type="checkbox"/> Accessibility		Sub Total	2122.45

Approved By _____ Our Representative Cody Ble

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