



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1194770
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
-----------------------------------	-----------------	---

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: _____

1194770

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: 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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---



P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



Invoice

DATE	INVOICE #
10/15/2013	25720

BILL TO
Castle Resources Inc. PO Box 87 Schoenchen, KS 67667

181204
RRELOWWO
Cement long string

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1	Kriley OWWO	Rooks	White Knight Dril...	Oil	Development	5-1/2" LongString	Jason
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				45	Miles	6.00	270.00
579D	Pump Charge - Two-Stage				1	Job	2,000.00	2,000.00
402-5	5 1/2" Centralizer				5	Each	70.00	350.00T
403-5	5 1/2" Cement Basket				3	Each	285.00	855.00T
407-5	5 1/2" Insert Float Shoe With Auto Fill				1	Each	375.00	375.00T
408-5	5 1/2" D.V. Tool & Plug Set				1	Each	3,300.00	3,300.00T
417-5	5 1/2" D.V. Latch Down Plug & Baffle				1	Each	200.00	200.00T
281	Mud Flush				500	Gallon(s)	1.25	625.00T
221	Liquid KCL (Clayfix)				4	Gallon(s)	25.00	100.00T
276	Flocele				110	Lb(s)	2.00	220.00T
283	Salt				750	Lb(s)	0.20	150.00T
284	Calseal				7	Sack(s)	35.00	245.00T
286	Halad-1 (Halad 9)				75	Lb(s)	8.00	600.00T
290	D-Air				4	Gallon(s)	42.00	168.00T
325	Standard Cement				150	Sacks	14.00	2,100.00T
330	Swift Multi-Density Standard (MIDCON II)				225	Sacks	17.00	3,825.00T
581D	Service Charge Cement				375	Sacks	2.00	750.00
583D	Drayage				1,425.18	Ton Miles	1.00	1,425.18
	Subtotal							17,558.18
	Sales Tax Rooks County						6.15%	806.45

181204
11-11-13
CH
17549

We Appreciate Your Business!

Total

\$18,364.63



Services, Inc.

CHARGE TO: **CASTLE RESOURCES**

ADDRESS
CITY, STATE, ZIP CODE

TICKET 25720

PAGE 1 OF 2

1. SERVICE LOCATION Ness City, KS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
		RILEY OGDEN #1	ROCKS	KS	STOCKTON, KS	15 OCT 13	
2. TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	WELL NAME/NO.	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
	WHITE KILGAT DRILLING						
3. WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.				
	DIL	DEVELOPMENT	5-30 LONGSTRING				
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 #115	45	mi			7.00	315.00
579					Pump Charge	1	hour			200.00	200.00
402					DETRALIZERS	5	EA.			70.00	350.00
403					Cement BASKETS	3	BA.			285.00	855.00
407					INSERT FLOAT SHOE w/ AUTO FILL	1	EA.			375.00	375.00
408					DV TOOL & PLUG SET	1	EA.			330.00	330.00
417					DV LATCH & Mud Plug & BARELLE	1	EA.			200.00	200.00
281					MUD FLUSH	1	hour			1.25	1.25
221					LIQUID KCL	4	gal			25.00	100.00

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 CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED **15 OCT 13** TIME SIGNED **2:15** A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560

785-798-2300

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?	DATE	AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						

CUSTOMER'S ACCEPTANCE OF MATERIALS AND SERVICES. The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR **[Signature]** APPROVAL

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 25-720

CUSTOMER: **OSTER RESOURCES**

WELL: **Kriley Duvall**

DATE: **15 Dec 13** PAGE **2** OF **2**

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING		TIME	DESCRIPTION	QTY	UM	QTY	UM	UNIT PRICE	AMOUNT
		LOC	ACCT								
226					FLOCELE	110	lbs			2.22	242.40
223					SALT	750	lbs			1.92	1432.00
284					CAUSEAL	7	5x			35.00	245.00
286					HAIRB-1	75	lbs			2.12	1590.00
290					D-AIR	4	9x2			4.20	168.00
325					STANDARD EA-2	150	5x			1.40	210.00
330					SMD CEMENT	225	5x			1.70	3825.00
581					SERVICE CHARGE			375	5x	2.00	750.00
583					MILEAGE CHARGE			74.85	18	1.90	1425.18
<p>TON WEIGHT: 3885- LOADER W/ES: 75- TON MILES: 7485.18</p>											
<p>CONTINUATION TOTAL</p>											9483.18

JOB LOG

SWIFT Services, Inc.

DATE 50013 PAGE NO.

CUSTOMER CASTLE RESOURCES

WELL NO.

LEASE KRILEY DWWD #1

JOB TYPE 5/2 LONGSTRING

TICKET NO. 25720

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1530							ON LOCATION
	1809							START PIPE - 5 1/2 - 15.5 # RTD @ 3420 SHOE SE 16.08 CENTRALIZERS 1, 3, 6, 10, 50 BASKETS 10, 51, 64 DV TOOL # 51 @ 1308
	1936							DROP BALL - CIRCULATE
	2018	6	12				300	Pump 500 gal MUD FLUSH
		6	20				300	Pump 20 Bbl KCL FLUSH
	2024	4	3 1/2					MIX 150 SX EA - 2
	2035							WASHOUT Pump & LINES.
	2038	6						START DISPLACING PLUG
	2052	8	81				1500	PLUG DOWN. LATCH PLUG IN.
	2054							RELEASE PSI - DRY
	2055							DROP DV OPENING TOOL
	2058		7					PLUG RH - 30 SX
	2065						1100	OPEN DV
	2106	6	20					Pump 20 Bbl KCL FLUSH
	2009	6	108				300	MIX 195 SX SMD
	2130							WASHOUT Pump & LINES.
	2132	6						START DISPLACING CLOSING PLUG/TOOL
	2138	8	3 1/2				1500	PLUG DOWN - CLOSE DV
	2140							RELEASE PSI - DRY
								CIRCULATE 20 SX TO PIT
	2145							WASH TRUCK
	2215							JOB COMPLETE
								THANKS #115
								JASON DAVE DOUG