



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1214385
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: _____



1214385

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
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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
<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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 063465

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Dakley

DATE <i>6-30-14</i>	SEC. <i>19</i>	TWP. <i>16</i>	RANGE <i>33</i>	CALLED OUT	ON LOCATION <i>11:00 AM</i>	JOB START <i>4:30 AM</i>	JOB FINISH <i>5:00 PM</i>
LEASE <i>LYNX</i>	WELL # <i>1</i>	LOCATION <i>Pence 4E S + E 1000</i>			COUNTY <i>Scott</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *White Knight*

TYPE OF JOB *Surface*

HOLE SIZE *18 1/4* TD. *305'*

CASING SIZE *8 7/8* DEPTH *303.31'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *15*

PERFS.

DISPLACEMENT *18,360 BBL*

EQUIPMENT

OWNER *Same*

CEMENT AMOUNT ORDERED *190 sks com 3% cc*

2 1/2 g. cl

COMMON <i>190 sks</i>	@ <i>12.90</i>	<i>346.00</i>
POZMIX	@	
GEL <i>357.2 #</i>	@ <i>1.05</i>	<i>375.06</i>
CHLORIDE <i>535 #</i>	@ <i>1.10</i>	<i>588.50</i>
ASC	@	
<i>Ma Veric O Int. C.</i>	@	<i>4,344.50</i>
<i>(1,091.14 / 20%)</i>	@	
	@	
	@	
	@	
	@	
HANDLING <i>205.45 cc / ft</i>	@ <i>2.48</i>	<i>509.51</i>
MILEAGE <i>31.25 ton/mile</i>	@ <i>9.72</i>	<i>1030.70</i>

TOTAL _____

PUMP TRUCK CEMENTER *Andrew Forstland*

423-881 HELPER *Carrene Wente*

BULK TRUCK DRIVER *Juan (TWS)*

891

BULK TRUCK DRIVER

REMARKS:

Cement did circulate

Thank you

CHARGE TO: *Castle Resources*

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB *303.31'*

PUMP TRUCK CHARGE *1522.25*

EXTRA FOOTAGE @

MILEAGE *40 miles* @ *7.70* *308.00*

MANIFOLD @

Light vehicle @ *440* *126.00*

(884.11 / 25%)

TOTAL *3,536.46*

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL _____

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.

PRINTED NAME *Terry Austin*

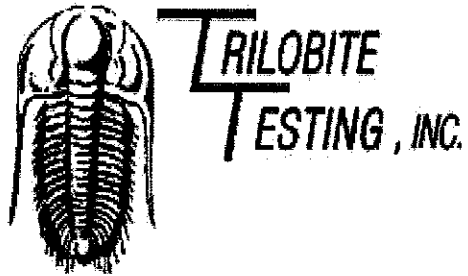
SIGNATURE *Terry Austin*

SALES TAX (If Any) _____

TOTAL CHARGES *7,901.03*

DISCOUNT *1,975.25 (25%)* IF PAID IN 30 DAYS

5,925.76 Net.



DRILL STEM TEST REPORT

Prepared For: **Castle Resources, LLC**

PO Box 87
Schoenchen, KS 67667

ATTN: Jerry Green

Lynx #1

19 16s 33w Scott,KS

Start Date: 2014.07.06 @ 19:30:00

End Date: 2014.07.07 @ 02:40:15

Job Ticket #: 54923 DST #: 1

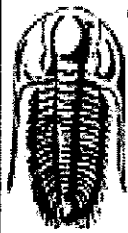
Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

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

Printed: 2014.07.09 @ 16:28:05

Castle Resources, LLC 19 16s 33w Scott,KS Lynx #1 DST # 1 Johnson 2014.07.06



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Castle Resources, LLC

19 16s 33w Scott, KS

PO Box 87
Schoenchen, KS 67667

Lynx #1

Job Ticket: 54923

DST#: 1

ATTN: Jerry Green

Test Start: 2014.07.06 @ 19:30:00

Tool Information

Drill Pipe:	Length: 4572.00 ft	Diameter: 3.80 inches	Volume: 64.13 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 35000.00 lb
Drill Collar:	Length: 117.00 ft	Diameter: 2.25 inches	Volume: 0.58 bbl	Weight to Pull Loose: 75000.00 lb
		Total Volume: 64.71 bbl		Tool Chased 0.00 ft
Drill Pipe Above KB:	30.00 ft			String Weight: Initial 55000.00 lb
Depth to Top Packer:	4686.00 ft			Final 55000.00 lb
Depth to Bottom Packer:	4717.00 ft			
Interval between Packers:	31.00 ft			
Tool Length:	141.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		
Tool Comments:				

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4660.00	
Shut In Tool	5.00			4665.00	
Hydraulic tool	5.00			4670.00	
Jars	5.00			4675.00	
Safety Joint	2.00			4677.00	
Packer	5.00			4682.00	27.00 Bottom Of Top Packer
Packer	4.00			4686.00	
Stubb	1.00			4687.00	
Recorder	0.00	8677	Inside	4687.00	
Recorder	0.00	8365	Outside	4687.00	
Perforations	14.00			4701.00	
Perforations	15.00			4716.00	
Blank Off Sub	1.00			4717.00	31.00 Tool Interval
Packer	3.00			4720.00	
Blank Spacing	1.00			4721.00	
Perforations	11.00			4732.00	
Change Over Sub	1.00			4733.00	
Recorder	0.00	8522	Below	4733.00	
Drill Pipe	63.00			4796.00	
Change Over Sub	1.00			4797.00	
Bullhose	3.00			4800.00	83.00 Bottom Packers & Anchor
Total Tool Length:	141.00				

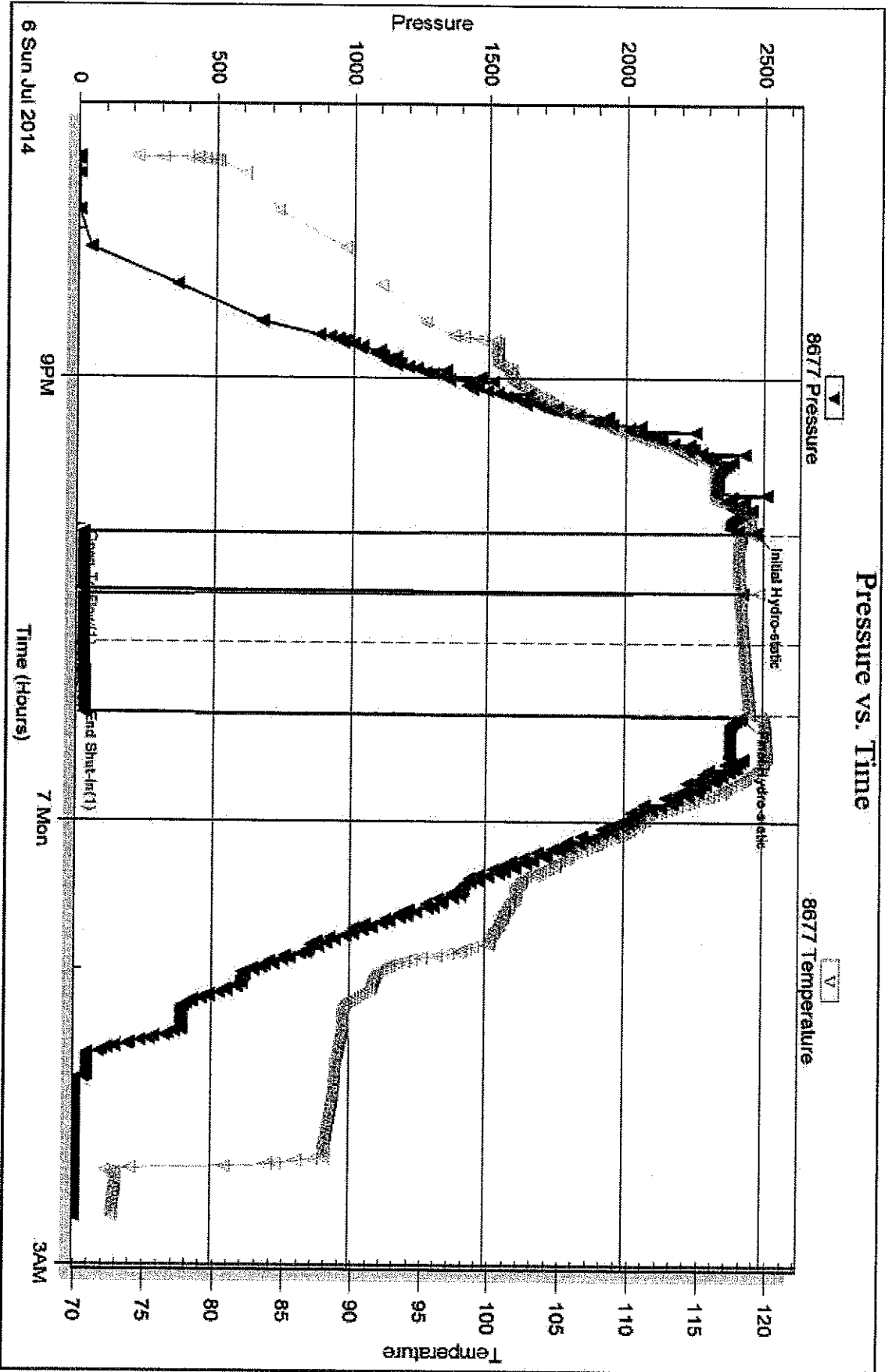
Serial #: 8677

Inside

Castle Resources, LLC

Lynx #1

DST Test Number: 1

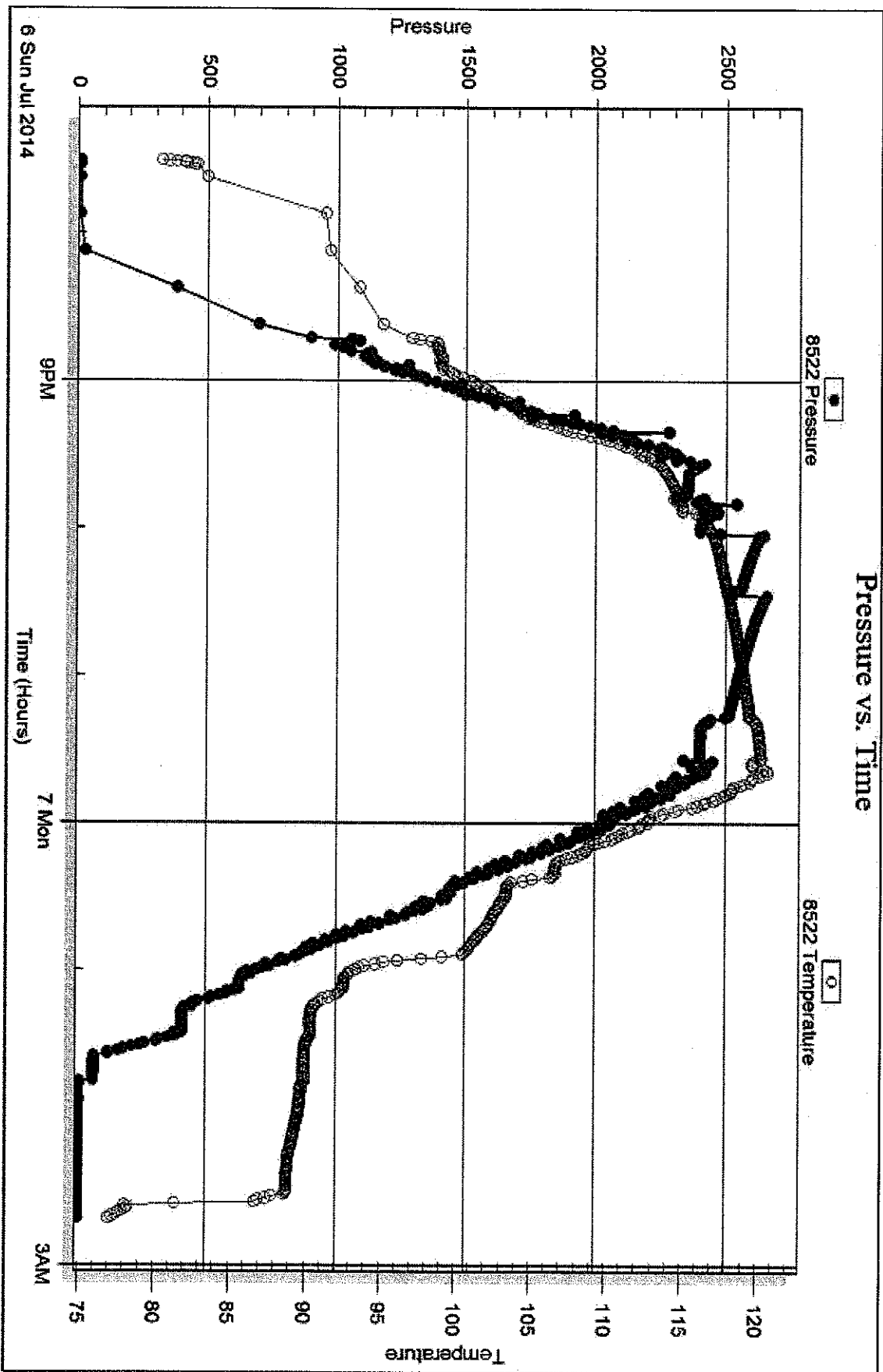


Serial #: 8522

Below (Str-33444) Resources, LLC

Lynx #1

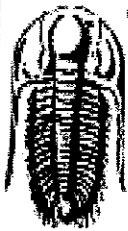
DST Test Number: 1



Tripple Testing, Inc

Ref. No: 54923

Printed: 2014.07.09 @ 16:28:07



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Castle Resources, LLC

19 16s 33w Scott, KS

PO Box 87
Schoenchen, KS 67667

Lynx #1

Job Ticket: 54924

DST#: 2

ATTN: Jerry Green

Test Start: 2014.07.07 @ 03:25:00

GENERAL INFORMATION:

Formation: **LKC I & J**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 05:45:30

Time Test Ended: 10:56:30

Test Type: Conventional Straddle (Reset)

Tester: Bradley Walter

Unit No: 69

Interval: **4226.00 ft (KB) To 4285.00 ft (KB) (TVD)**

Total Depth: 4800.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 3096.00 ft (KB)

3091.00 ft (CF)

KB to GR/CF: 5.00 ft

Serial #: 8677

Inside

Press@RunDepth: 103.61 psig @ 4227.00 ft (KB)

Start Date: 2014.07.07

End Date:

2014.07.07

Start Time: 03:25:05

End Time:

10:56:29

Capacity: 8000.00 psig

Last Calib.: 2014.07.07

Time On Btm: 2014.07.07 @ 05:45:15

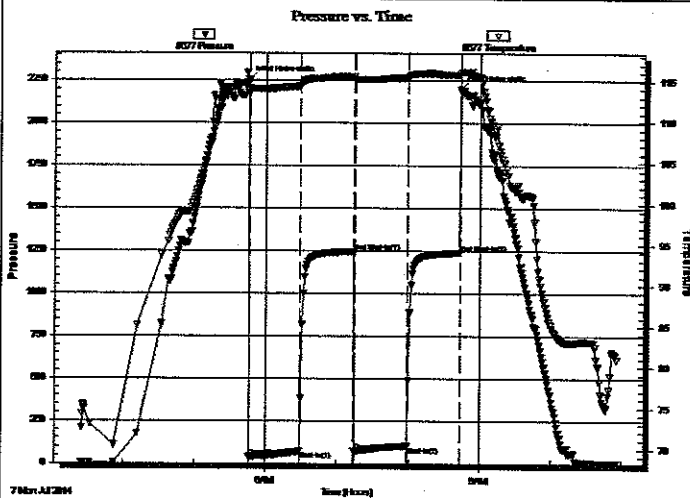
Time Off Btm: 2014.07.07 @ 08:43:30

TEST COMMENT: IF: 1" blow.

IS: No return

FF: 1" blow.

FS: No return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2251.15	114.77	Initial Hydro-static
1	39.65	113.52	Open To Flow (1)
44	70.87	114.38	Shut-In(1)
90	1245.68	115.56	End Shut-In(1)
90	73.86	115.13	Open To Flow (2)
134	103.61	115.45	Shut-In(2)
178	1238.70	115.81	End Shut-In(2)
179	2197.80	116.09	Final Hydro-static

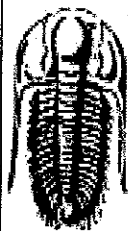
Recovery

Length (ft)	Description	Volume (bbl)
140.00	mcw 50m50w	0.90

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources, LLC

19 16s 33w Scott,KS

PO Box 87
Schoenchen, KS 67667

Lynx #1

Job Ticket: 54924

DST#: 2

ATTN: Jerry Green

Test Start: 2014.07.07 @ 03:25:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

36000 ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
140.00	mcw 50m 50w	0.898

Total Length: 140.00 ft Total Volume: 0.898 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

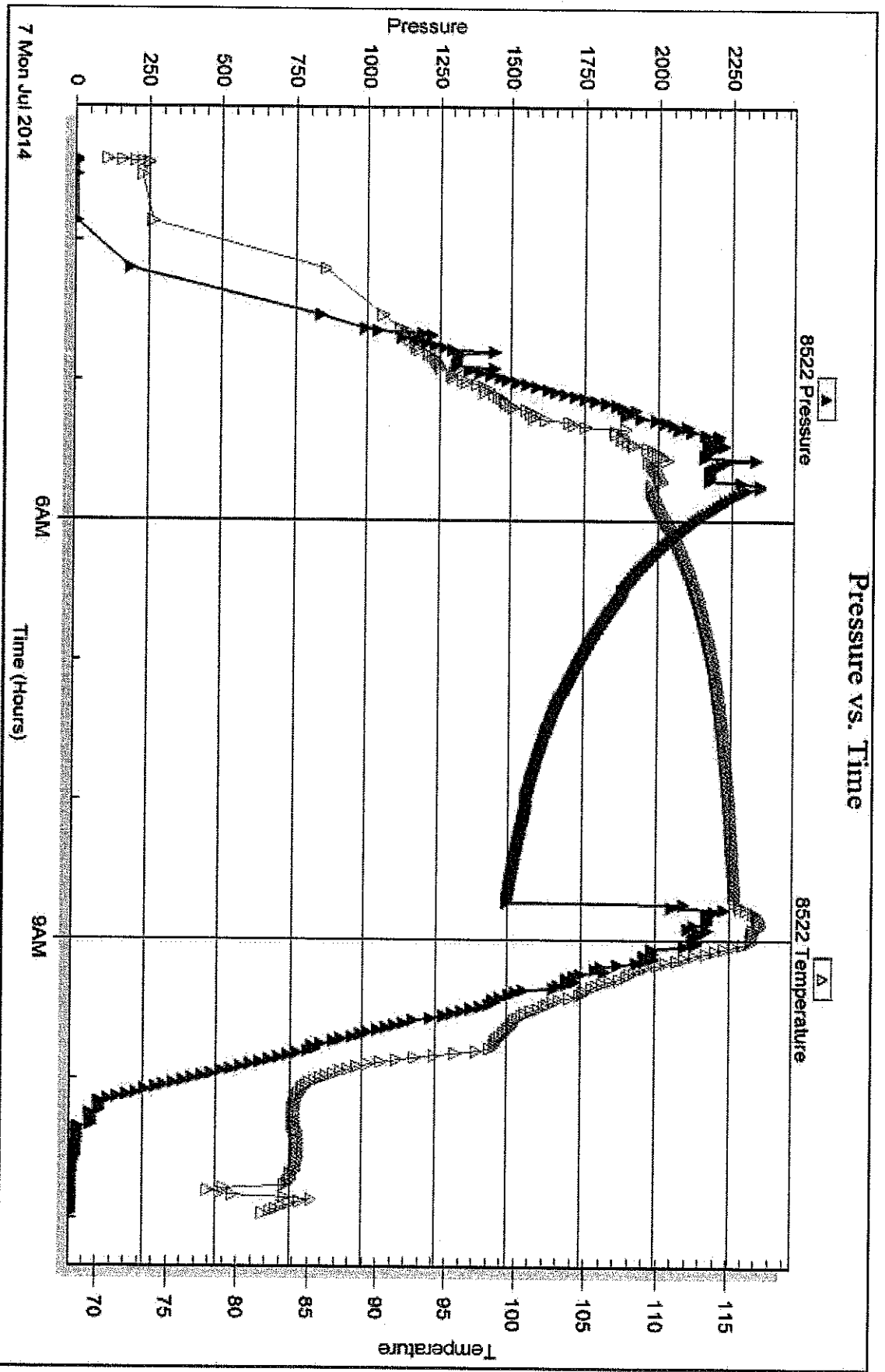
Recovery Comments: rw is .150 @ 90F = 36,000ppm

Serial #: 8522

Below (Stratified) Resources, LLC

Lynx #1

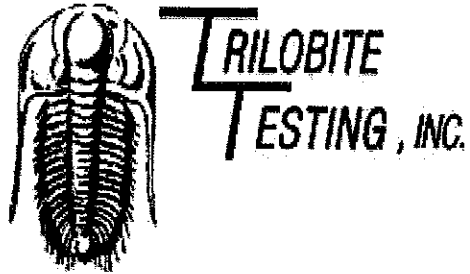
DST Test Number: 2



Trioble Testing, Inc

Ref. No: 54824

Printed: 2014.07.09 @ 16:23:04



DRILL STEM TEST REPORT

Prepared For: **Castle Resources, LLC**

PO Box 87
Schoenchen, KS 67667

ATTN: Jerry Green

Lynx #1

19 16s 33w Scott,KS

Start Date: 2014.07.07 @ 11:45:00

End Date: 2014.07.07 @ 19:07:30

Job Ticket #: 54925 DST #: 3

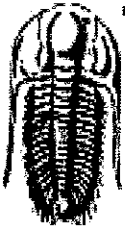
Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

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

Printed: 2014.07.09 @ 16:21:13

Castle Resources, LLC 19 16s 33w Scott,KS Lynx #1 DST # 3 LKC - D 2014.07.07



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Castle Resources, LLC

19 16s 33w Scott,KS

PO Box 87
Schoenchen, KS 67667

Lynx #1

Job Ticket: 54925

DST#: 3

ATTN: Jerry Green

Test Start: 2014.07.07 @ 11:45:00

Tool Information

Drill Pipe:	Length: 3944.00 ft	Diameter: 3.80 inches	Volume: 55.32 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 117.00 ft	Diameter: 2.25 inches	Volume: 0.58 bbl	Weight to Pull Loose: 80000.00 lb
			<u>Total Volume: 55.90 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	12.00 ft			String Weight: Initial 58000.00 lb
Depth to Top Packer:	4076.00 ft			Final 60000.00 lb
Depth to Bottom Packer:	4084.00 ft			
Interval between Packers:	8.00 ft			
Tool Length:	751.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		
Tool Comments:				

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4050.00	
Shut In Tool	5.00			4055.00	
Hydraulic tool	5.00			4060.00	
Jars	5.00			4065.00	
Safety Joint	2.00			4067.00	
Packer	5.00			4072.00	27.00 Bottom Of Top Packer
Packer	4.00			4076.00	
Stubb	1.00			4077.00	
Recorder	0.00	8677	Inside	4077.00	
Recorder	0.00	8365	Outside	4077.00	
Perforations	1.00			4078.00	
Perforations	5.00			4083.00	
Blank Off Sub	1.00			4084.00	8.00 Tool Interval
Packer	3.00			4087.00	
Blank Spacing	1.00			4088.00	
Perforations	15.00			4103.00	
Change Over Sub	1.00			4104.00	
Recorder	0.00	8522	Below	4104.00	
Drill Pipe	692.00			4796.00	
Change Over Sub	1.00			4797.00	
Bullnose	3.00			4800.00	716.00 Bottom Packers & Anchor

Total Tool Length: 751.00

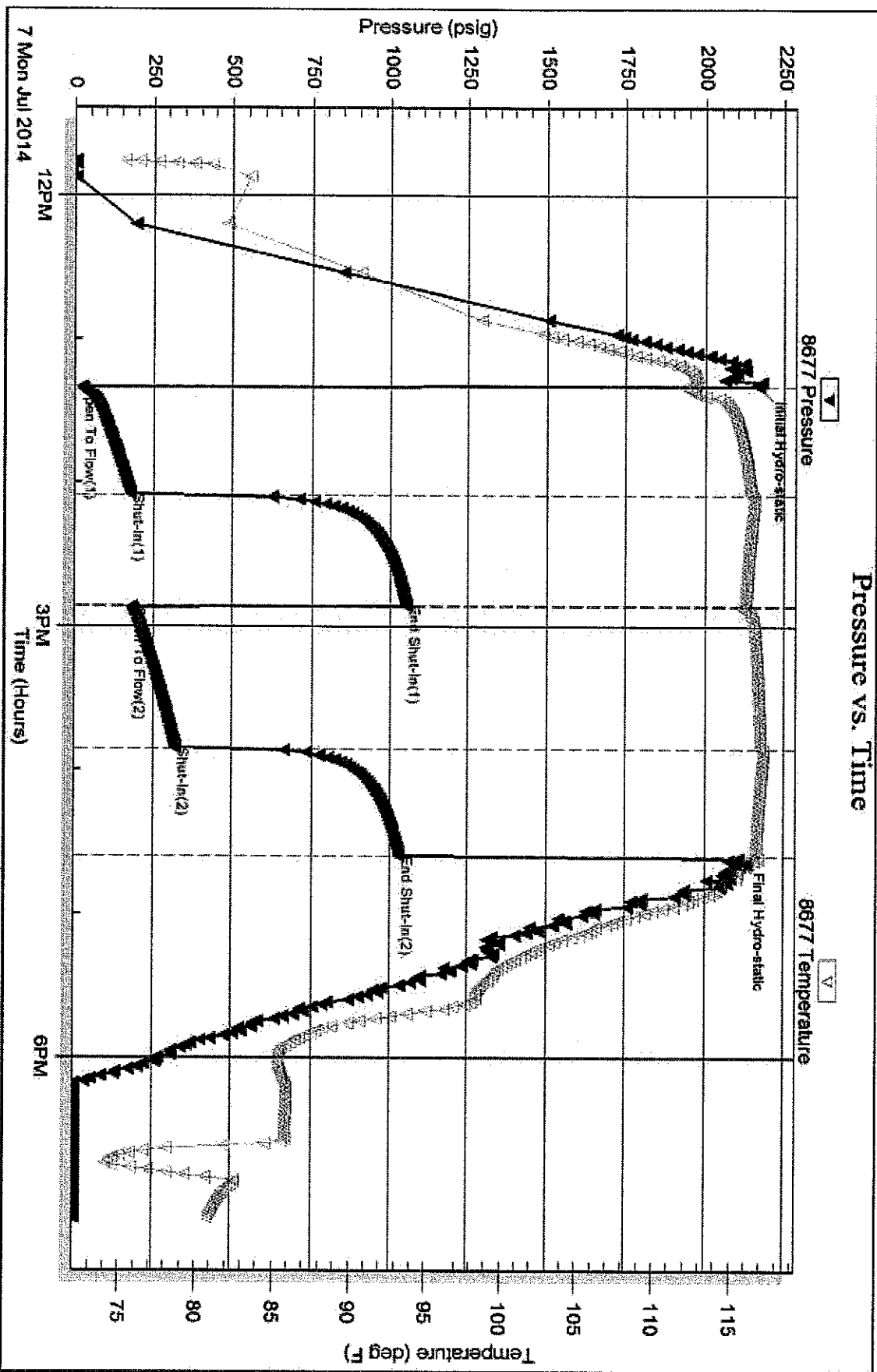
Serial #: 8677

Inside

Castle Resources, LLC

Lynx #1

DST Test Number: 3



Triobite Testing, Inc

Ref. No: 54925

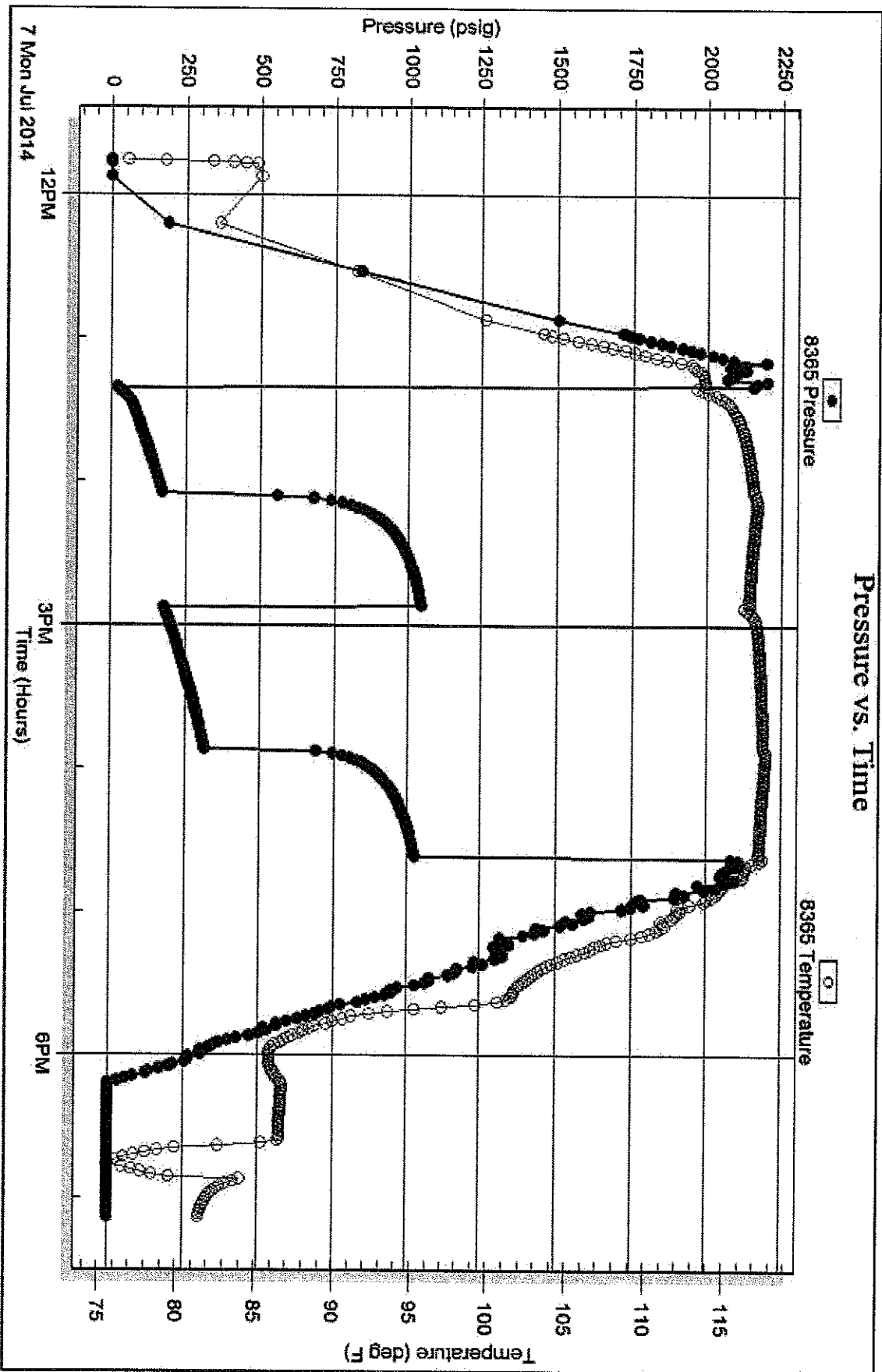
Printed: 2014.07.09 @ 16:21:15

Serial #: 8365

Outside Castle Resources, LLC

Lynx #1

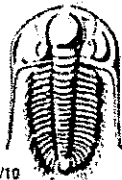
DST Test Number: 3



Tribble Testing, Inc

Ref. No: 54925

Printed: 2014.07.09 @ 16:21:15



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 54924

Well Name & No. Lynx #1 Test No. 2 Date 7/7/14
 Company Castle Resources, Inc Elevation 3092 KB 3091 GL
 Address Po Box 87 Schoenchen, KS 67667
 Co. Rep / Geo. Jerry Green Rig White Knight
 Location: Sec. 10 Twp. 16 S Rge. 33 W Co. Scott State Ks

Interval Tested 4226 ~ 4255 4500 RT Zone Tested L1cc IJ
 Anchor Length 59' 515' T.1 Drill Pipe Run 4100 Mud Wt. 9.5
 Top Packer Depth 4221 Drill Collars Run 117 Vis 50
 Bottom Packer Depth 4226 4255 str. Wt. Pipe Run 0 WL 50
 Total Depth 4800 Chlorides 5000 ppm System LCM 1#
 Blow Description TF: 1" blow
ISI: No return
PF: 1" blow
FSI: No return

Rec	Feet of	%gas	%oil	%water	%mud
<u>140</u>	<u>MCW</u>			<u>50</u>	<u>50</u>
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 140 BHT 116 Gravity - API RW .150 @ 90 °F Chlorides 31000 ppm

(A) Initial Hydrostatic 2251 Test 1250 T-On Location 0300
 (B) First Initial Flow 40 Jars _____ T-Started 0325
 (C) First Final Flow 71 Safety Joint _____ T-Open 0545
 (D) Initial Shut-In 1246 Circ Sub _____ T-Pulled 0845
 (E) Second Initial Flow 74 Hourly Standby _____ T-Out 1058
 (F) Second Final Flow 104 Mileage 40 RT Comments _____
 (G) Final Shut-In 1239 Sampler _____
 (H) Final Hydrostatic 2199 Straddle 600 Ruined Shale Packer _____
 Shale Packer X2 500 Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Initial Open 45 Extra Recorder _____ Sub Total 0
 Initial Shut-In 45 Day Standby _____ Total 2350
 Final Flow 45 Accessibility _____ MP/DST Disc't _____
 Final Shut-In 45 Sub Total 2350

Approved By _____

Our Representative

Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.