



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215387
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: _____



1215387

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Dolecheck 1
Doc ID	1215387

All Electric Logs Run

Compensated Density Neutron
Dual Induction
Cement Bond
Neutron

ALLIED OIL & GAS SERVICES, LLC 055361

Federal Tax I.D.# 20-5975804

FTO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

DATE <i>6-15-14</i>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
<i>Dolecheck</i>						<i>3:00 AM</i>	<i>3:30 AM</i>
LEASE	WELL# <i>1</i>	LOCATION <i>Beaver LS 3E 1 1/2 N Einto</i>			COUNTY <i>Barber</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Skytop*
 TYPE OF JOB *surface*
 HOLE SIZE *12 1/4* T.D. *356*
 CASING SIZE *8 7/8 20"* DEPTH *357*
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT *15*
 CEMENT LEFT IN CSG. *15*
 PERFS.
 DISPLACEMENT *7.2 1/4 bbl*

OWNER
 CEMENT AMOUNT ORDERED *250 com 39acc 28ozel*
 COMMON *250* @ *17.90* *4475.00*
 POZMIX @
 GEL *470"* @ *.24* *112.80*
 CHLORIDE *70.5* @ *.80* *564.00*
 ASC @
 @
Material @ *5156.80*
 @
line @ *289.96*
 @
 @
 @
 @
 HANDLING *270.33* *fr* @ *2.48* *670.42*
 MILEAGE *579.86* *flm* @ *2.60* *1507.63*
 TOTAL *7529.85*

EQUIPMENT

PUMP TRUCK CEMENTER *Robert Y*
 # *417* HELPER *Kevin R*
 BULK TRUCK
 # *410* DRIVER *Tracy J*
 BULK TRUCK
 # DRIVER

REMARKS:

see log

Cement did circulate to surface

Thank you!!!

CHARGE TO: *Castle Resources*
 STREET
 CITY STATE ZIP

SERVICE

DEPTH OF JOB *357*
 PUMP TRUCK CHARGE *1512.25*
 EXTRA FOOTAGE @
 MILEAGE *47 LVMI* @ *4.40* *206.80*
 MANIFOLD @ *275.00* *275.00*
94 HVMI @ *7.70* *723.80*
 @
 @
 @
 @
line *1223.97* TOTAL *4895.90*
 TOTAL *2717.85*

PLUG & FLOAT EQUIPMENT

8 7/8 Wooden plug @ *110.00* *110.00*
 @
 @
 @
 @
line *27.50* TOTAL *110.00*

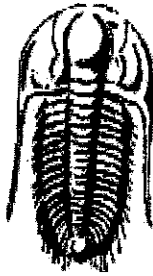
To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any)
 TOTAL CHARGES *10157.70*
 DISCOUNT *2539.43* *25%* IF PAID IN 30 DAYS

PRINTED NAME *Thomas Engel*

SIGNATURE *Thomas Engel*

net \$ *7618.27*



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Castle Resources, Inc.**

PO Box 87
Schoenchen, KS 67667

ATTN: Jerry Green

Dolecheck #1

13-16s-12w Barton,KS

Start Date: 2014.06.20 @ 03:11:15

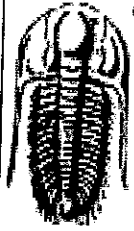
End Date: 2014.06.20 @ 14:22:15

Job Ticket #: 59426 DST #: 1

Castle Resources, Inc. 13-16s-12w Barton,KS Dolecheck #1 DST # 1 Reagan Sand 2014.06.20

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2014.06.24 @ 10:24:00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Castle Resources, Inc.
PO Box 87
Schoenchen, KS 67667
ATTN: Jerry Green

13-16s-12w Barton, KS
Dolecheck #1
Job Ticket: 59426 **DST#: 1**
Test Start: 2014.06.20 @ 03:11:15

Tool Information

Drill Pipe:	Length: 3211.00 ft	Diameter: 3.75 inches	Volume: 43.86 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: ft	Diameter: 2.75 inches	Volume: - bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 87.00 ft	Diameter: 2.25 inches	Volume: 0.43 bbl	Weight to Pull Loose: 51000.00 lb
		Total Volume: - bbl		Tool Chased 0.00 ft
Drill Pipe Above KB:	23.00 ft			String Weight: Initial 47000.00 lb
Depth to Top Packer:	3302.00 ft			Final 48000.00 lb
Depth to Bottom Packer:	3342.00 ft			
Interval between Packers:	40.00 ft			
Tool Length:	124.00 ft			
Number of Packers:	3	Diameter: 6.75 inches		

Tool Comments:

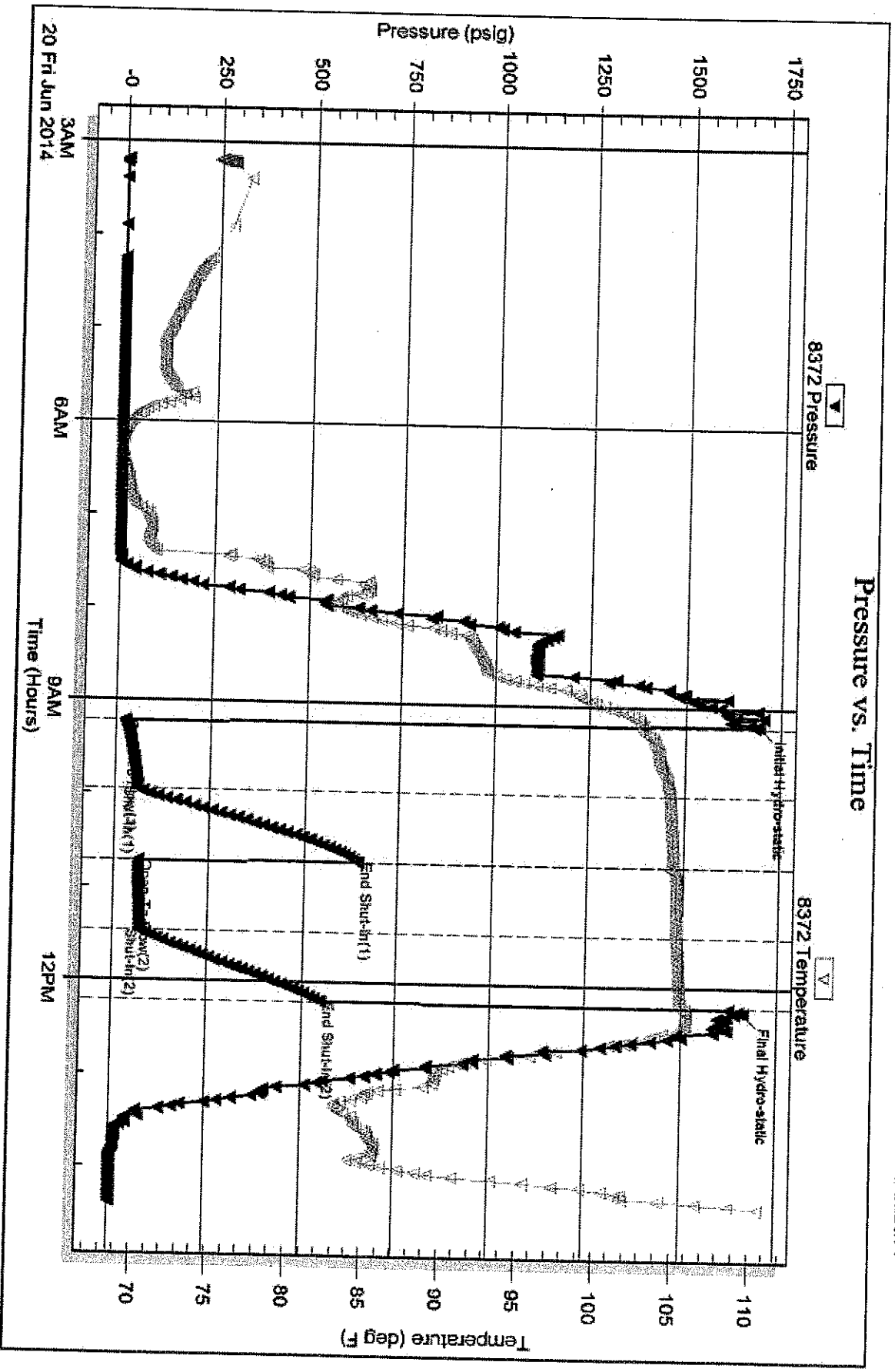
Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3276.00	
Shut In Tool	5.00			3281.00	
Hydraulic tool	5.00			3286.00	
Jars	5.00			3291.00	
Safety Joint	2.00			3293.00	
Packer	5.00			3298.00	27.00
					Bottom Of Top Packer
Packer	4.00			3302.00	
Stubb	1.00			3303.00	
Perforations	1.00			3304.00	
Change Over Sub	1.00			3305.00	
Drill Pipe	30.00			3335.00	
Change Over Sub	1.00			3336.00	
Recorder	0.00	8321	Inside	3336.00	
Recorder	0.00	8372	Outside	3336.00	
Perforations	2.00			3338.00	
Blank Off Sub	1.00			3339.00	
Blank Spacing	3.00			3342.00	40.00
Packer	1.00			3343.00	
Stubb	1.00			3344.00	
Perforations	18.00			3362.00	
Change Over Sub	1.00			3363.00	
Recorder	0.00	8647	Below	3363.00	
Drill Pipe	32.00			3395.00	
Change Over Sub	1.00			3396.00	
Bullnose	3.00			3399.00	57.00
					Bottom Packers & Anchor
Total Tool Length:	124.00				

Serial #: 8372 Outside Castle Resources, Inc.

Dolecheck #1

DST Test Number: 1

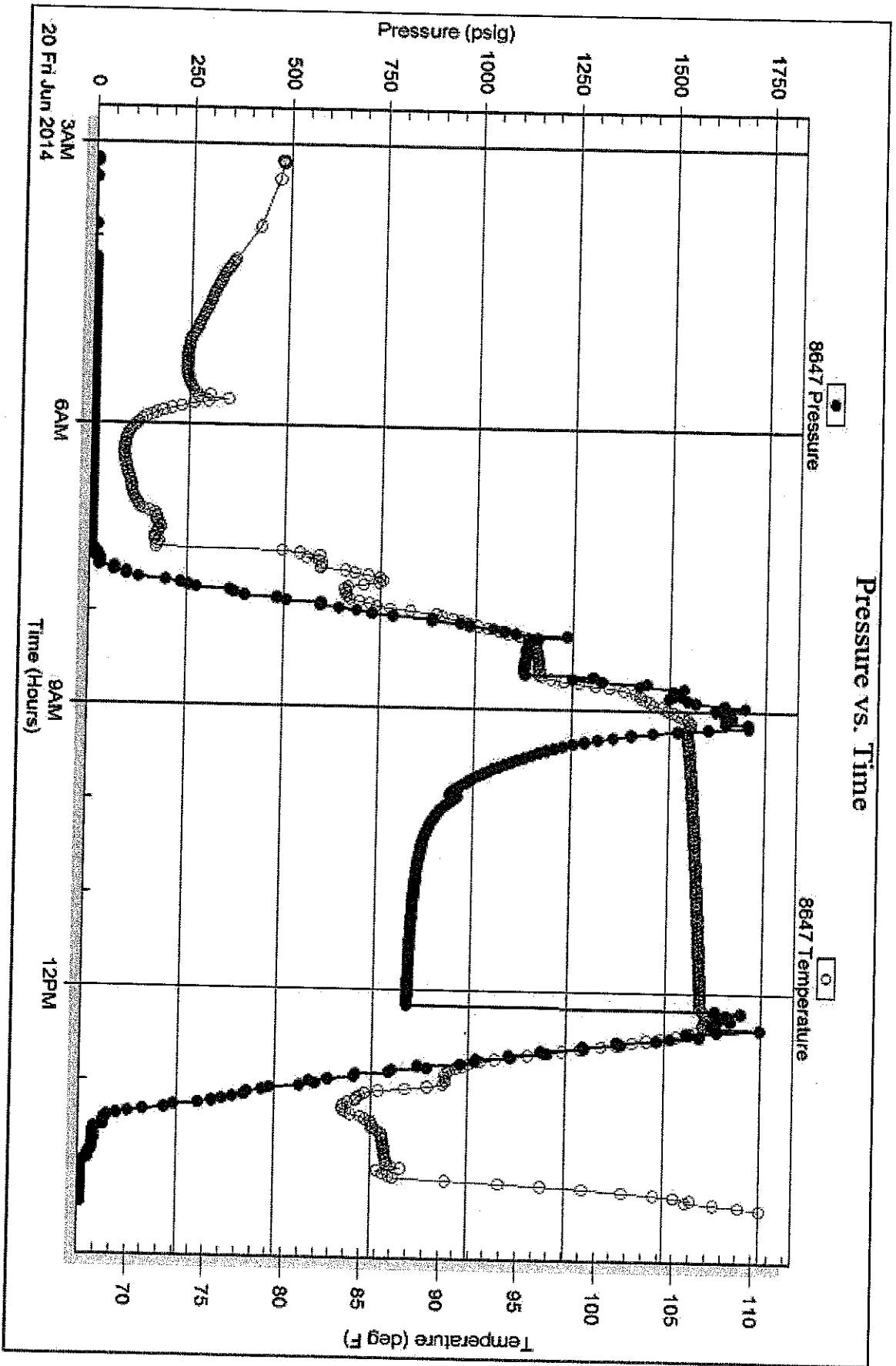


Serial #: 8647

Below (Str-Galleg) Resources, Inc.

Dolecheck #1

DST Test Number: 1



Tribble Testing, Inc

Ref. No: 59426

Printed: 2014.06.24 @ 10:24:01



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 59426

Well Name & No. Dolecheck #1 Test No. 1 Date 6/20/14
 Company Castle Resources, Inc. Elevation 1890 KB 1885 GL
 Address PO Box 87 Schranchen, KS 67667
 Co. Rep / Geo. Jerry Green Rig sky top
 Location: Sec. 13 Twp. 16S Rge. 12.W Co. Barton State KS

Interval Tested 3302-3342 Zone Tested Reagan Sand
 Anchor Length 40' Tail: 57' Drill Pipe Run 3211 Mud Wt. 9.3
 Top Packer Depth 3297 Drill Collars Run 87 Vis 48
 Bottom Packer Depth 3302 Wt. Pipe Run _____ WL 10.4
 Total Depth 3342 Chlorides 5000 ppm System LCM 2⁺⁺
 Blow Description IF - slowly built to 3"
ISI - No blow
FF - slowly built to 1 1/2"
FSI - No blow

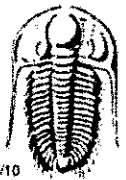
Rec	Feet of	%gas	%oil	%water	%mud
<u>100'</u>	<u>OCM</u>		<u>20</u>		<u>80</u>
Rec	Feet of <u>10' AIP</u>	%gas	%oil	%water	%mud
Rec	Feet of _____	%gas	%oil	%water	%mud
Rec	Feet of _____	%gas	%oil	%water	%mud
Rec	Feet of _____	%gas	%oil	%water	%mud

Rec Total 100' BHT 106° Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic <u>1693</u>	<input checked="" type="checkbox"/> Test <u>1150</u>	T-On Location <u>0229</u>
(B) First Initial Flow <u>22</u>	<input checked="" type="checkbox"/> Jars <u>250</u>	T-Started <u>0311</u>
(C) First Final Flow <u>59</u>	<input checked="" type="checkbox"/> Safety Joint <u>75</u>	T-Open <u>0912</u>
(D) Initial Shut-In <u>647</u>	<input type="checkbox"/> Circ Sub _____	T-Pulled <u>1212</u>
(E) Second Initial Flow <u>64</u>	<input checked="" type="checkbox"/> Hourly Standby <u>2h 200</u>	T-Out <u>1422</u>
(F) Second Final Flow <u>70</u>	<input checked="" type="checkbox"/> Mileage <u>116 RT 179.80</u>	Comments _____
(G) Final Shut-In <u>549</u>	<input type="checkbox"/> Sampler _____	_____
(H) Final Hydrostatic <u>1663</u>	<input checked="" type="checkbox"/> Straddle <u>600</u>	<input type="checkbox"/> Ruined Shale Packer _____
Initial Open <u>45</u>	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Packer _____
Initial Shut-In <u>45</u>	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Extra Copies _____
Final Flow <u>45</u>	<input type="checkbox"/> Extra Recorder _____	Sub Total <u>0</u>
Final Shut-In <u>45</u>	<input type="checkbox"/> Day Standby _____	Total <u>2454.80</u>
	<input type="checkbox"/> Accessibility _____	MP/DST Disc't _____
	Sub Total <u>2454.80</u>	

Approved By _____ Our Representative Brennan Lonsdale

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.



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 59426

Well Name & No. Dolecheck #1 Test No. 1 Date 6/20/14
 Company Castle Resources, Inc. Elevation 1892 KB 1885 GL
 Address PO Box 87 Schoonchen, KS 67667
 Co. Rep / Geo. Jerry Green Rig sky top
 Location: Sec. 13 Twp. 16S Rge. 12W Co. Barton State KS

Interval Tested 3302-3342 Zone Tested Reagan Sand
 Anchor Length 40' Tail: 57' Drill Pipe Run 3211 Mud Wt. 9.3
 Top Packer Depth 3297 Drill Collars Run 87 Vis 48
 Bottom Packer Depth 3302 Wt. Pipe Run _____ WL 10.4
 Total Depth 3342 Chlorides 5000 ppm System LCM 2⁺

Blow Description IF - slowly built to 3"
BSI - No blow
FF - slowly built to 1 1/2"
FSL - No blow

Rec	Feet of	%gas	%oil	%water	%mud
<u>150'</u>	<u>OCM</u>	<u>20</u>		<u>80</u>	
Rec	Feet of <u>10' AIP</u>				
Rec	Feet of _____				
Rec	Feet of _____				
Rec	Feet of _____				

Rec Total 100' BHT 106° Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 1693 Test 1150 T-On Location 0229
 (B) First Initial Flow 22 Jars 250 T-Started 0311
 (C) First Final Flow 59 Safety Joint 75 T-Open 0912
 (D) Initial Shut-In 647 Circ Sub _____ T-Pulled 1212
 (E) Second Initial Flow 64 Hourly Standby 2h 200 T-Out 1422
 (F) Second Final Flow 70 Mileage 116 RT 179.80 Comments _____
 (G) Final Shut-In 549 Sampler _____
 (H) Final Hydrostatic 1663 Straddle 600

Initial Open 45 Shale Packer _____
 Initial Shut-In 45 Extra Packer _____
 Final Flow 45 Extra Recorder _____
 Final Shut-In 45 Day Standby _____
 Accessibility _____
 Sub Total 2454.80

Ruined Shale Packer _____
 Ruined Packer _____
 Extra Copies _____
 Sub Total 0
 Total 2454.80
 MP/DST Disc't _____

Approved By _____ Our Representative Brian Lonsdale
 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.

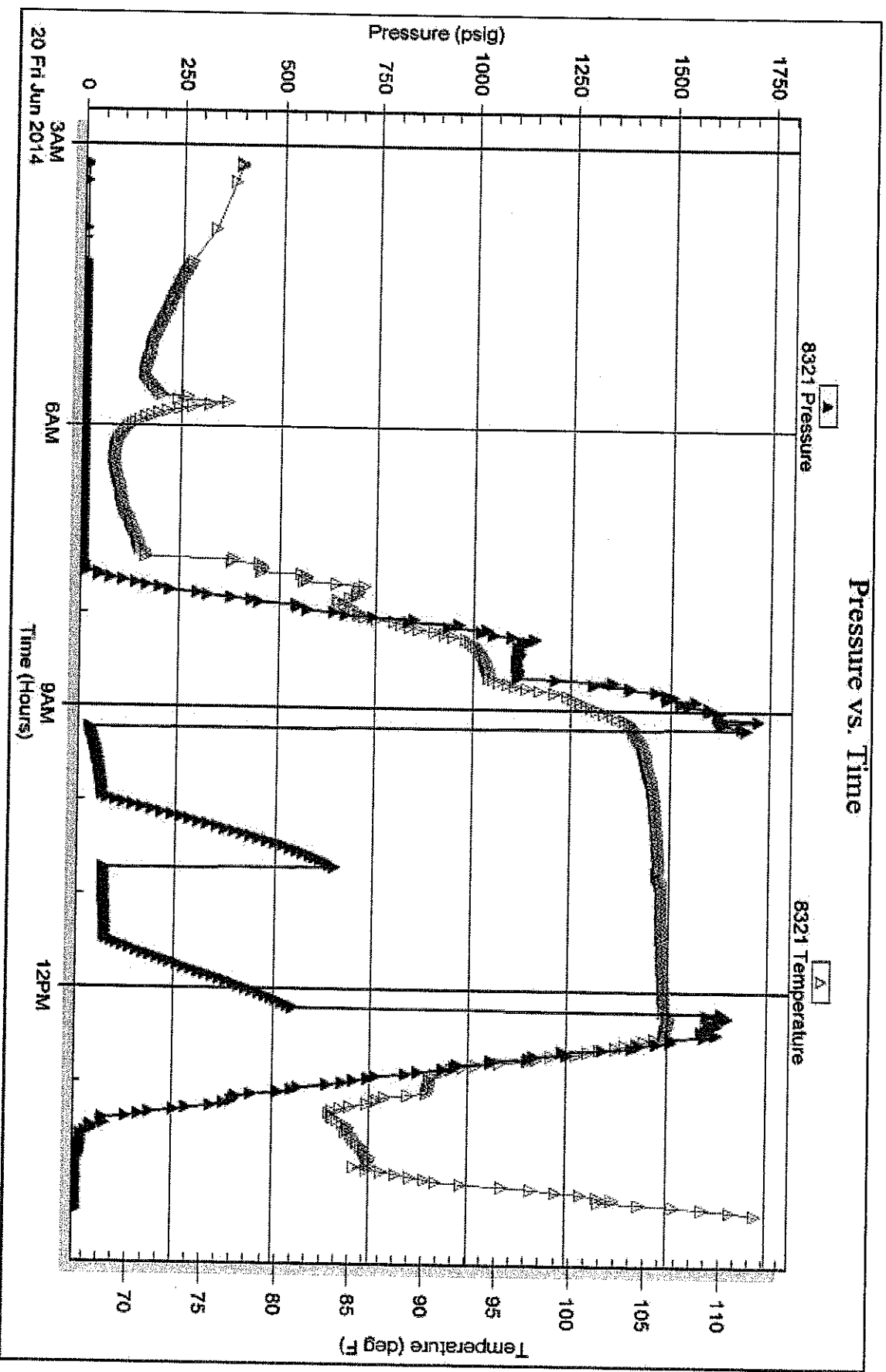
Serial #: 8321

Inside

Castle Resources, Inc.

Detectack #1

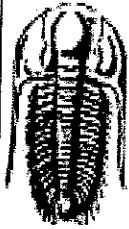
DS1 Test Number: 1



Thibault Testing, Inc

Ref. No: 59426

Printed: 2014.06.24 @ 10:24:01



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources, Inc.
PO Box 87
Schoenchen, KS 67667
ATTN: Jerry Green

13-16s-12w Barton, KS
Dolecheck #1
Job Ticket: 59426 **DST#: 1**
Test Start: 2014.06.20 @ 03:11:15

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 48.00 sec/qt	Cushion Volume: bbl		
Water Loss: 10.39 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 5000.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
100.00	OCM, 20%O 80%M	0.605
0.00	10' GIP	0.000

Total Length: 100.00 ft Total Volume: 0.605 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Castle Resources, Inc.

13-16s-12w Barton, KS

PO Box 87
Schoenchen, KS 67667

Dolecheck #1

Job Ticket: 59426

DST#: 1

ATTN: Jerry Green

Test Start: 2014.06.20 @ 03:11:15

GENERAL INFORMATION:

Formation: Reagan Sand

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 09:12:45

Time Test Ended: 14:22:15

Test Type: Conventional Straddle (Initial)

Tester: Brannan Lonsdale

Unit No: 48

Interval: 3302.00 ft (KB) To 3342.00 ft (KB) (TVD)

Total Depth: 3400.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Poor

Reference Elevations: 1892.00 ft (KB)

1885.00 ft (CF)

KB to GR/CF: 7.00 ft

Serial #: 8372 Outside

Press@RunDepth: 69.66 psig @ 3336.00 ft (KB)

Start Date: 2014.06.20

End Date:

2014.06.20

Capacity: 8000.00 psig

Last Calib.: 2014.06.20

Start Time: 03:11:16

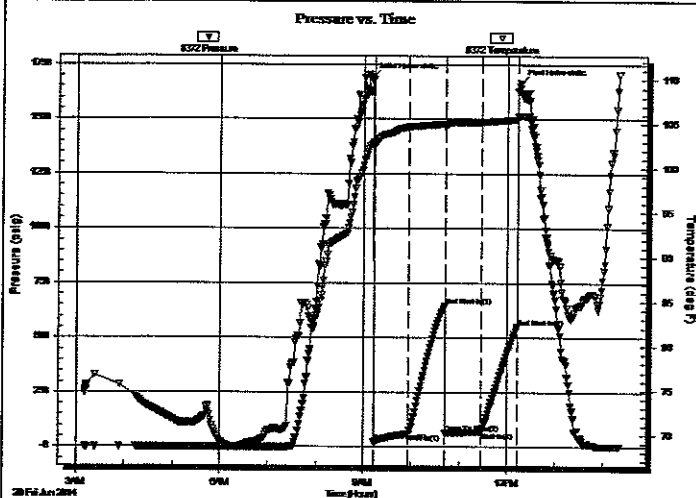
End Time:

14:22:15

Time On Btm: 2014.06.20 @ 09:10:45

Time Off Btm: 2014.06.20 @ 12:15:45

TEST COMMENT: 45- IF- Slowly built to 3"
45- IS- No blow
45- FF- Slowly built to 1 1/2"
45- FS- No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1692.64	102.77	Initial Hydro-static
2	22.16	102.62	Open To Flow (1)
46	59.11	104.65	Shut-In(1)
92	647.20	104.95	End Shut-In(1)
92	64.24	104.64	Open To Flow (2)
137	69.66	105.22	Shut-In(2)
182	549.15	105.49	End Shut-In(2)
185	1662.53	105.89	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
100.00	OCM, 20%O 80%M	0.61
0.00	10' GIP	0.00

Gas Rates

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