



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1244651
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: _____



1244651

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)*

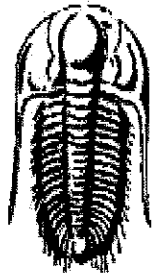
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

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

PO Box 87
Schoenchen, KS 67667

ATTN: Jerry Green

Juenemann A #2

32-3s-24w Norton,KS

Start Date: 2015.02.28 @ 22:34:00

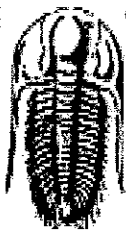
End Date: 2015.03.01 @ 06:34:50

Job Ticket #: 62457 DST #: 1

Castle Resources, Inc. 32-3s-24w Norton,KS Juenemann A #2 DST # 1 Reagan 2015.02.28

Trilobite Testing, Inc
1515 Commerce Parkway Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2015.03.02 @ 09:50:57



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Castle Resources, Inc.

32-3s-24w Norton,KS

PO Box 87
Schoenchen, KS 67667

Juenemann A #2

Job Ticket: 62457 **DST#: 1**

ATTN: Jerry Green

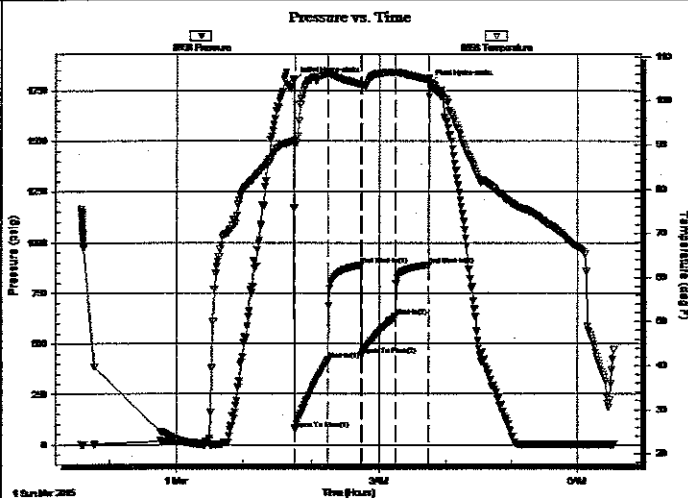
Test Start: 2015.02.28 @ 22:34:00

GENERAL INFORMATION:

Formation: **Reagan**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 01:45:20 Tester: Phillip Gage
 Time Test Ended: 06:34:50 Unit No: 77
 Interval: **3613.00 ft (KB) To 3724.00 ft (KB) (TVD)** Reference Elevations: 2399.00 ft (KB)
 Total Depth: 3724.00 ft (KB) (TVD) 2394.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 5.00 ft

Serial #: 8898 Outside
 Press@RunDepth: 633.80 psig @ 3614.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.02.28 End Date: 2015.03.01 Last Calib.: 2015.03.01
 Start Time: 22:34:01 End Time: 06:34:50 Time On Btm: 2015.03.01 @ 01:44:50
 Time Off Btm: 2015.03.01 @ 03:45:09

TEST COMMENT: 30-IF-BOB in 2 mins.
 30-ISI-Surface Blow in 6 mins, died 11 mins later
 30-FF-BOB in 3 mins
 30-FSI-No Return



PRESSURE SUMMARY

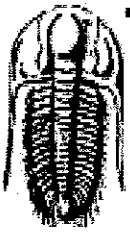
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1799.79	90.35	Initial Hydro-static
1	77.23	90.21	Open To Flow (1)
30	419.20	106.07	Shut-In(1)
60	887.67	103.66	End Shut-In(1)
60	442.15	103.46	Open To Flow (2)
90	633.80	106.45	Shut-In(2)
120	888.74	104.81	End Shut-In(2)
121	1784.53	104.90	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
882.00	VSOMCW, 5%o, 10%m, 85%w	12.37
446.00	MW, with oil spots, 50%m, 50%w	6.26

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 67667
ATTN: Jerry Green

32-3s-24w Norton, KS
Juenemann A #2
Job Ticket: 62457 **DST#: 1**
Test Start: 2015.02.28 @ 22:34:00

Tool Information

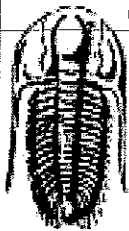
Drill Pipe:	Length: 3617.00 ft	Diameter: 3.80 inches	Volume: 50.74 bbl	Tool Weight:	2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.75 inches	Volume: 0.00 bbl	Weight set on Packer:	25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose:	38000.00 lb
			<u>Total Volume: 50.74 bbl</u>	Tool Chased	0.00 ft
Drill Pipe Above KB:	24.00 ft			String Weight: Initial	32000.00 lb
Depth to Top Packer:	3613.00 ft			Final	35000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	111.00 ft				
Tool Length:	131.00 ft				
Number of Packers:	2	Diameter: 6.75 inches			

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			3598.00	
Hydraulic tool	5.00			3603.00	
Packer	5.00			3608.00	20.00 Bottom Of Top Packer
Packer	5.00			3613.00	
Stubb	1.00			3614.00	
Recorder	0.00	8897	Inside	3614.00	
Recorder	0.00	8898	Outside	3614.00	
Perforations	12.00			3626.00	
Change Over Sub	1.00			3627.00	
Drill Pipe	93.00			3720.00	
Change Over Sub	1.00			3721.00	
Bullnose	3.00			3724.00	111.00 Bottom Packers & Anchor

Total Tool Length: 131.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources, Inc.

32-3s-24w Norton, KS

PO Box 87
Schoenchen, KS 67667

Juenemann A #2

Job Ticket: 62457 **DST#: 1**

ATTN: Jerry Green

Test Start: 2015.02.28 @ 22:34:00

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:	56000 ppm
Viscosity: 43.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1500.00 ppm			
Filter Cake: 1.50 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
882.00	VSOMCW, 5%o, 10%m, 85%w	12.372
446.00	MW, with oil spots, 50%m, 50%w	6.256

Total Length: 1328.00 ft Total Volume: 18.628 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: .42 @ 10 Degrees = 56000 Salinity

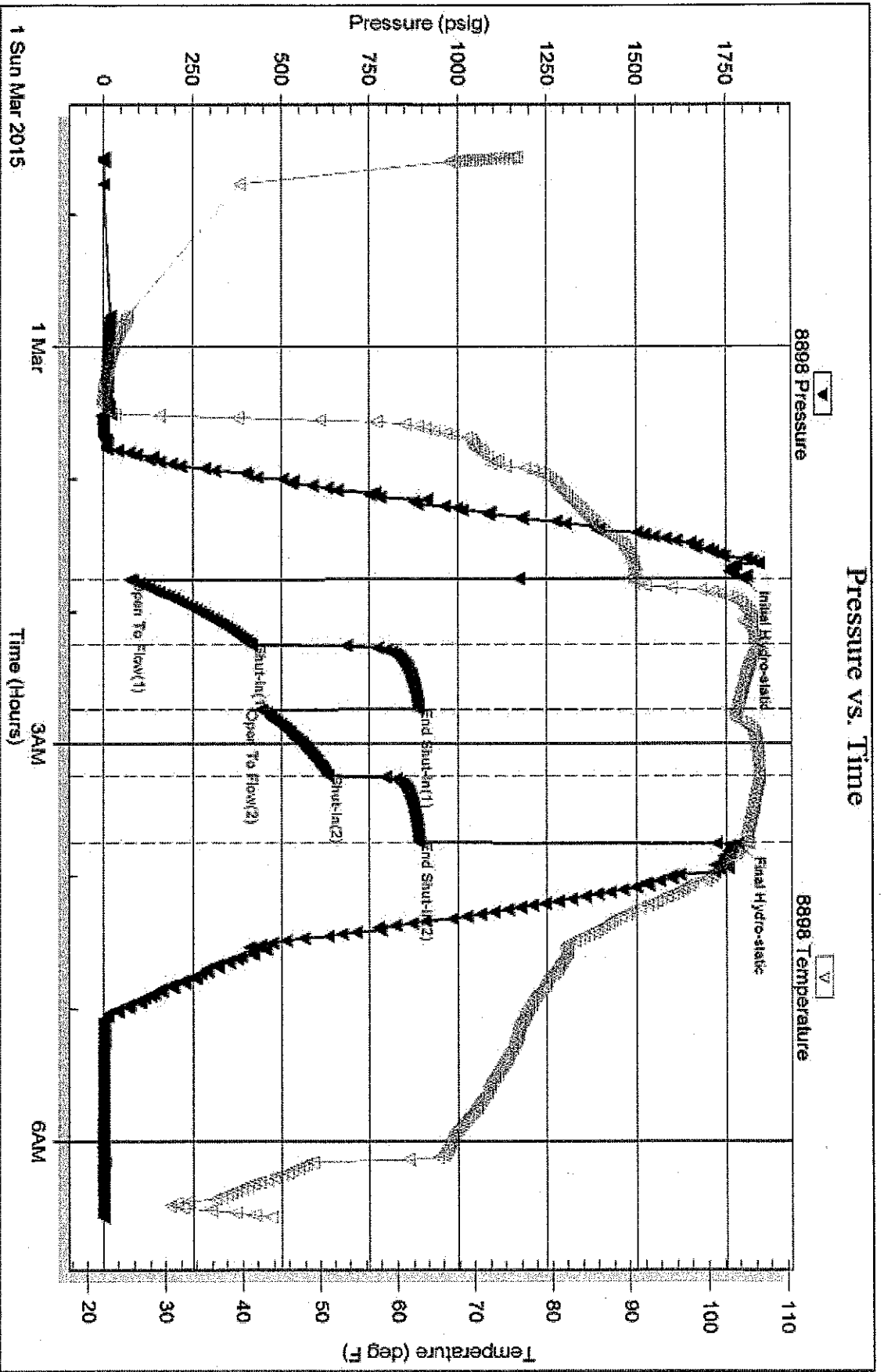
Serial #: 8898

Outside

Castle Resources, Inc.

Juenermann A #2

DST Test Number: 1



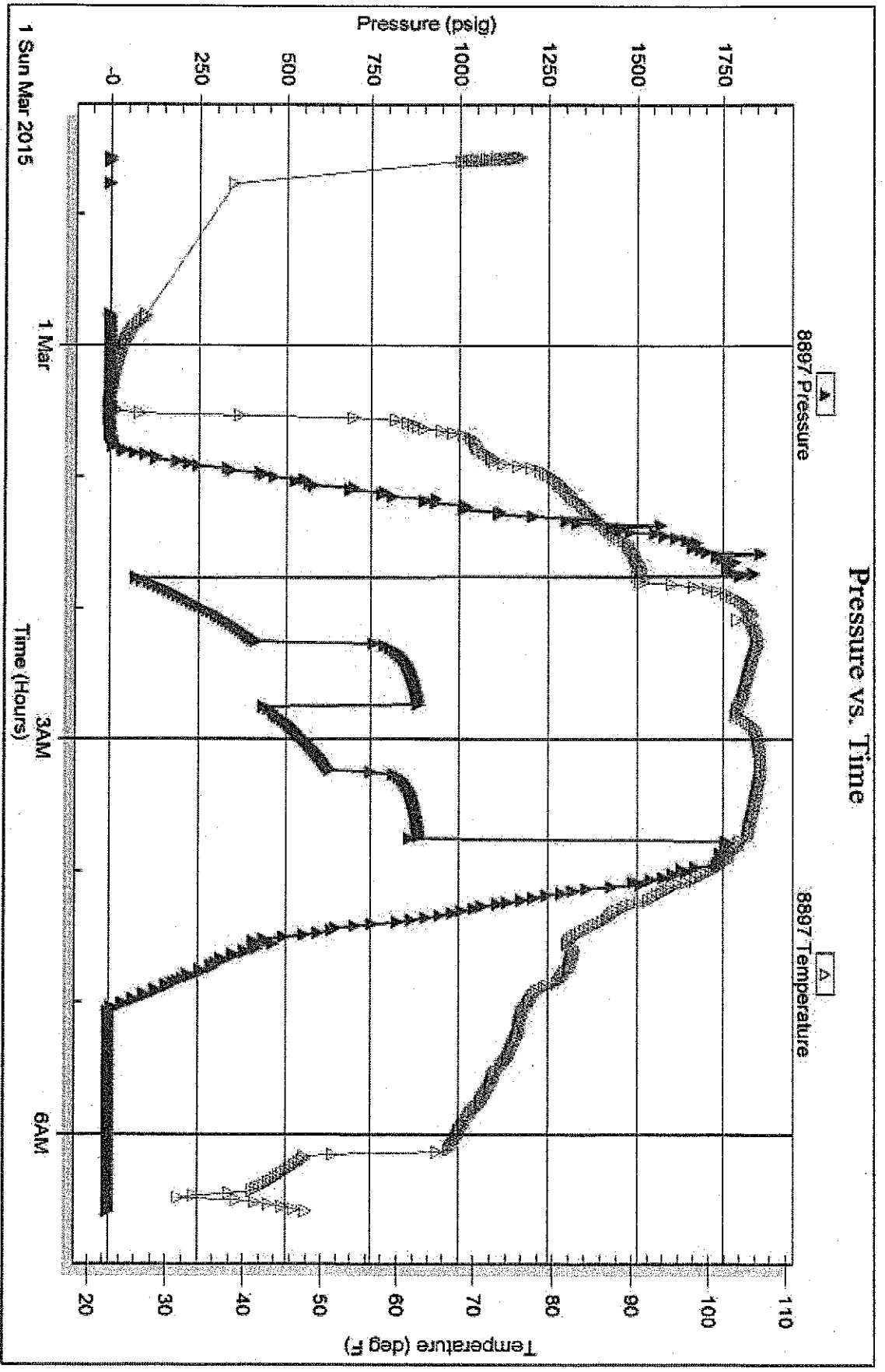
Serial #: 8897

Inside

Castle Resources, Inc.

Juennemann A.#2

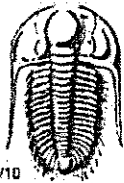
DST Test Number: 1



Tribble Testing, Inc

Ref. No: 62457

Printed: 2015.03.02 @ 09:50:58



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 62457

Well Name & No. Juennann A #3 Test No. 1 Date 2-28-15
 Company Castle Resources, Inc Elevation 2399 KB 2394 GL
 Address P.O. Box 87 Schoenchen, KS 67667
 Co. Rep / Geo. Jerry Green Rig White Knight
 Location: Sec. 32 Twp. 3s Rge. 24w Co. Norton State KS

Interval Tested 3613 - 3724 Zone Tested Reagan
 Anchor Length 111" Drill Pipe Run 3617 Mud Wt. 9
 Top Packer Depth 3608 Drill Collars Run 0 Vis 43
 Bottom Packer Depth 3613 Wt. Pipe Run 0 WL 8.8
 Total Depth 3724 Chlorides 1,500 ppm System LCM 1 1/2 #

Blow Description FF- BOB in 2mhs
ESI Surface blow @ 6mhs, died 11mhs later
FF- BOB in 3mhs
ESI No Return

Rec	Feet of	%gas	%oil	%water	%mud
<u>882'</u>	<u>VSO mcw</u>		<u>5</u>	<u>85</u>	<u>10</u>
<u>446'</u>	<u>MW, with oil spots</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 Total 1328 BHT 104 Gravity — API RW 142 @ 10 °F Chlorides 56,000 ppm

(A) Initial Hydrostatic 1799 Test 1050 T-On Location 22:27
 (B) First Initial Flow 77 Jars _____ T-Started 22:34
 (C) First Final Flow 419 Safety Joint _____ T-Open 01:45
 (D) Initial Shut-In 887 Circ Sub _____ T-Pulled 03:45
 (E) Second Initial Flow 442 Hourly Standby _____ T-Out 06:35
 (F) Second Final Flow 633 Mileage 216 RT x 2 Comments Loaded Tools
 (G) Final Shut-In 888 Sampler _____ on 3-1-15 @ 18:30
 (H) Final Hydrostatic 1,784 Straddle _____
 Ruined Shale Packer _____
 Ruined Packer _____

Initial Open 30 Extra Packer _____
 Initial Shut-In 30 Extra Recorder _____
 Final Flow 30 Day Standby _____
 Final Shut-In 30 Accessibility _____
 Sub Total _____
 MP/DST Disc't _____

Approved By _____ Our Representative Phil's Dept Thank You

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