



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1258751
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: _____



1258751

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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Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Wesseler 2
Doc ID	1258751

Tops

Name	Top	Datum
Tarkio Lime	2196	-415
Howard	2405	-624
Severy	2480	-699
Topeka	2493	-712
Heebner	2754	-973
LKC	2886	-1105
BKC	3170	-1428
Arbuckle	3209	-1428
RTD	3216	-1435

GLOBAL CEMENTING, L.L.C.

1731

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: RUSSELL, KS

DATE <u>7-7-15</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>3AM</u>	JOB START <u>9:30 PM</u>	JOB FINISH <u>10:30 AM</u>
LEASE <u>WESSLER</u>	WELL #. <u>2</u>	LOCATION			COUNTY <u>FLSWORTH</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (CIRCLE ONE)							

CONTRACTOR WHITE KNIGHT

TYPE OF JOB PIPE JOB

HOLE SIZE 7 7/8 T.D.

CASING SIZE 5 1/2 DEPTH 3220.19

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE 3207.14 SHOE JOINT 3207.13.65

CEMENT LEFT IN CSG.

PERFS

DISPLACEMENT 76 BBL

EQUIPMENT

PUMP TRUCK CEMENTER Bono

P1 HELPER Bentwood

BULK TRUCK

B3 DRIVER Woody

BULK TRUCK

DRIVER

OWNER

CEMENT AMOUNT ORDERED 1805X 1040

10% SALT 2% GEL 2% PLASTIC

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE

TOTAL

REMARKS:

INSTALL FLOAT EQUIPMENT ON CASING - CIRCULATE MUD FOR 15 MINUTES - DROP BALL - OPEN PACKER SHOE - CIRCULATE MUD FOR - MIX 1805X - PLUG RATHOLE WITH 30% - WASH UP TRUCK - PUMP PLUG WITH B3C470 - LAND PLUG @ PSI - HOLD PRESSURE - RELEASE PRESSURE - DRY

CHARGE TO: CASTLE RESOURCE

STREET

CITY STATE ZIP

Global Cementing, 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 

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE 15 @

MANIFOLD @

TOTAL

PLUG & FLOAT EQUIPMENT

5 1/2" PACKER SHOE 1 @

CENTRALIZERS 3 @

LD COLLAR PLUG 1 @

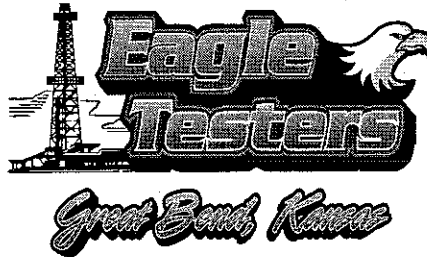
BASKETS 1 @

TOTAL

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS



DRILL STEM TEST REPORT

Prepared For: **CASTLE RRESOURCES INC.**
BOX 87
SCHOENCHEN ,KANSAS 676567-0087

ATTN: JERRY GREEN

WESSELER 2

19-17S-17W ELLSWORTH

Start Date: 2015.07.06 @ 00:00:00

End Date: 2015.07.06 @ 00:00:00

Job Ticket #: 01043 DST #: 1

Eagle Testers
1309 Patton Road Great Bend, Kansas 67530
620-791-7394

Printed: 2015.07.07 @ 09:02:06

CASTLE RESOURCES INC. 19-17S-17W ELLSWORTH WESSELER 2 DST # 1 ARBUCKLE 2015.07.06



DRILL STEM TEST REPORT

CASTLE RESOURCES INC.
 BOX 87
 SCHOENCHEN, KANSAS 676567-0087
 ATTN: JERRY GREEN

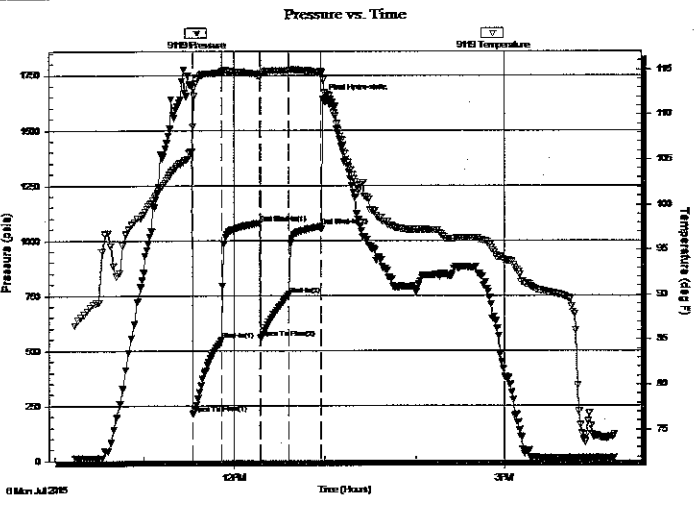
19-17S-17W ELLSWORTH
WESSELER 2
 Job Ticket: 01043 DST#: 1
 Test Start: 2015.07.06 @ 00:00:00

GENERAL INFORMATION:

Formation: **ARBUCKLE**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 00:00:00
 Time Test Ended: 00:00:00
 Interval: **3165.00 ft (KB) To 3218.00 ft (KB) (TVD)**
 Total Depth: **3218.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: GENE BUDIG
 Unit No:
 Reference Elevations: **1780.00 ft (KB)**
1775.00 ft (CF)
 KB to GRVCF: **5.00 ft**

Serial #: 9119 Inside
 Press@RunDepth: **1062.77 psia @ 3211.56 ft (KB)** Capacity: **5000.00 psia**
 Start Date: **2015.07.06** End Date: **2015.07.06** Last Calib.: **2015.07.06**
 Start Time: **10:14:00** End Time: **16:13:30** Time On Btm: **2015.07.06 @ 11:32:00**
 Time Off Btm: **2015.07.06 @ 12:59:00**

TEST COMMENT: 1st open 20 minutes strong blow built to the bottom of a 5 gallon bucket in 1 minute
 1st shut-in 20 minutes weak blow back
 2nd opening 20 minutes strong blow built to the bottom of a 5 gallon bucket in 1 minute
 2nd shut-in 20 minutes weak blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psia)	Temp (deg F)	Annotation
0	1706.40	105.84	Initial Hydro-static
1	214.08	108.64	Open To Flow (1)
20	545.80	114.71	Shut-In(1)
46	1078.18	114.24	End Shut-In(1)
46	556.23	114.28	Open To Flow (2)
65	754.79	114.87	Shut-In(2)
86	1062.77	114.67	End Shut-In(2)
87	1642.64	113.82	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	GAS IN THE PIPE	0.00
1680.00	MUDDY GASSY FROTHY OIL	23.57
60.00	MUDDY WATER WITH A SHOW OF OIL	0.84
0.00	2% GAS 2% OIL 25% MUD 71 % WATER	0.00
60.00	SLIGHTLY MUDDY WATER WITH TRACE OIL	0.84
0.00	TRACE OIL 4% MUD 96% WATER	0.00

Gas Rates

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



DRILL STEM TEST REPORT

CASTLE RRESOURCES INC.

19-17S-17W ELLSWORTH

BOX 87
SCHOENCHEN ,KANSAS 676567-0087

WESSELER 2

Job Ticket: 01043 DST#: 1

ATTN: JERRY GREEN

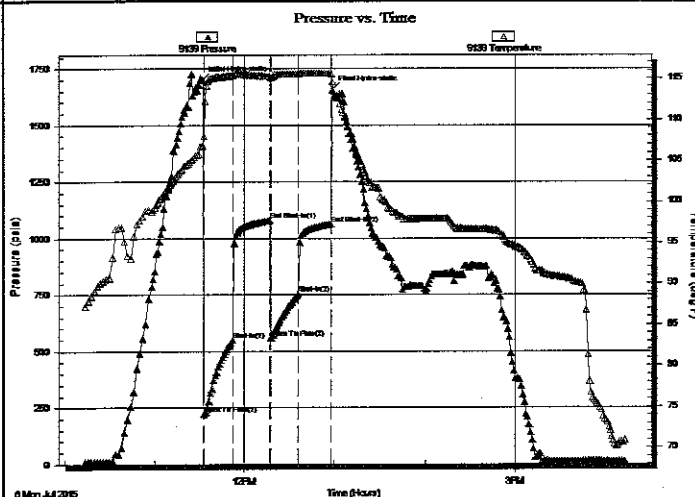
Test Start: 2015.07.06 @ 00:00:00

GENERAL INFORMATION:

Formation: **ARBUCKLE**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 00:00:00
 Time Test Ended: 00:00:00
 Interval: **3165.00 ft (KB) To 3218.00 ft (KB) (TVD)**
 Total Depth: 3218.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: GENE BUDIG
 Unit No:
 Reference Elevations: 1780.00 ft (KB)
 1775.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 9139 Outside
 Press@RunDepth: 1063.90 psia @ 3211.56 ft (KB) Capacity: 5000.00 psia
 Start Date: 2015.07.06 End Date: 2015.07.06 Last Calib.: 2015.07.06
 Start Time: 10:14:00 End Time: 16:13:30 Time On Btm: 2015.07.06 @ 11:31:00
 Time Off Btm: 2015.07.06 @ 12:59:00

TEST COMMENT: 1st open 20 minutes strong blow built to the bottom of a 5 gallon bucket in 1 minute
 1st shut-in 20 minutes weak blow back
 2nd opening 20 minutes strong blow built to the bottom of a 5 gallon bucket in 1 minute
 2nd shut-in 20 minutes weak blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psia)	Temp (deg F)	Annotation
0	1701.38	106.71	Initial Hydro-static
2	220.96	107.97	Open To Flow (1)
21	550.80	115.36	Shut-In(1)
47	1079.58	115.20	End Shut-In(1)
47	557.74	115.00	Open To Flow (2)
65	754.83	115.50	Shut-In(2)
88	1063.90	115.55	End Shut-In(2)
88	1655.52	114.54	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	GAS IN THE PIPE	0.00
1680.00	MUDDY GASSY FROTHY OIL	23.57
60.00	MUDDY WATER WITH A SHOW OF OIL	0.84
0.00	2%GAS 2%OIL 25%MUD 71 %WATER	0.00
60.00	SLIGHTLY MUDDY WATER WITH TRACE OIL	0.84
0.00	TRACE OIL 4%MUD 96%WATER	0.00

Gas Rates

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



DRILL STEM TEST REPORT

TOOL DIAGRAM

CASTLE RRESOURCES INC.

19-17S-17W ELLSWORTH

BOX 87
SCHOENCHEN ,KANSAS 676567-0087

WESSELER 2

Job Ticket: 01043

DST#: 1

ATTN: JERRY GREEN

Test Start: 2015.07.06 @ 00:00:00

Tool Information

Drill Pipe:	Length: 3148.00 ft	Diameter: 3.80 inches	Volume: 44.16 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:	20000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose:	39000.00 lb
			<u>Total Volume: 44.16 bbl</u>	Tool Chased	0.00 ft
Drill Pipe Above KB:	3.00 ft			String Weight: Initial	34000.00 lb
Depth to Top Packer:	3165.00 ft			Final	36000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	51.56 ft				
Tool Length:	71.56 ft				
Number of Packers:	2	Diameter:	inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			3150.00	
Hydraulic tool	5.00			3155.00	
Top Packer	5.00			3160.00	
Packer	5.00			3165.00	20.00 Bottom Of Top Packer
Anchor	5.00			3170.00	
Change Over Sub	0.75			3170.75	
Drill Pipe	30.06			3200.81	
Change Over Sub	0.75			3201.56	
Anchor	10.00			3211.56	
Recorder	0.00	9119	Inside	3211.56	
Recorder	0.00	9139	Outside	3211.56	
Bullnose	5.00			3216.56	51.56 Anchor Tool

Total Tool Length: 71.56



DRILL STEM TEST REPORT

FLUID SUMMARY

CASTLE RRESOURCES INC.

19-17S-17W ELLSWORTH

BOX 87
SCHOENCHEN, KANSAS 676567-0087

WESSELER 2

Job Ticket: 01043

DST#: 1

ATTN: JERRY GREEN

Test Start: 2015.07.06 @ 00:00:00

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: 46.00 sec/qt	Cushion Volume: bbl		
Water Loss: 12.79 in ³	Gas Cushion Type:		
Resistivity: 23000.00 ohm.m	Gas Cushion Pressure: psia		
Salinity: 23000.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	GAS IN THE PIPE	0.000
1680.00	MUDDY GASSY FROTHY OIL	23.566
60.00	MUDDY WATER WITH A SHOW OF OIL	0.842
0.00	2%GAS 2%OIL 25%MUD 71 %WATER	0.000
60.00	SLIGHTLY MUDDY WATER WITH TRACE OF (0.842
0.00	TRACE OIL 4%MUD 96%WA TER	0.000
0.00	CHLORIDES 18,000	0.000

Total Length: 1800.00 ft Total Volume: 25.250 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial#:

Laboratory Name:

Laboratory Location:

Recovery Comments: