



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1276676
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: _____

1276676

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> <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 4
Doc ID	1276676

All Electric Logs Run

Mirco Resistivity
Compensated Density Neutron
Dual Indcution
Cement Bond

Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Wesseler 4
Doc ID	1276676

Tops

Name	Top	Datum
Severy	2475	-700
Topeka	2492	-717
Heebner	2754	-979
Toronto	2776	-1001
Brown LMS	2862	-1087
LKC	2886	-1111
BKC	3169	-1393
Simpson	3218	-1443
Arbuckle	3226	-1451
RTD	3300	-1525

GLOBAL CEMENTING, L.L.C.

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell KS.

DATE <u>12-23-15</u>	SEC. <u>19</u>	TWP. <u>17</u>	RANGE <u>9</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Wesseler</u>	WELL # <u># 4</u>	LOCATION <u>Bushton Gas Plant 1N</u>			COUNTY <u>Ellsworth</u>	STATE <u>KANSAS</u>	
OLD OR <u>(NEW)</u> (CIRCLE ONE)				W. INTO			

CONTRACTOR White Knight Drilling Rigs

TYPE OF JOB PRODUCTION STRING

HOLE SIZE 7 7/8 TD 3300

CASING SIZE 17# USED DEPTH 3299

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 11.64

CEMENT LEFT IN CSG. 11.64

PERFS

DISPLACEMENT 710.44 / BBL

EQUIPMENT

OWNER

CEMENT AMOUNT ORDERED 1800 gal com @ 10% salt
2 bags of plaster
2000 gal GEMO 500 GAL FLUSH

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

PUMP TRUCK # P-2 CEMENTER Heath L. Glenn G. HELPER

BULK TRUCK # B- DRIVER Jason M.

BULK TRUCK # B- DRIVER Austin W.

REMARKS:
Run 84 JTS OF USED 17# CSG.
Set @ 3299', CIRCULATE ON BOTTOM
30 minutes. Pump mud flush
2 cement w/ 200SX GEMO, & 180SX
com 10% salt, 2% gal, 2% plaster
Clear-Line Release LATCH DN PLUG
Displaced TO BOTTOM LAND
plug @ 1500', Release pressure
& plug - hold - AFU.

CHARGE TO: Castle Resources Inc.

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 Terry Huston

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

Guide Float Shoe @ _____

LATCH DOWN ASSY @ _____

5 CENTRALIZERS @ _____

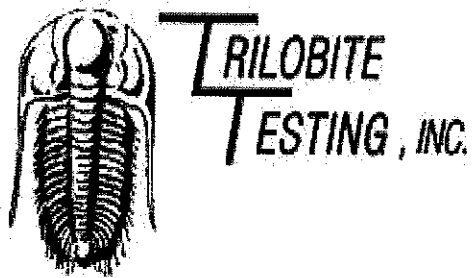
2 BASKETS @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS



DRILL STEM TEST REPORT

Prepared For: **Castle Resources Inc**

Box 87
Schoenchen KS 67667+0087

ATTN: Jerry Green

Wesseler #4

19-17s-9w Ellsworth,KS

Start Date: 2015.12.22 @ 01:20:00

End Date: 2015.12.22 @ 09:59:31

Job Ticket #: 62974 DST #: 1

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

Printed: 2015.12.23 @ 08:10:31

Castle Resources Inc
19-17s-9w Ellsworth,KS
Wesseler #4
DST # 1
Arbuckle
2015.12.22



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Castle Resources Inc
Box 87
Schoenchen KS 67667+0087
ATTN: Jerry Green

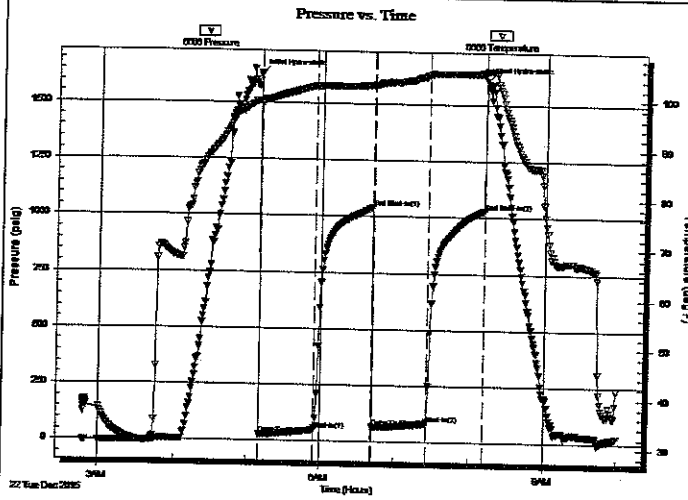
19-17s-9w Ellsworth, KS
Wesseler #4
Job Ticket: 62974 DST#: 1
Test Start: 2015.12.22 @ 01:20:00

GENERAL INFORMATION:

Formation: **Arbuckle**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 02:48:00
Time Test Ended: 09:59:31
Interval: **3166.00 ft (KB) To 3221.00 ft (KB) (TVD)**
Total Depth: 3221.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Initial)
Tester: Jared Scheck
Unit No: 55
Reference Elevations: 1775.00 ft (KB)
1771.00 ft (CF)
KB to GR/CF: 4.00 ft

Serial #: 6666 Inside
Press@RunDepth: 82.55 psig @ 3168.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2015.12.22 End Date: 2015.12.22 Last Calib.: 2015.12.22
Start Time: 02:48:01 End Time: 09:59:31 Time On Btm: 2015.12.22 @ 05:09:01
Time Off Btm: 2015.12.22 @ 08:12:16

TEST COMMENT: IFF-45 Minutes-Weak blow built bottom of bucket in 33 minutes
ISIP-45 Minutes-Very weak surface blow
FFP-45 Minutes-Weak blow built bottom of bucket in 33 minutes
FSIP-45 Minutes-No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1630.83	99.44	Initial Hydro-static
1	25.31	99.06	Open To Flow (1)
46	47.70	102.46	Shut-in(1)
93	1042.65	102.75	End Shut-in(1)
93	66.75	102.72	Open To Flow (2)
137	82.55	104.94	Shut-in(2)
183	1029.53	105.37	End Shut-in(2)
184	1608.30	105.76	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	GOM 30%gas 35%oil 35%mud	1.68
30.00	MOG 10%mud 40%oil 50%gas	0.42
20.00	MO 40%mud 60%oil	0.28

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Castle Resources Inc
Box 87
Schoenchen KS 67667+0087
ATTN: Jerry Green

19-17s-9w Ellsworth, KS
Wesseler #4
Job Ticket: 62974 DST#: 1
Test Start: 2015.12.22 @ 01:20:00

Tool Information

Drill Pipe:	Length: 3177.00 ft	Diameter: 3.80 inches	Volume: 44.56 bbl	Tool Weight: 1000.00 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: 57000.00 lb
			Total Volume: 44.56 bbl	Tool Chased 0.00 ft
Drill Pipe Above KB:	31.00 ft			String Weight: Initial 49000.00 lb
Depth to Top Packer:	3166.00 ft			Final 50000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	55.00 ft			
Tool Length:	75.00 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			3151.00	
Hydraulic tool	5.00			3156.00	
Packer	5.00			3161.00	20.00 Bottom Of Top Packer
Packer	5.00			3166.00	
Perforations	1.00			3167.00	
Recorder	1.00	6666	Inside	3168.00	
Recorder	1.00	6731	Outside	3169.00	
Perforations	16.00			3185.00	
Change Over Sub	0.75			3185.75	
Drill Pipe	31.50			3217.25	
Change Over Sub	0.75			3218.00	
Bullnose	3.00			3221.00	55.00 Bottom Packers & Anchor

Total Tool Length: 75.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources Inc
Box 87
Schoenchen KS 67667+0087

ATTN: Jerry Green

19-17s-9w Ellsworth, KS

Wesseler #4
Job Ticket: 62974 **DST#: 1**
Test Start: 2015.12.22 @ 01:20:00

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:	ppm
Viscosity: 48.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.19 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 4000.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	GOM 30%gas 35%oil 35%mud	1.683
30.00	MOG 10%mud 40%oil 50%gas	0.421
20.00	MO 40%mud 60%oil	0.281

Total Length: 170.00 ft Total Volume: 2.385 bbl

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

Laboratory Name: Laboratory Location:

Recovery Comments:

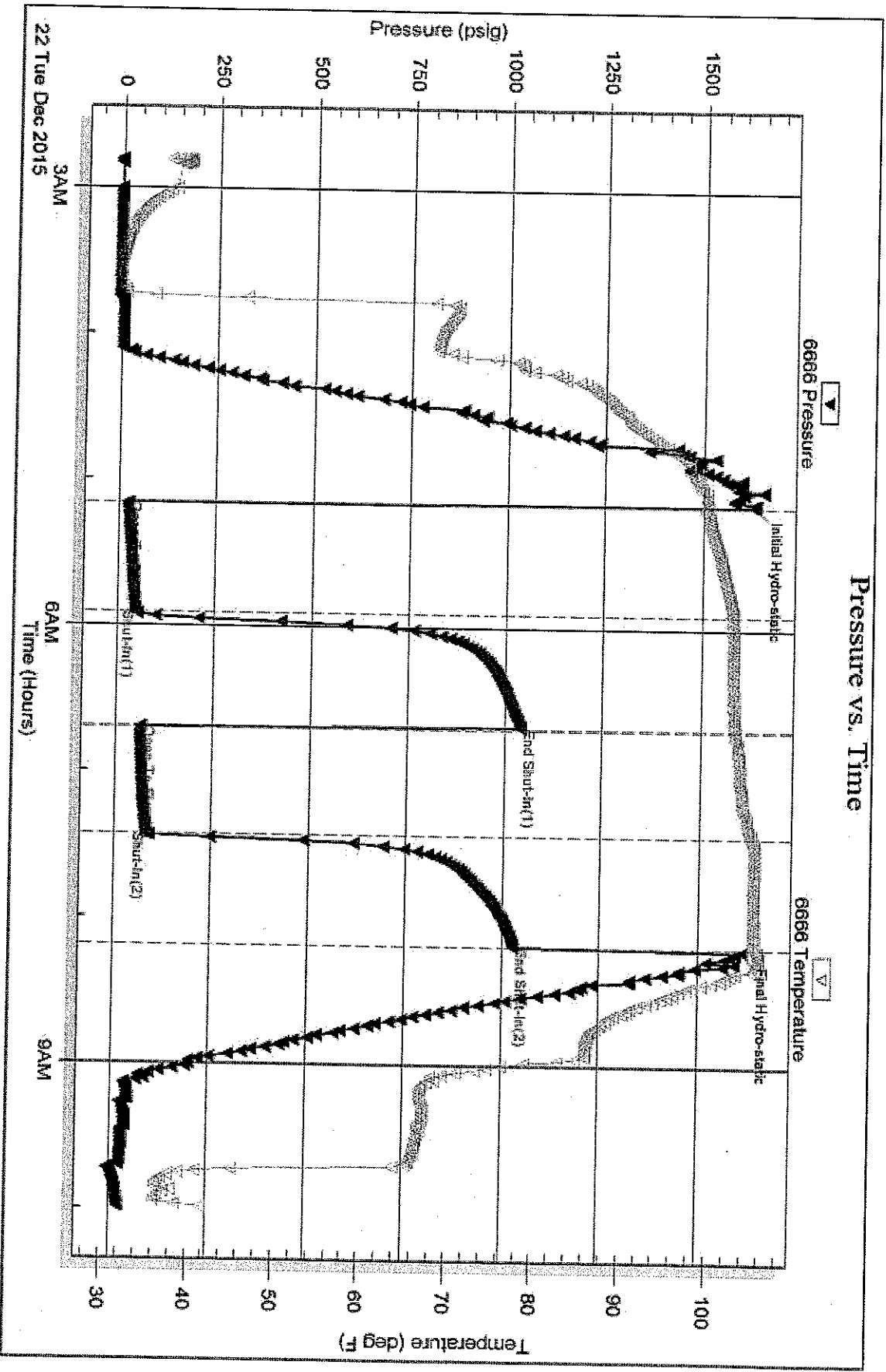
Serial #: 6666

Inside

Castle Resources Inc.

Messeler #4

DST Test Number: 1



Tribble Testing, Inc

Ref. No: 62974

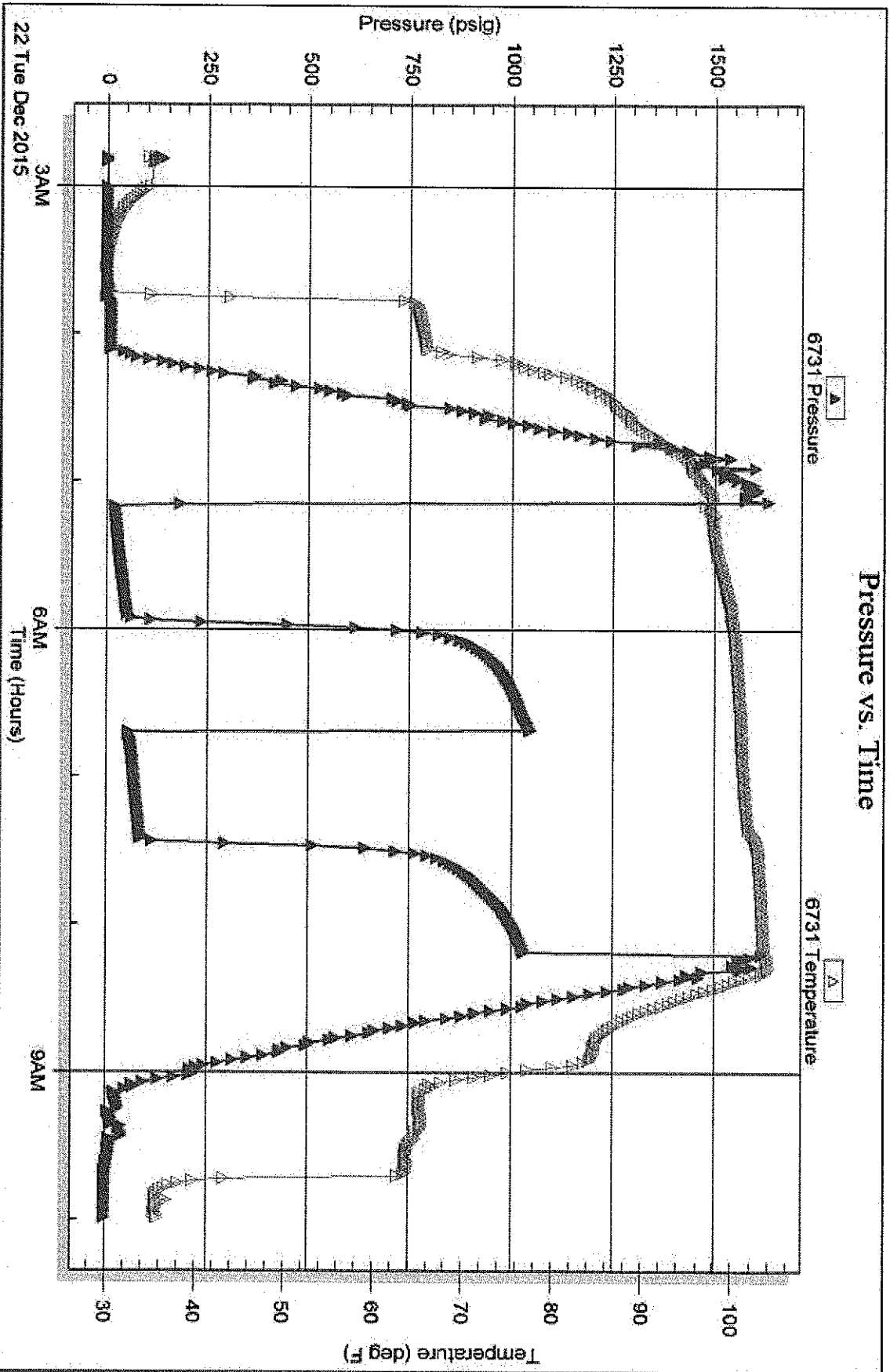
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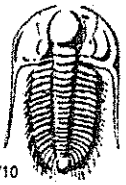
Serial #: 6731

Outside Castle Resources Inc

Vessel #4

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 82974

Well Name & No. Wessler #4 Test No. 1 Date 12-22-2015
 Company Castle Resources Inc Elevation 1775 KB 1771 GL
 Address Box 87 Schoonchen KS 67767 +D087
 Co. Rep / Geo. Jerry Green Rig White Knight
 Location: Sec. 19 Twp. 17s Rge. 9w Co. Ellsworth State KS

Interval Tested 3166-3221 Zone Tested Arbuckle
 Anchor Length 55 Drill Pipe Run _____ Mud Wt. 9.1
 Top Packer Depth 3161 Drill Collars Run _____ Vis 48
 Bottom Packer Depth 3160 Wt. Pipe Run _____ WL 7.2
 Total Depth 3221 Chlorides 4,000 ppm System LCM 1

Blow Description IFP - Weak Blow Built Bottom of Bucket in 33 minutes
ISIP - Very Weak Surface Blow
FFP - Weak Blow Built Bottom of Bucket in 33 minutes
FSIP - NO Blow Back

Rec	Feet of	%gas	%oil	%water	%mud
120	60M	30	35	35	
30	M O B	50	40	10	
20	M O		60	40	
		%gas	%oil	%water	%mud
		%gas	%oil	%water	%mud

Rec Total _____ BHT _____ Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm
 (A) Initial Hydrostatic 11030 Test 1050 T-On Location 1:20AM
 (B) First Initial Flow 25 Jars _____ T-Started 2:48AM
 (C) First Final Flow 47 Safety Joint _____ T-Open 4:59AM
 (D) Initial Shut-In 1042 Circ Sub _____ T-Pulled 7:59AM
 (E) Second Initial Flow 66 Hourly Standby _____ T-Out 9:59AM
 (F) Second Final Flow 82 Mileage 85 miles Round Trip Comments _____
 (G) Final Shut-In 1029 Sampler _____
 (H) Final Hydrostatic 1608 Straddle _____
 Shale Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____

Initial Open 45
 Initial Shut-In 45
 Final Flow 45
 Final Shut-In 45

Ruined Shale Packer _____
 Ruined Packer _____
 Extra Copies _____
 Sub Total 0
 Total 1135
 MP/DST Disc't _____
 Sub Total 1135

Approved By _____ Our Representative [Signature]
 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.