

Confidentiality Requested:

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1305084

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:, (e.gxxx.xxxxx)
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled         Permit #:           Dual Completion         Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR     Permit #:	Location of huid disposal if natied offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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:

	Page Two	1305084
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS: Chain important tang of formations paratrated Da	tail all aaroo Danart all fin	al appiae of drill atoms toots giving interval tootad, time tool

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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	Yes No	Name	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD Ne		ion, 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 / SQU	EEZE RECORD			
Purpose:	Depth	Tupo of Comont	# Socka Llood		Type and [	Paraant Additivaa	

Purpose: Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) No (If No, skip question 3)

No

No

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION F Specify Foota		RD - Bridge P Each Interval F		e	۵		ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner Ru	un:	No	
Date of First, Resumed	l Producti	on, SWD or ENHR.		Producing M	ethod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbls.		Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF G	AS:	_		METHOD			_	PRODUCTION INT	ERVAL:
Vented Solo	d 🗌 l	Jsed on Lease		Open Hole	Perf.	Uually (Submit A		Commingled (Submit ACO-4)		
(If vented, Su	bmit ACO	-18.)		Other (Specify)		Gubillit		(Submit ACC-4)		

Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Hadley Foundation 1
Doc ID	1305084

All Electric Logs Run

Dual spaced neutron
Spectral Density
Micro Log
Array Compensated
True Resistivity

Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Hadley Foundation 1
Doc ID	1305084

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	23	218	common	3%CC2% Gel

# GLOBAL CEMENTING, L.L.C.

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JBING SIZE DEPTH *			290 GeL
CILL PIPE DEPTH			
OL DEPTH			
ES. MAX MINIMUM	COMMON	@	
EAS. LINE . SHOE JOINT	POZMIX	@	
MENT LEFT IN CSG. 15"	GEL	@	
RFS (m	CHLORIDE	@	
SPLACEMENT /3/BBL	ASC	@	
EQUIPMENT	<u></u>	@	
/		@	
MPARUCK CEMENTER Glenn Ge			·····
F-2- HELPER CODY H.			·
ILK TRUCK		@	
B-5 DRIVER JASON M.		@	· · · ·
LK TRUCK			
DRIVER	100 <sup>111</sup> -01-20	@	
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AN SNEW JOINTS OF 23 878 csq. ET C Recieved Circus Emont willso sx 342 Displaced RBL H2 Shut in Q 300 H	MILEAGE DEPTH OF JOB PUMP TRUCK CHARGE EXTRA FOOTAGE	TOTA SERVICE	AL
AN SNEW JOINTS OF 23 878 csq. ET C Recieved Circuit Semont willow 342 Displaced BBL H2 Shut in Q 300 #F. Coment Did CirculATE 1	MILEAGE DEPTH OF JOB PUMP TRUCK CHARGE EXTRA FOOTAGE MILEAGE	TOTA SERVICE @	AL
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ARGE TO: STATE ZIP obal Cementing, L.L.C., Not are hereby requested to rent cementing equipment and rish cementer and helper(s) to assist owner or contractor to work as is listed. The above work was done to satisfaction d supervision of owner agent or contractor. I have read and derstand the "GENERAL TERMS AND CONDITIONS"	MILEAGE DEPTH OF JOB PUMP TRUCK CHARGE EXTRA FOOTAGE MILEAGE MANIFOLD	TOTA SERVICE	L
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ARGE TO: STATE ZIP Not in Control of Contro	MILEAGE DEPTH OF JOB PUMP TRUCK CHARGE EXTRA FOOTAGE MILEAGE MANIFOLD PLUG  SALES TAX (If Any)	TOTA SERVICE	L
ARGE TO: STATE ZIP Not in Cost in contractor to over as is listed. The above work was done to satisfaction d supervision of owner agent or contractor. I have read and derstand the "GENERAL TERMS AND CONDITIONS" ted on the reverse side.	MILEAGE DEPTH OF JOB PUMP TRUCK CHARGE EXTRA FOOTAGE MILEAGE MANIFOLD PLUG	TOTA SERVICE	L

2601

# 2617

# GLOBAL CEMENTING, L.L.C.

REMIT TO 18048 170RD	SERVICE POINT:		Ve.
RUSSELL, KS 67665		Tissell	<u></u>
Pm		<u> </u>	4-2-16
DATE 9-1-16 SEC TWP. RANGE	CALLED OUT ON L	OCATION JOB START	JOB FINISH
EASE FOUDDATIONELLH. # 1 LOCATION CA	THERING KS. IW	COUNTY E 1/1'S	STATE KANSAS
OLD OR (NEW) CIRCLE ONE)	BAN TO OPEN RA.	We 1'SN SW	
CONTRACTOR WHITE KNIGHT RIGHT	OWNER	¥	
YPE OF JOB ROTARY PLUG			
IOLE SIZE 77/2/ T.D. 3585	CEMENT	1-0	
ASING SIZE 8 SURFace DEPTH 221	AMOUNT ORDERED	24058 85	4 Soce
UBING SIZE DEPTH	ANOUNI UNDERED	VI # F70-Seal	
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OOL DEPTH	· · · · · · · · · · · · · · · · · · ·		
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	GEL	@	<u> </u>
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o work as is listed. The above work was done to satisfaction	·	@	
nd supervision of owner agent or contractor. I have read and		@	
nderstand the "GENERAL TERMS AND CONDITIONS"		🐷	

listed on the reverse side.

PRINTED NAME

SIGNATURE

TOTAL \_

SALES TAX (If Any) TOTAL CHARGES

DISCOUNT\_\_\_\_\_

IF PAID IN 30 DAYS