



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1316534
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: _____

1316534

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)*

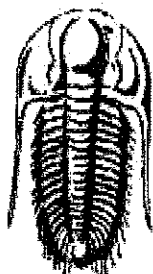
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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
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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> <i>(Submit ACO-4)</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 583
Russell, KS 67665

ATTN: Jerry Green

Kriley #2

22-8s-18w Rooks,KS

Start Date: 2016.09.02 @ 17:15:19

End Date: 2016.09.02 @ 22:06:13

Job Ticket #: 63072 DST #: 1

Castle Resources Inc

22-8s-18w Rooks,KS

Kriley #2

DST # 1

LKC "1" - Arbuckle

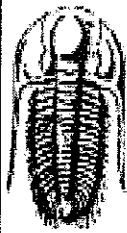
2016.09.02

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Printed: 2016.09.06 @ 09:16:27



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Castle Resources Inc
 PO Box 583
 Russell, KS 67665
 ATTN: Jerry Green

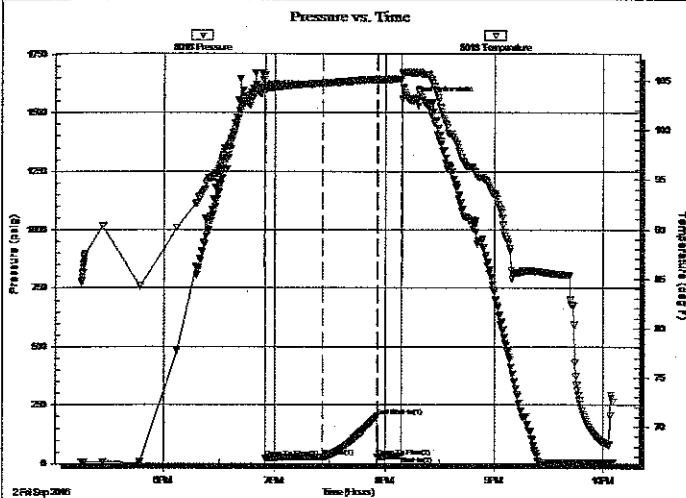
22-8s-18w Rooks,KS
Kriley #2
 Job Ticket: 63072 **DST#: 1**
 Test Start: 2016.09.02 @ 17:15:19

GENERAL INFORMATION:

Formation: **LKC "I"- Arbuckle**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Straddle (Initial)
 Time Tool Opened: 18:54:59 Tester: Ray Schwager
 Time Test Ended: 22:06:13 Unit No: 77
 Interval: **3240.00 ft (KB) To 3374.00 ft (KB) (TVD)** Reference Elevations: 1923.00 ft (KB)
 Total Depth: 3426.00 ft (KB) (TVD) 1918.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 5.00 ft

Serial #: 8018 Inside
 Press@RunDepth: 26.88 psig @ 3256.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2016.09.02 End Date: 2016.09.02 Last Calib.: 2016.09.02
 Start Time: 17:15:19 End Time: 22:06:13 Time On Btm: 2016.09.02 @ 18:52:44
 Time Off Btm: 2016.09.02 @ 20:13:14

TEST COMMENT: 30-IFP-surface bl died in 23 min
 30-ISIP-no bl
 10-FFP-no bl flushed tool no help
 pulled tool



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1578.66	104.06	Initial Hydro-static
3	25.23	104.03	Open To Flow (1)
33	26.88	104.73	Shut-In(1)
63	202.27	105.16	End Shut-In(1)
63	28.11	105.06	Open To Flow (2)
77	31.55	105.21	Shut-In(2)
81	1553.97	105.86	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	Mud w/show of 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

22-8s-18w Rooks,KS

PO Box 583
Russell, KS 67665

Kriley #2

Job Ticket: 63072

DST#: 1

ATTN: Jerry Green

Test Start: 2016.09.02 @ 17:15:19

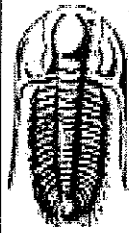
Tool Information

Drill Pipe:	Length: 3231.00 ft	Diameter: 3.80 inches	Volume: 45.32 bbl	Tool Weight: 2200.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 55000.00 lb
			Total Volume: 45.32 bbl	Tool Chased: 0.00 ft
Drill Pipe Above KB:	12.00 ft			String Weight: Initial 49000.00 lb
Depth to Top Packer:	3240.00 ft			Final 49000.00 lb
Depth to Bottom Packer:	3374.00 ft			
Interval between Packers:	134.00 ft			
Tool Length:	207.00 ft			
Number of Packers:	3	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3220.00	
Shut In Tool	5.00			3225.00	
Hydraulic tool	5.00			3230.00	
Packer	5.00			3235.00	21.00 Bottom Of Top Packer
Packer	5.00			3240.00	
Stubb	1.00			3241.00	
Perforations	15.00			3256.00	
Recorder	0.00	8018	Inside	3256.00	
Recorder	0.00	8700	Outside	3256.00	
Blank Spacing	97.00			3353.00	
Perforations	17.00			3370.00	
Blank Off Sub	1.00			3371.00	
Blank Spacing	3.00			3374.00	134.00 Tool Interval
Packer	5.00			3379.00	
Stubb	1.00			3380.00	
Perforations	10.00			3390.00	
Recorder	0.00	8374	Below	3390.00	
Blank Spacing	33.00			3423.00	
Bullnose	3.00			3426.00	52.00 Bottom Packers & Anchor

Total Tool Length: 207.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources Inc

22-8s-18w Rooks,KS

PO Box 583
Russell, KS 67665

Kriley #2

Job Ticket: 63072

DST#: 1

ATTN: Jerry Green

Test Start: 2016.09.02 @ 17:15:19

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: 53.00 sec/qt

Cushion Volume:

bbl

Water Loss: 7.97 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	Mud w /show of oil	0.281

Total Length: 20.00 ft Total Volume: 0.281 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

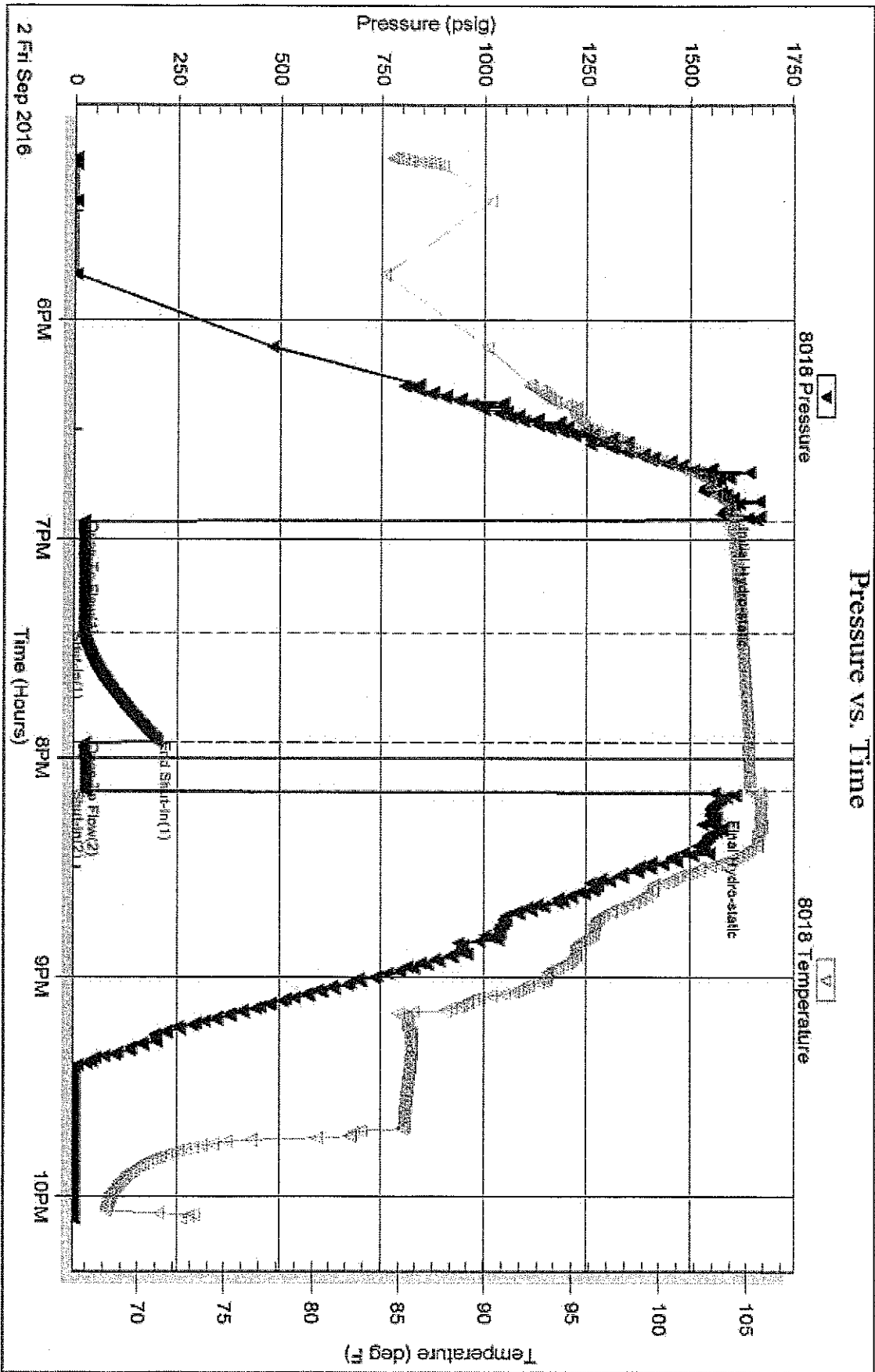
Recovery Comments:

Serial #: 8018

Inside Castle Resources Inc

Kriley #2

DST Test Number: 1



Tribble Testing, Inc

Ref. No: 63072

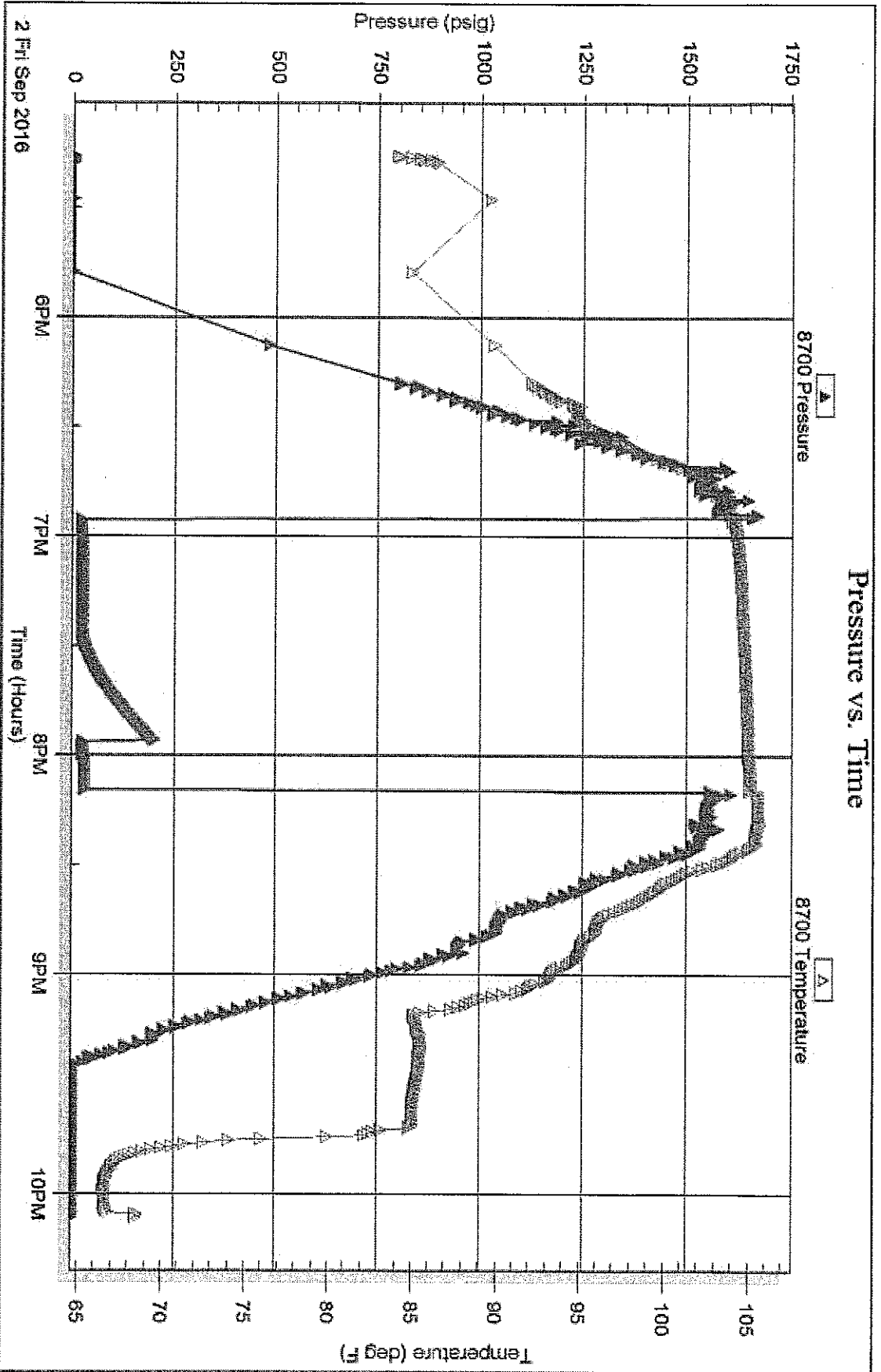
Printed: 2016-09-06 @ 09:16:29

Serial #: 8700

Outside Castle Resources Inc

Kriley #2

DST Test Number: 1

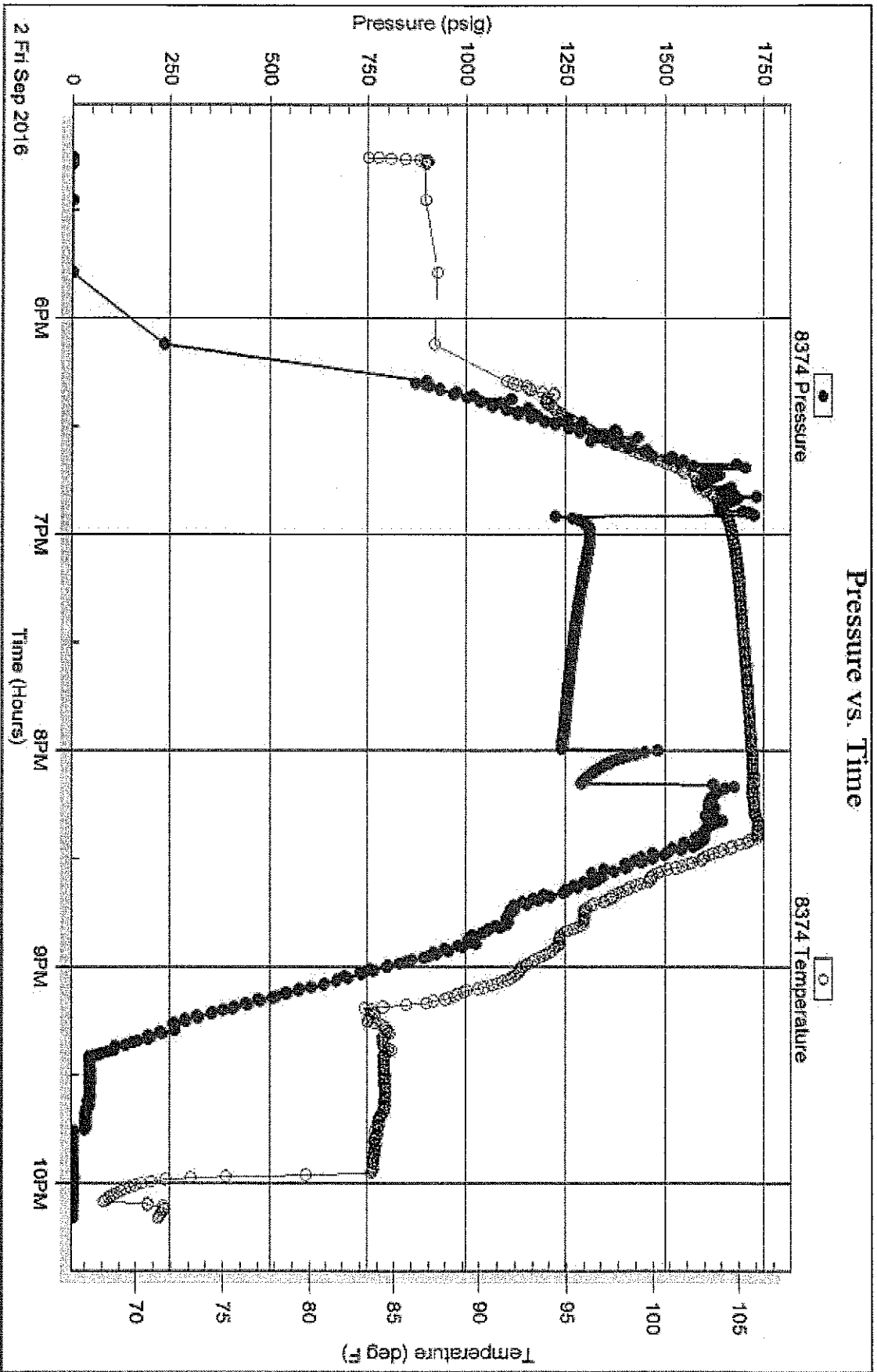


Serial #: 8374

Below (Straddling) Resources Inc.

Kriley #2

DST Test Number: 1



Tribble Testing, Inc

Ref. No: 63072

Printed: 2016.09.06 @ 09:16:29



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 63072

Well Name & No. Kriley #2 Test No. 1 Date 9-2-16
 Company Castle Resources Inc. Elevation 1923 KB 1918 GL
 Address _____
 Co. Rep / Geo. Jerry Green Rig White Knight rig
 Location: Sec. 22 Twp. 8^s Rge. 18^w Co. Rooks State Ks

Interval Tested 3240-3374 Zone Tested LKC'I" = Arbuckle
 Anchor Length 134 Drill Pipe Run 3231 Mud Wt. 9.4
 Top Packer Depth 3240-3235 Drill Collars Run — Vis 53
 Bottom Packer Depth 3374 Wt. Pipe Run — WL 8
 Total Depth 3426 Chlorides 3000 ppm System LCM 1/2#
 Blow Description JFP - WEAK SURFACE BLOW DIED IN 23 MIN
TSTP - NO BLOW
FFP - NO BLOW, FLUSHED TOO!

Rec	Feet of	%gas	%oil	%water	%mud
<u>20</u>	<u>Mud</u>				
	<u>w/show of oil</u>				

Rec Total 20 BHT 105 Gravity — API RW — @ — ° F Chlorides — ppm

(A) Initial Hydrostatic <u>1578</u>	<input checked="" type="checkbox"/> Test <u>1050</u>	T-On Location <u>1600</u>
(B) First Initial Flow <u>25</u>	<input type="checkbox"/> Jars _____	T-Started <u>1715</u>
(C) First Final Flow <u>26</u>	<input type="checkbox"/> Safety Joint _____	T-Open <u>1858</u>
(D) Initial Shut-In <u>202</u>	<input type="checkbox"/> Circ Sub _____	T-Pulled <u>2005</u>
(E) Second Initial Flow <u>28</u>	<input type="checkbox"/> Hourly Standby _____	T-Out <u>2206</u>
(F) Second Final Flow <u>31</u>	<input checked="" type="checkbox"/> Mileage <u>70 RT</u> 52.50	Comments _____
(G) Final Shut-In <u>—</u>	<input type="checkbox"/> Sampler _____	
(H) Final Hydrostatic <u>1553</u>	<input checked="" type="checkbox"/> Straddle <u>600</u>	<input type="checkbox"/> Ruined Shale Packer _____
	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Packer _____
	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Extra Copies _____
	<input type="checkbox"/> Extra Recorder _____	Sub Total <u>0</u>
	<input type="checkbox"/> Day Standby _____	Total <u>1702.50</u>
	<input type="checkbox"/> Accessibility _____	MP/DST Disc't _____
	Sub Total <u>1702.50</u>	

Approved By _____

Our Representative Ray Schwegel Thank you

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.



ALLIED OFS, LLC

Federal Tax I.D. #81-2169190

58109

REMIT TO: Allied Ofs, LLC
P.O. Box 205803
Dallas, TX 75320-5803

SERVICE POINT:

Oralley

DATE <i>9-3-16</i>	SEC. <i>22</i>	TWP. <i>85</i>	RANGE <i>18W</i>	CALLED OUT	ON LOCATION <i>11:00pm</i>	JOB START <i>3:30pm</i>	JOB FINISH <i>4:30pm</i>
LEASE <i>Kriley</i>	WELL# <i>Z</i>	LOCATION <i>Plainville on the Kan</i>		COUNTY <i>Rock</i>	STATE <i>KS</i>		
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<i>New Ninto</i>			

CONTRACTOR *White Knight*
 TYPE OF JOB *PTA*
 HOLE SIZE *7 7/8* T.D. *3325'*
 CASING SIZE DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE *4 1/2* DEPTH *3320'*
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER *Same*
 CEMENT
 AMOUNT ORDERED *290 sks 60% 40% 40% 40%*
1/4 Flo-seal
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @
40% 40% 290 sks @ 18.92 5486.80
 @
Flo-seal 73# @ 2.97 216.81
 @
 @
 @
 @

EQUIPMENT
 PUMP TRUCK CEMENTER *Andrew Faustland*
 # *431* HELPER *Wayne Macomber*
 BULK TRUCK
 # *891* DRIVER *Jade Milton*
 BULK TRUCK
 # DRIVER

TOTAL *5,703.61*

DISCOUNT *30%* *1711.08*

REMARKS:

50 sks @ 3320'
50 sks @ 1325'
100 sks @ 725'
50 sks @ 275'
10 sks @ 40'
30 sks Rat hole

Thank you

CHARGE TO: *Castle Resources inc.*
 STREET *PO Box 583*
 CITY *Russell* STATE *KS* ZIP

SERVICE

HANDLING *211.45 cu/ft @ 2.48 722.39*
 MILEAGE *2.75 Trip/mile 13.75 @ 1430.00*
 DEPTH OF JOB *3320'*
 PUMP TRUCK CHARGE *2600.47*
 EXTRA FOOTAGE @
 HV MILEAGE *40 miles @ 7.70 308.00*
 LV MILEAGE *40 miles @ 4.40 176.00*
 @
 @

TOTAL *5,286.86*

DISCOUNT *30%* *1586.05*

PLUG & FLOAT EQUIPMENT

8 7/8
1 Dry hole Plug @ 110.00
 @
 @
 @
 @

TOTAL *110.00*

DISCOUNT *0%* *0*

To: Allied Ofs, 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.

PRINTED NAME *Terry Austin*

SIGNATURE *Terry Austin*

SALES TAX (If Any)
 TOTAL CHARGES *11,100.47*
 DISCOUNT *3,297.14 (30%)* IF PAID IN 30 DAYS
 NET TOTAL *7,803.32* IF PAID IN 30 DAYS

GLOBAL CEMENTING, L.L.C.

2837

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, KS

DATE <u>8-29-16</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>KRiley</u>	WELL #. <u>2</u>	LOCATION <u>W of Plominite to R RD</u>			COUNTY <u>Neosho</u>	STATE <u>MO</u>	<u>8:00pm</u>
OLD OR <u>NEW</u> (CIRCLE ONE)		W 1/4 N 1/2 W S 10					

CONTRACTOR White Knight

TYPE OF JOB _____

HOLE SIZE 12 1/4 TD. 214

CASING SIZE 8 5/8 DEPTH 212.24

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK # P#4 CEMENTER Heath HELPER Cody

BULK TRUCK # B#5 DRIVER Jason

BULK TRUCK # _____ DRIVER _____

OWNER _____

CEMENT AMOUNT ORDERED 1505 com 3%CC

290gel

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

REMARKS:
Run 5 Hs of 8 5/8 casing and landing ST
est circulation with med pump
in 1505s and also 12 1/4 bot
H2O - shut in @ 200PSI
Cement D.D Circulate
CHARGE TO: Castle

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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 _____

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS