

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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GLOBAL OIL FIELD SERVICES, LLC

18797

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell

DATE <u>8-22-19</u>	SEC <u>9</u>	TWP. <u>17</u>	RANGE <u>19</u>	CALLED OUT <input checked="" type="checkbox"/>	ON LOCATION <input checked="" type="checkbox"/>	JOB START	JOB FINISH <u>12:00 PM</u>
LEASE <u>Legleiter</u>	WELL# <u>1</u>	LOCATION <u>Lebanon Well 1 SW 3/4</u>			COUNTY <u>Rush</u>	STATE <u>Ks</u>	
OLD OR <input checked="" type="radio"/> NEW (CIRCLE ONE)							

CONTRACTOR White Night

TYPE OF JOB plug string

HOLE SIZE 5 1/2 T.D.

CASING SIZE 5 1/2 DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX. MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 44

PERFS

DISPLACEMENT 94.3

EQUIPMENT

PUMP TRUCK # 7211 CEMENTER HELPER Jason

BULK TRUCK # DRIVER Tom

BULK TRUCK # DRIVER F. J. D.

OWNER

CEMENT AMOUNT ORDERED 15000 cum 10% salt 27.600 5# Gel/pt x 450 mD

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE

TOTAL

REMARKS:

pipe set @ 3930

Shoe pt. 44.5

Incept 38.96

Center 430 mD lite Follow

15000 cum 10% salt 27.600 5# Gel

plug plug w/ 94.3

plug plug @ 1500 - float held

cont'd to cut 3000 R.H.

CHARGE TO: Castle Res

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

TOTAL

PLUG & FLOAT EQUIPMENT

4-BAK @

4-BAK @

Float @

Float @

Float @

TOTAL

Global Oil Field Services, 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.

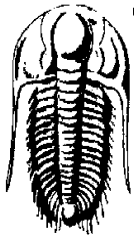
PRINTED NAME Castle Res

SIGNATURE Terry

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Castle Resources Inc

9/17S/19W/Rush

PO Box 583
Russell, Kansas
67665+0583
ATTN: Jerry Green

George Legleiter #1

Job Ticket: 66290 **DST#: 1**
Test Start: 2019.08.21 @ 12:54:00

GENERAL INFORMATION:

Formation: **Conglom sand/Arbuckl**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 14:43:32

Time Test Ended: 20:54:02

Test Type: Conventional Straddle (Initial)

Tester: Ken Swinney

Unit No: 72 Hays/ 54

Interval: 3854.00 ft (KB) To 3876.00 ft (KB) (TVD)

Reference Elevations: 2127.00 ft (KB)

Total Depth: 3940.00 ft (KB) (TVD)

2122.00 ft (CF)

Hole Diameter: 7.80 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

Serial #: 8365

Inside

Press@RunDepth: 76.82 psig @ 3854.00 ft (KB)

Capacity: psig

Start Date: 2019.08.21

End Date:

2019.08.21

Last Calib.:

2019.08.21

Start Time: 12:54:01

End Time:

20:54:02

Time On Btm:

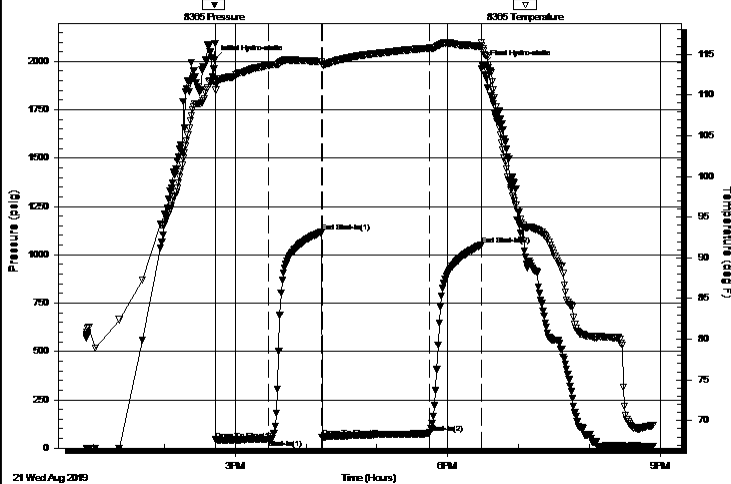
2019.08.21 @ 14:42:17

Time Off Btm:

2019.08.21 @ 18:30:02

TEST COMMENT: IF 45 Minutes/ Blow built to 8 1/2 inch
ISI 45 Minutes/ No blow back
FF 90 Minutes/ Blow to BOB in 70 minutes/ Total build 16 inches
FSI 45 Minutes/ Surface blow back

Pressure vs. Time



PRESSURE SUMMARY

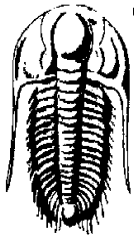
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2007.16	111.69	Initial Hydro-static
2	42.40	110.60	Open To Flow (1)
46	46.06	113.66	Shut-In(1)
91	1116.80	114.05	End Shut-In(1)
92	56.91	113.73	Open To Flow (2)
182	76.82	115.75	Shut-In(2)
227	1052.22	116.03	End Shut-In(2)
228	1982.56	115.40	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
79.00	MO / M 40% O 60%	1.11
94.00	GO / G 5% O 95%	1.32
0.00	142 feet GIP	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Castle Resources Inc

9/17S/19W/Rush

PO Box 583
Russell, Kansas
67665+0583
ATTN: Jerry Green

George Legleiter #1

Job Ticket: 66290

DST#: 1

Test Start: 2019.08.21 @ 12:54:00

GENERAL INFORMATION:

Formation: **Conglom sand/Arbuckl**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 14:43:32

Time Test Ended: 20:54:02

Test Type: Conventional Straddle (Initial)

Tester: Ken Swinney

Unit No: 72 Hays/ 54

Interval: 3854.00 ft (KB) To 3876.00 ft (KB) (TVD)

Reference Elevations: 2127.00 ft (KB)

Total Depth: 3940.00 ft (KB) (TVD)

2122.00 ft (CF)

Hole Diameter: 7.80 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

Serial #: 6755 Outside

Press@RunDepth: 1057.36 psig @ 3854.00 ft (KB)

Capacity: psig

Start Date: 2019.08.21

End Date:

2019.08.21

Last Calib.:

2019.08.21

Start Time: 12:54:01

End Time:

20:54:02

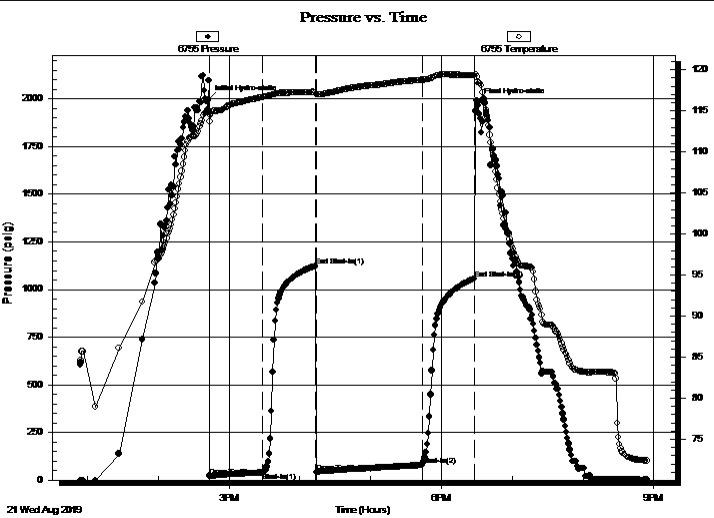
Time On Btm:

2019.08.21 @ 14:42:17

Time Off Btm:

2019.08.21 @ 18:30:47

TEST COMMENT: IF 45 Minutes/ Blow built to 8 1/2 inch
 ISI 45 Minutes/ No blow back
 FF 90 Minutes/ Blow to BOB in 70 minutes/ Total build 16 inches
 FSI 45 Minutes/ Surface blow back



PRESSURE SUMMARY

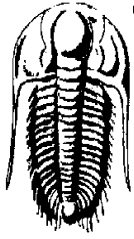
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1994.34	114.78	Initial Hydro-static
2	22.32	113.66	Open To Flow (1)
46	38.80	116.65	Shut-In(1)
91	1121.74	117.22	End Shut-In(1)
92	41.95	117.03	Open To Flow (2)
182	77.72	118.73	Shut-In(2)
226	1057.36	119.27	End Shut-In(2)
229	1982.43	118.58	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
79.00	MO / M 40% O 60%	1.11
94.00	GO / G 5% O 95%	1.32
0.00	142 feet GIP	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources Inc

9/17S/19W/Rush

PO Box 583
Russell, Kansas
67665+0583

George Legleiter #1

Job Ticket: 66290

DST#: 1

ATTN: Jerry Green

Test Start: 2019.08.21 @ 12:54:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

40 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 46.00 sec/qt

Cushion Volume:

bbbl

Water Loss: in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
79.00	MO / M 40% O 60%	1.108
94.00	GO / G 5% O 95%	1.319
0.00	142 feet GIP	0.000

Total Length: 173.00 ft

Total Volume: 2.427 bbl

Num Fluid Samples: 0

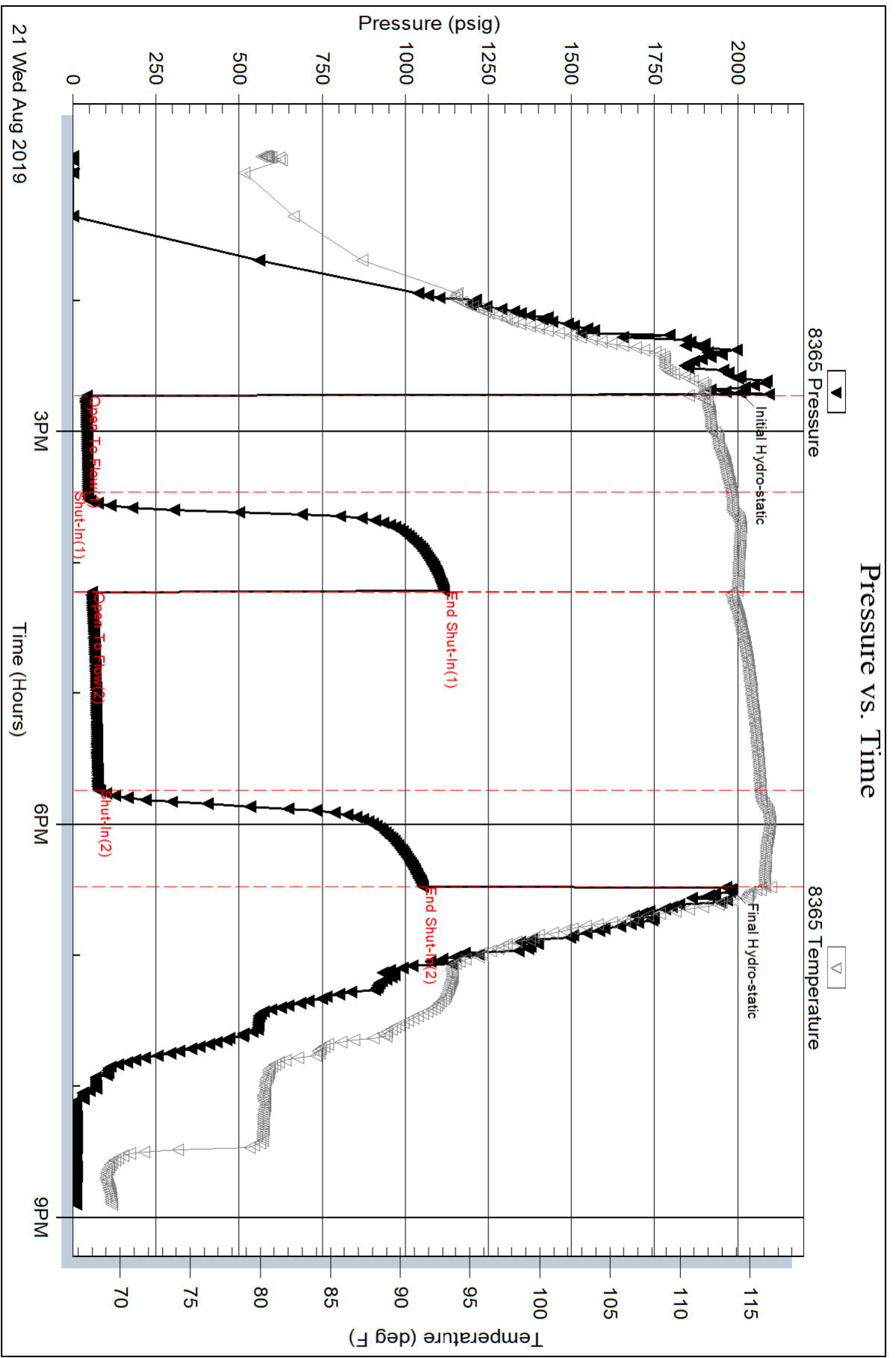
Num Gas Bombs: 0

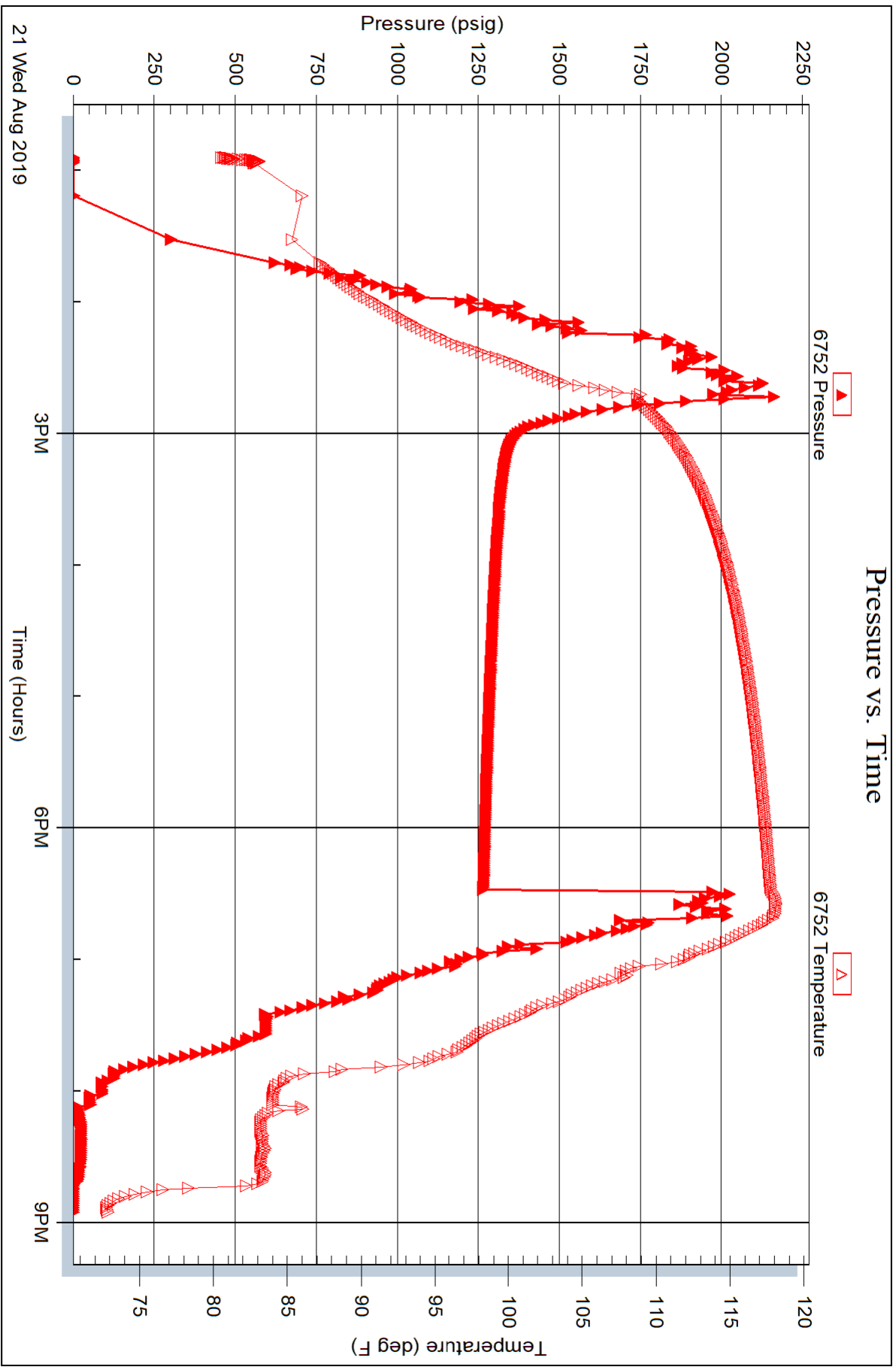
Serial #:

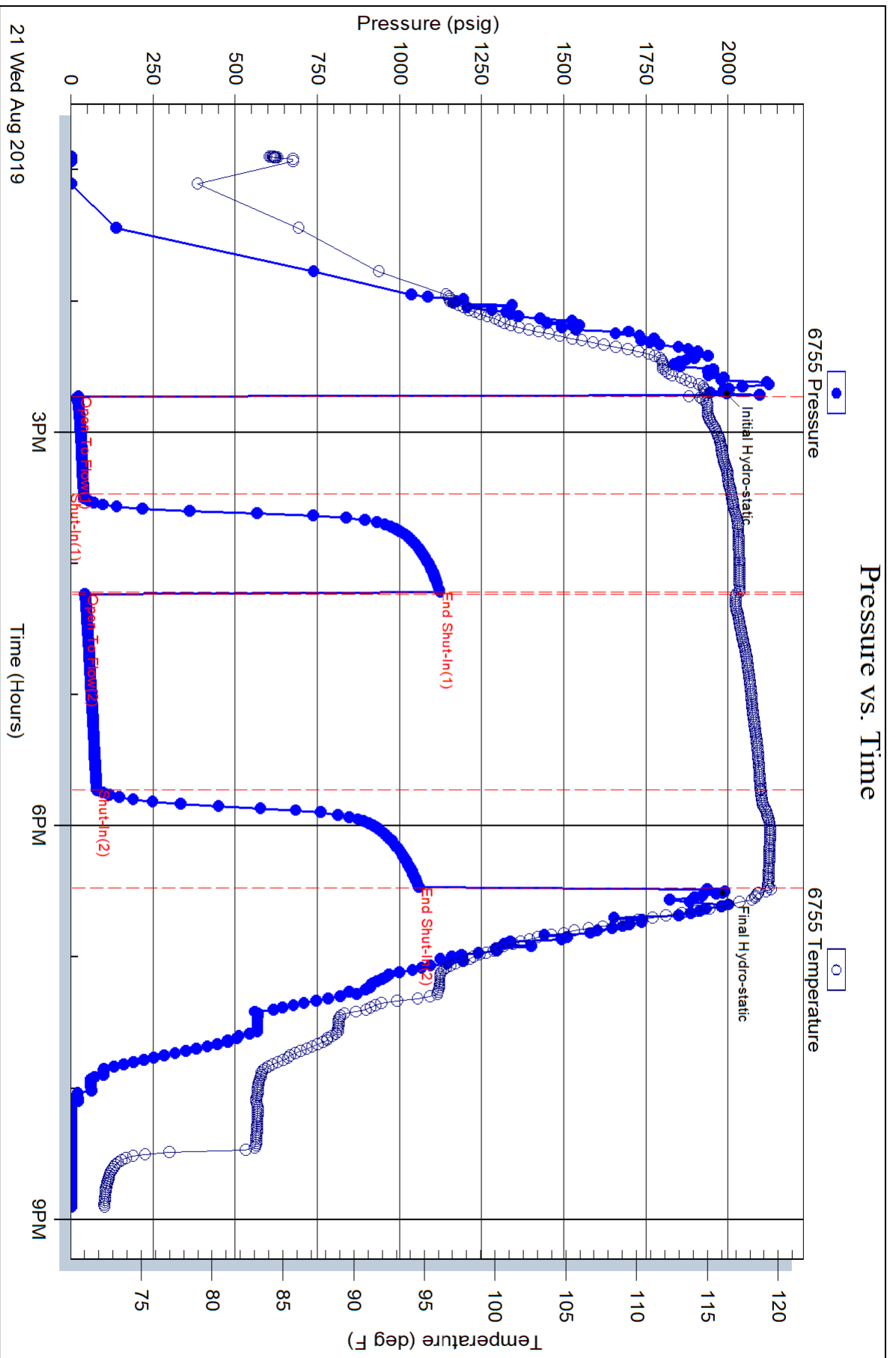
Laboratory Name:

Laboratory Location:

Recovery Comments:







JERRY GREEN

CONSULTING GEOLOGIST

4350 Keystone Rd
HAYS, KS 67601
PHONE: 785-625-5155

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY CASTLE RESOURCES INC.

LEASE GEORG-LEGLITTER #1

FIELD WC.

LOCATION 2275FWL 1320FNL

SEC 9 TWP 17S RGE 19W

COUNTY RUSH STATE KS.

CONTRACTOR WHITE KNIGHT DRIG.

SPUD 8-16-19 COMP 8-22-19

RTD 3940' LTD 3940'

MUD UP 3200' TYPE MUD CHEM.

SAMPLES SAVED FROM 3200' TO TD.

DRILLING TIME KEPT FROM 3200' TO TD.

SAMPLES EXAMINED FROM 3200' TO TD.

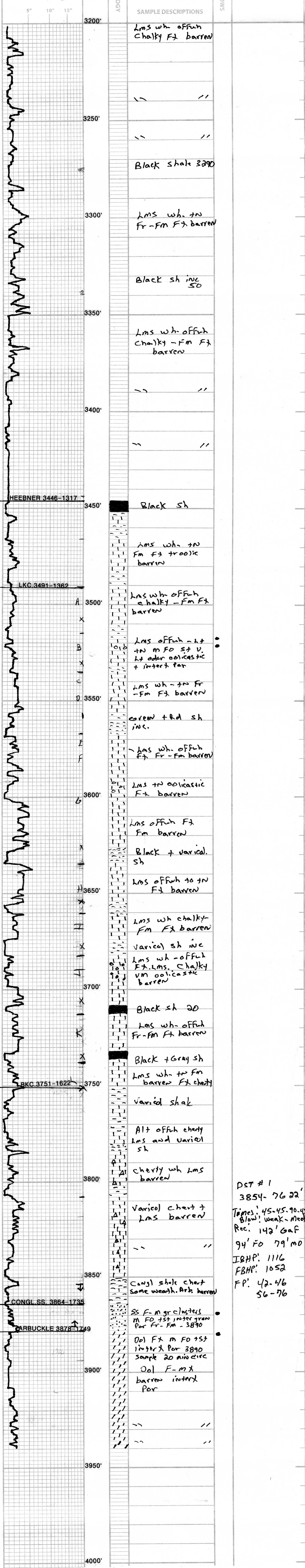
GEOLOGICAL SUPERVISION FROM 3200' TO TD.

GEOLOGIST ON WELL

FORMATION TOPS	LOG	SAMPLES
ANHY.		
HEEBNER	3446-1317	3446-1317
LKC.	3492-1363	3491-1362
BKC.	3752-1623	3751-1622
CONGL. SS.	3864-1735	3864-1735
ARBuckle	3878-1749	3878-1749
RTD.	3940-1811	3940-1811

REMARKS: All parties involved recommended that pipe be set to test this well. The conglomerate sand is 25 higher than the Murfin well 3/8ths mile southwest. The ss thins over structure losing quality. Marine sands coarsen upwards. respectfully submitted

LEGEND



DST # 1
3854-76 22'
Times: 45-45.90.45
Blow: weak-Med
Rec: 142' GAF
94' FO 79' MO
IBHP: 1116
FBHP: 1052
FP: 42-46
56-76