

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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 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)</i> <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: Top Bottom |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|

| 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: | |
|----------------|-------|---------|------------|--|

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY CASTLE RESOURCES

LEASE ERICKSON #2

FIELD _____

LOCATION C-S/2

SEC 11 TNSP 5S R0E 31W

COUNTY RAWLINS STATE KS

CONTRACTOR WHITE KNIGHT

SPUD 1-25-20 COMP _____

RTD 4400' LTD 4406'

MUD UP 3200' TYPE MUD CHEM.

SAMPLES SAVED FROM 3600' TO TD

DRILLING TIME KEPT FROM 3600' TO TD

SAMPLES EXAMINED FROM 3600' TO TD

GEOLOGICAL SUPERVISION FROM 3600' TO TD

GEOLOGIST ON WELL _____

FORMATION TOPS LOG

ANHY. 2605 284

HEBNER 3870-981 3866-977

LKC 3919-1030 3914-1025

BKC 4142-1253 4138-1239

FT. SCOTT 4316-1427 4313-1424

CHERLMS 4332-1443 4328-1439

RTD 4406-1517 4400-1511

ELEVATIONS
KB 2889

DF 2884

CL 2884

Measurements Are All From KB

Surface Casings Production On _____

Electrical Surveys _____

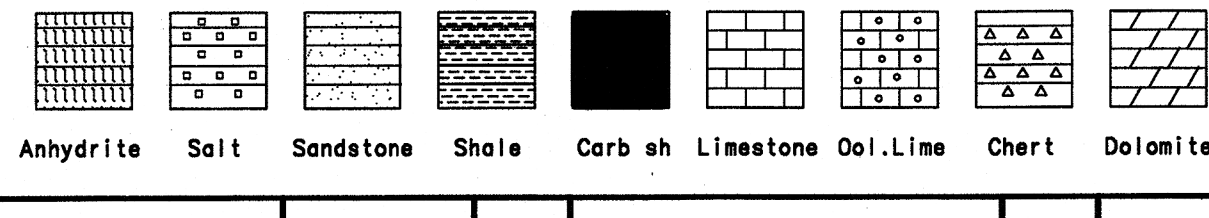
STACK

REMARKS

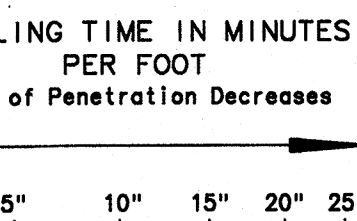
All parties recommended that this well be plugged

[Handwritten signature]

LEGEND



| DEPTH | LITHOLOGY | SAMPLE DESCRIPTIONS | OIL SHOWS | REMARKS |
|-------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| 3600' | | Lms offsh Foss Ft. barren w/ Alt shale | | |
| 3650' | | Varicol shale mostly Rd + Green | | |
| 3700' | | Lms wh-offsh Ft chalky - fm Foss barren | | |
| 3750' | | | | |
| 3800' | | | | |
| 3850' | | | | |
| 3900' | | Black Sh 80 Rd sh inc | | |
| 3950' | | Lms offsh Ft vm dead + heavy Ft st interx + foss por | | |
| 4000' | | Lms wh-offsh Ft + r FO + st Rd sh inc Lms offsh Ft vm dead + live heavy fo + st interx + foss por Lms wh-offsh chalky - fm Ft barren Rd sh inc + Black sh inc Rd Gray + Green Sh | | Came out to check Rjt + possible hole at 3997 |
| 4050' | | Note: lost part of core core to get out Lms dense foss wh - offsh barren Lms wh-offsh chalky - fm Ft barren Varicol shale inc Lms wh-offsh Ft vm dead + live heavy fo + st interx + foss por | | |
| 4100' | | Varicol shale inc Lms wh-offsh + r vm fo + st interx + foss por grading dense offsh barren Black shale Lms offsh fm + r live st mostly barren interx por | | |
| 4150' | | Lms offsh - gray Ft barren Rd sh inc Gray Lms + varicol sh | | |
| 4200' | | | | |
| 4250' | | Lms wh-offsh fm barren interx por Black shale | | |
| 4300' | | Black shale | | |
| 4350' | | Lms offsh - r fm - Cherty barren | | |
| 4400' | | Varicol shale | | |



HEBNER 3866-977

LKC 3914-1025

BKC 4138-1239

FT. SCOTT 4313-1424

CHERLMS 4328-1439

RTD 4400-1511

GREEN-1-7

GLOBAL OIL FIELD SERVICES, LLC

13939

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell KS

| | | | | | | | |
|-------------------------|------------------|-------------------------------------------|------------------|------------|-----------------------|-----------------|---------------------------|
| DATE <u>1-31-20</u> | SEC. <u>11</u> | TWP. <u>S5</u> | RANGE <u>31W</u> | CALLED OUT | ON LOCATION | JOB START | JOB FINISH <u>12:00am</u> |
| LEASE <u>Erickson</u> | WELL #. <u>2</u> | LOCATION <u>7/4 miles S of Revford KS</u> | | | COUNTY <u>Rawlins</u> | STATE <u>KS</u> | |
| OLD OR NEW (CIRCLE ONE) | | | <u>West into</u> | | | | |

CONTRACTOR White Knight Drilling Rig #1

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 T.D. 4860'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK # 409 CEMENTER Eddy
HELPER Tom

BULK TRUCK # 492 DRIVER Eddie

BULK TRUCK # _____ DRIVER _____

REMARKS:

2630' 50

1030' 100

270 50

40' Wiper Plug 16 sks
Rat 30 sks

CHARGE TO: Castle Res

STREET _____

CITY _____ STATE _____ ZIP _____

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 _____

SIGNATURE [Signature]

OWNER Castle Res

CEMENT AMOUNT ORDERED 240 sk 60/40 R2 4860'
1/4" Per Flow Seal

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING @ _____

MILEAGE @ _____

TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

GLOBAL OIL FIELD SERVICES, LLC 18988

 REMIT TO 24 S. Lincoln
Russell, KS 67665

 SERVICE POINT: Russell KS

| DATE | SEC. | TWP. | RANGE | CALLED OUT | ON LOCATION | JOB START | JOB FINISH |
|-------------------------|-----------|-----------------|------------|--------------------------------------------|-------------|--------------------------|-----------------|
| <u>1-25-76</u> | <u>11</u> | <u>25</u> | <u>31W</u> | | | | <u>11:15 AM</u> |
| LEASE <u>Frickson</u> | | WELL # <u>2</u> | | LOCATION <u>12.3 miles N of Rexford KS</u> | | COUNTY <u>Russell KS</u> | STATE <u>KS</u> |
| OLD OR NEW (CIRCLE ONE) | | | | Notes | | | |

| | |
|--------------------------------------------------|------------------|
| CONTRACTOR <u>Whigham Knight Drilling Rig #1</u> | |
| TYPE OF JOB <u>Surface</u> | |
| HOLE SIZE <u>12 1/4</u> | T.D. <u>221'</u> |
| CASING SIZE <u>8 5/8</u> | DEPTH |
| TUBING SIZE | DEPTH |
| DRILL PIPE | DEPTH |
| TOOL | DEPTH |
| PRES. MAX. | MINIMUM |
| MEAS. LINE | SHOE JOINT |
| CEMENT LEFT IN CSG. <u>25</u> | |
| PERFS | |
| DISPLACEMENT | |

| |
|------------------------------------------------------------------|
| OWNER <u>Coyote Res</u> |
| CEMENT AMOUNT ORDERED <u>175 cu ft @ \$1.00/cu ft = \$175.00</u> |

| EQUIPMENT | |
|-------------------------|----------------------|
| PUMP TRUCK # <u>704</u> | CEMENTER <u>Cody</u> |
| | HELPER <u>Tom</u> |
| BULK TRUCK # <u>411</u> | DRIVER <u>Eddie</u> |
| BULK TRUCK # | DRIVER |

| | | |
|----------|---|--|
| COMMON | @ | |
| POZMIX | @ | |
| GEL | @ | |
| CHLORIDE | @ | |
| ASC | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| HANDLING | @ | |
| MILEAGE | @ | |
| TOTAL | | |

REMARKS:
 Run 515' of 8 5/8 casing + 4' Hooked
 to Rig + Better Circulation. The Rig is to be
 changed to 8 5/8 casing + displaced slightly
 at 170' + shut in.

Cementing 1111' Circulation to Surface

CHARGE TO: Coyote Res

STREET _____

CITY _____ STATE _____ ZIP _____

| SERVICE | |
|-------------------|---|
| DEPTH OF JOB | |
| PUMP TRUCK CHARGE | |
| EXTRA FOOTAGE | @ |
| MILEAGE | @ |
| MANIFOLD | @ |
| | @ |
| | @ |
| TOTAL | |

| PLUG & FLOAT EQUIPMENT | |
|------------------------|---|
| | @ |
| | @ |
| | @ |
| | @ |
| | @ |
| 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 Marvin Peter

SIGNATURE Marvin Peter

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS