

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)</i> <i>(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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TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

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

36/8s/28w Sheridan KS
Scott #1
 Job Ticket: 65647 **DST#: 1**
 Test Start: 2020.01.05 @ 19:57:00

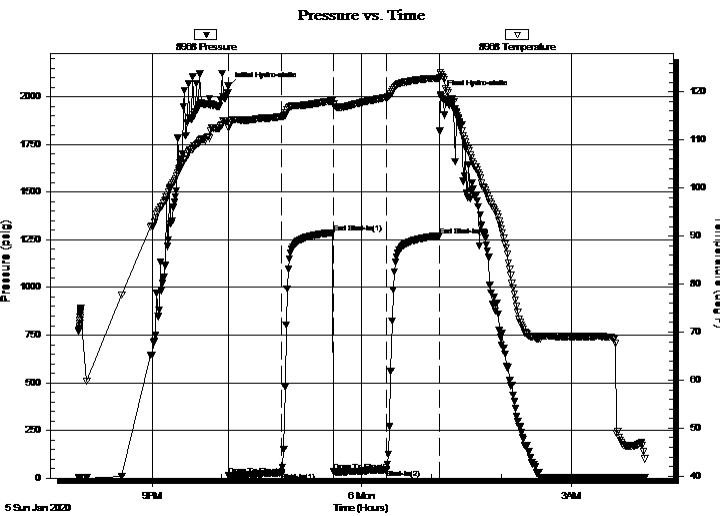
GENERAL INFORMATION:

Formation: **Lansing J**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 22:05:30
 Time Test Ended: 04:03:50
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Shawn Wheelbarger
 Unit No: 49
 Interval: **3932.00 ft (KB) To 4010.00 ft (KB) (TVD)**
 Reference Elevations: 2628.00 ft (KB)
 Total Depth: 4010.00 ft (KB) (TVD)
 2623.00 ft (CF)
 Hole Diameter: 6.75 inches Hole Condition: Fair
 KB to GR/CF: 5.00 ft

Serial #: 8968

Press@RunDepth: 44.34 psig @ ft (KB) Capacity: 8000.00 psig
 Start Date: 2020.01.05 End Date: 2020.01.06 Last Calib.: 2020.01.06
 Start Time: 19:57:01 End Time: 04:03:50 Time On Btm: 2020.01.05 @ 22:05:20
 Time Off Btm: 2020.01.06 @ 01:07:39

TEST COMMENT: 45-IF-1/2" Blow @ open built to 4"
 45-ISI-No blow back
 45-FF-Blow built to 3"
 45-FSI-No blow



PRESSURE SUMMARY

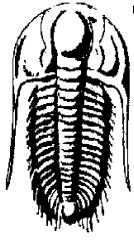
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2055.18	113.89	Initial Hydro-static
1	14.50	112.44	Open To Flow (1)
46	28.91	114.82	Shut-In(1)
91	1287.14	118.16	End Shut-In(1)
91	34.81	117.20	Open To Flow (2)
136	44.34	118.81	Shut-In(2)
182	1271.51	122.77	End Shut-In(2)
183	2009.19	124.05	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
68.00	MSW 96%W, 4%M	0.95

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

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

36/8s/28w Sheridan KS
Scott #1
 Job Ticket: 65647 **DST#: 1**
 Test Start: 2020.01.05 @ 19:57:00

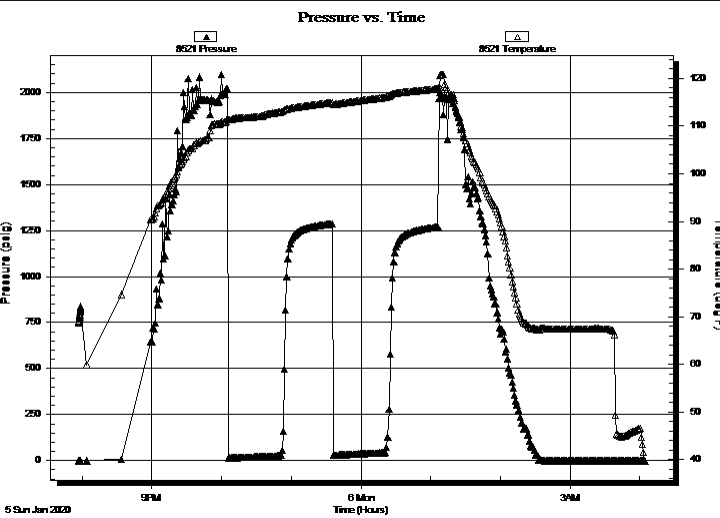
GENERAL INFORMATION:

Formation: **Lansing J**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 22:05:30 Tester: Shaw n Wheelbarger
 Time Test Ended: 04:03:50 Unit No: 49
 Interval: **3932.00 ft (KB) To 4010.00 ft (KB) (TVD)** Reference Elevations: 2628.00 ft (KB)
 Total Depth: 4010.00 ft (KB) (TVD) 2623.00 ft (CF)
 Hole Diameter: 6.75 inches Hole Condition: Fair KB to GR/CF: 5.00 ft

Serial #: 8521

Press@RunDepth: psig @ ft (KB) Capacity: 8000.00 psig
 Start Date: 2020.01.05 End Date: 2020.01.06 Last Calib.: 2020.01.06
 Start Time: 19:57:01 End Time: 04:04:30 Time On Btm:
 Time Off Btm:

TEST COMMENT: 45-IF-1/2" Blow @ open built to 4"
 45-ISI-No blow back
 45-FF-Blow built to 3"
 45-FSI-No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
68.00	MSW 96%W, 4%M	0.95

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources Inc

36/8s/28w Sheridan KS

PO Box 583 Russell KS 67665

Scott #1

Job Ticket: 65647

DST#: 1

ATTN: Jerry Green

Test Start: 2020.01.05 @ 19:57:00

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: 15.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.78 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
68.00	MSW 96%W, 4%M	0.954

Total Length: 68.00 ft Total Volume: 0.954 bbl

Num Fluid Samples: 0

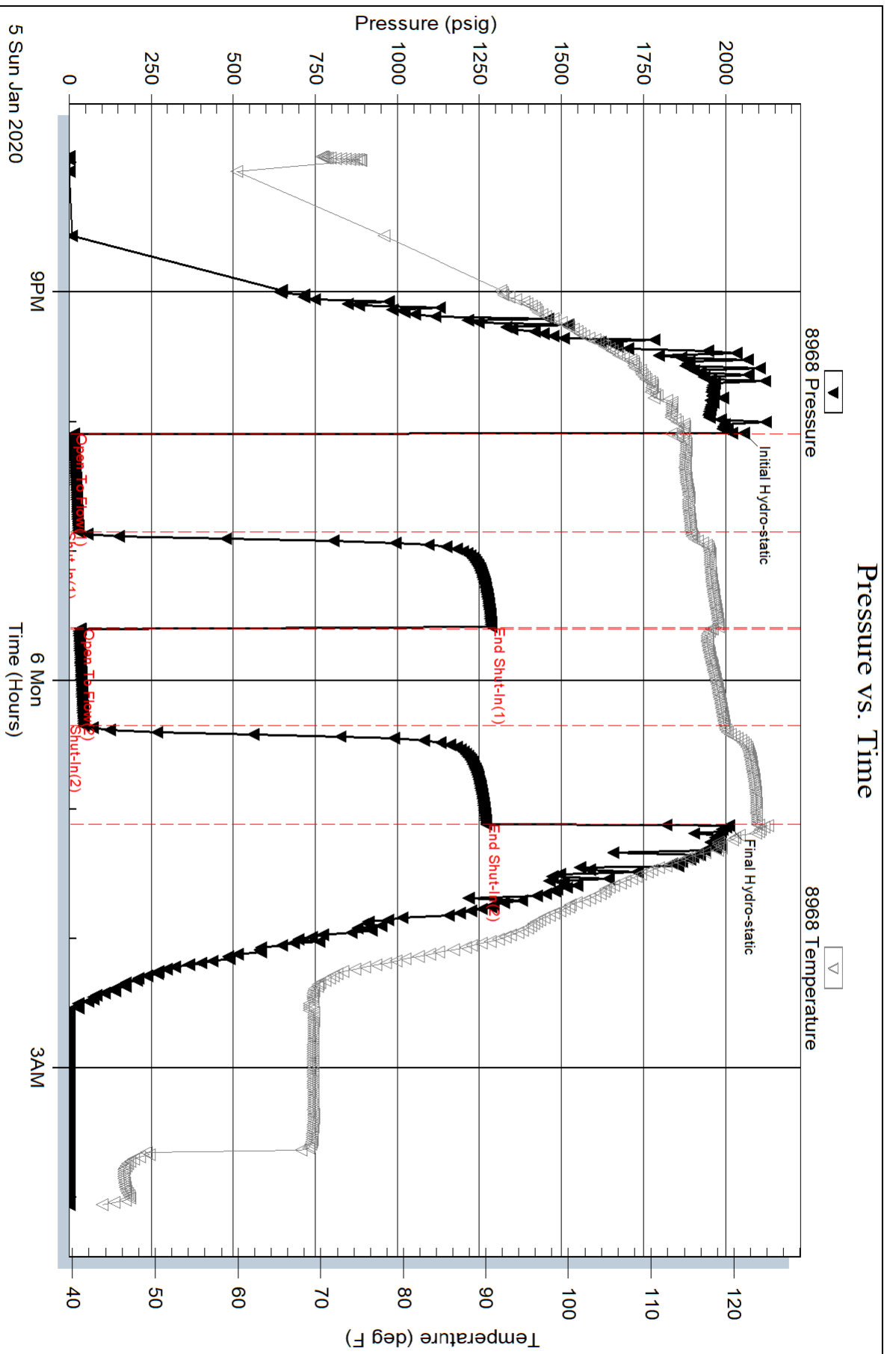
Num Gas Bombs: 0

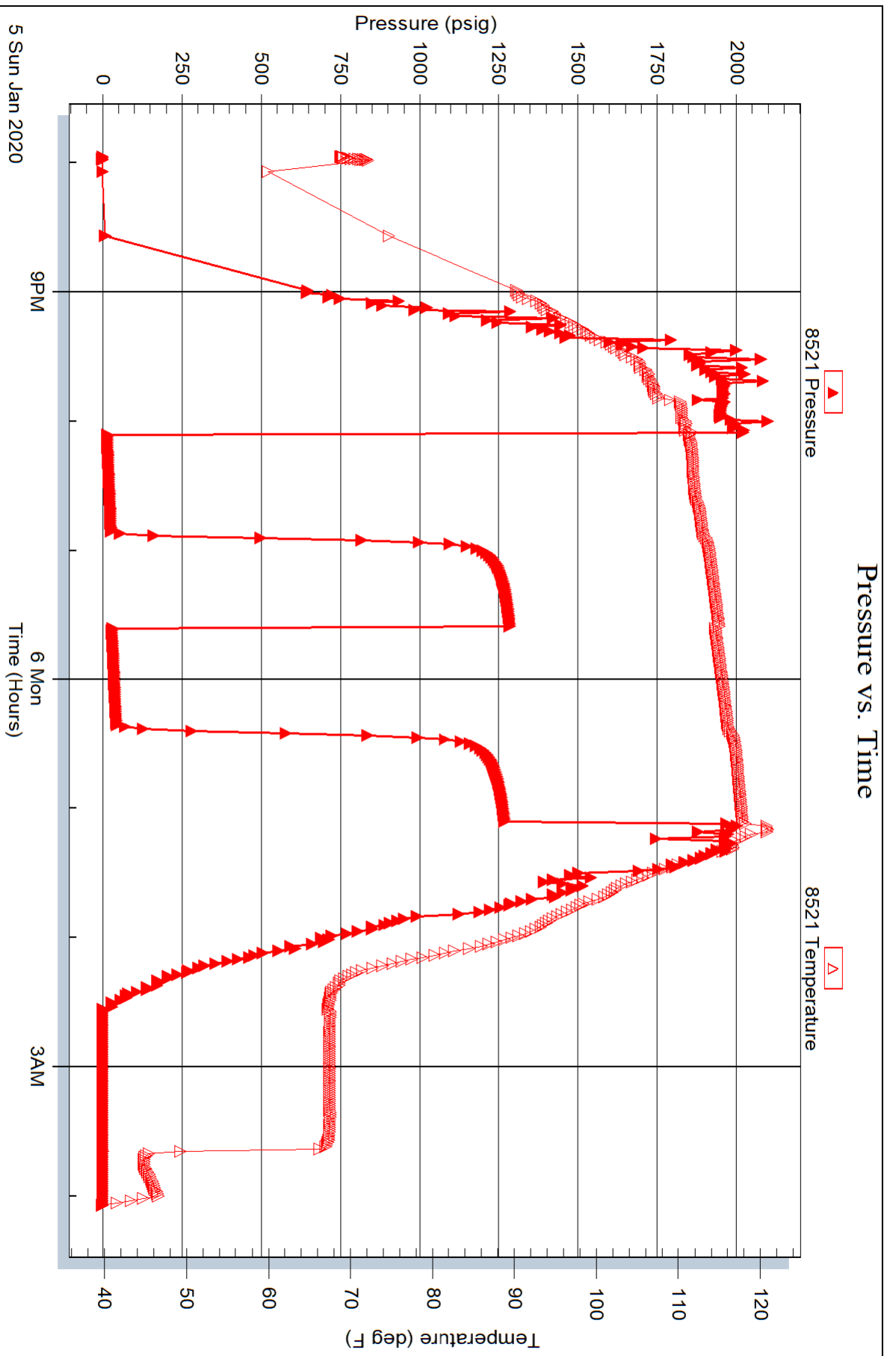
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





JERRY GREEN

CONSULTING GEOLOGIST

P.O. BOX 87
SCHENCKEN, KS 67867

PHONE: 785-625-5155

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY CASTLE RESOURCES INC.

LEASE SCOTTS #1

FIELD WILLDCAT

LOCATION ABERNATHY BLDG

SEC 36 T15P 8S R6E 28W

COUNTY SHERIDAN STATE KS

CONTRACTOR WHITE KNIGHT DRLLG

SPUD 12-30-19 COMP 1-7-20

RTD 4997 LTD 4992

MUD UP 3300 TYPE MUD CHEM.

SAMPLES SAVED FROM 3200' TO TD

DRILLING TIME KEPT FROM 3300' TO TD

SAMPLES EXAMINED FROM 3300' TO TD

GEOLOGICAL SUPERVISION FROM 3300' TO

GEOLOGIST ON WELL 4TH-7TH

FORMATION TOPS LOG SAMPLES

HEEBNER 3757-1129 3754-1126

TORONTO 3782-1152 3774-1146

LKC 3797-1169 3789-1161
BKC 4021-1393 4020-1393
FT SCOTT 4234-1606 4234-1606
CHEROKEE LMS 4266-1638 4264-1636
CHEROKEE LMS 4292-1664 4291-1664

ELEVATIONS

KB 2828

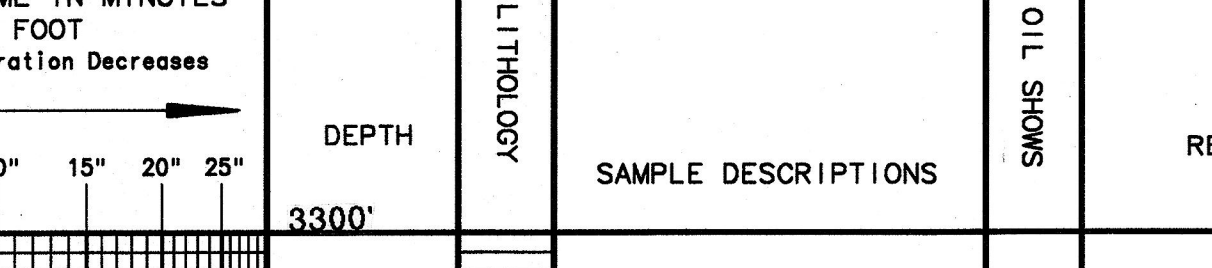
DF 2823

Measurements Are All From CASING SURFACE @ 219' PRODUCTION ELECTRICAL SURVEYS STACK

REMARKS: All parties involved recommended that this well be plugged respectfully submitted

[Signature]

LEGEND



DEPTH	LITHOLOGY	REMARKS
3300'		
3350'	Alt barren lms and varicol sh	
3400'	Varicol sh	
3450'	Rd shale	
3500'	lms offh abn + Ft barren w Alt varicol shales	
3550'	lms wh offh Ft lms chalky - fm barren	
3600'	Black shale	
3650'	lms wh - tr fx Fr - fm barren interx + foss Per	
3700'	Black sh inc 30	
3750'	Black shale GS 30 minute sample	
3800'	lms wh - offh vm dead st interx Per no fo no odor	
3850'	lms wh - offh tr hite st tight interx Per vm dead st no fo or odor	
3900'	lms wh - offh Chalky - fm foss in pt barren	
3950'	Varicol shale	
4000'	lms wh - offh Fx vm FO + st interx + foss Per	
4050'	SS. fgr. w glass inclusions barren	
4100'	lms wh - offh Ft barren interx Per	
4150'	Black shale	
4200'	lms wh - offh Ft barren interx Per	
4250'	Black shale lms offh to tr Ft vm FO + st interx + foss Per	
4300'	lms wh - offh Ft m FO + st interx + foss Per	
4350'	varicol shale	

DST #1 4010
3932 - 78'
Zones tested: ISKL
Blow: 1" - 4"
Times: 45-45-45-45
Rec: 68MSW
FP: 15-39 35-44
SIP: 1289-1292

Times: 45-30
DST #2 4220-97
Zones Tested: Ft Scott Cherokee lms
Blow: Died After 35"
Rec: 5' mud
FP 17-18
SIP: 27

GREEN-7

GLOBAL OIL FIELD SERVICES, LLC

13915

REMIT TO: 24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell KS

DATE <u>12-30-19</u>	SEC <u>36</u>	TWP <u>8S</u>	RANGE <u>28W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>11:15</u>
LEASE <u>Scott</u>	WELL # <u>1</u>	LOCATION <u>East of Hoxie KS to 20E.RN</u>		COUNTY <u>Sheldon</u>	STATE <u>KS</u>		
OLD OR <u>N</u> (CIRCLE ONE)		<u>5 to Road End 20E to 5th East 1Mo</u>					

CONTRACTOR White Knight Drilling Ris A 1 OWNER Castle Resources INC
TYPE OF JOB Surface
HOLE SIZE 12 1/4 T.D. _____
CASING SIZE 9 3/8 DEPTH 218' CEMENT AMOUNT ORDERED 1505 x 60/100 7%CC 28Gel

TUBING SIZE _____ DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX. _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. 25'
PERFS _____
DISPLACEMENT _____
EQUIPMENT

PUMP TRUCK # 117 CEMENTER Cody HELPER Tason
BULK TRUCK # 411 DRIVER Eddie
BULK TRUCK # _____ DRIVER _____
HANDLING MILEAGE _____ TOTAL _____

REMARKS:
Run 5jts of 8 3/8 casing + Ljt Hooked to Rg + Broke circulation + Hooked to pump + pumped 1505 x 60/100 cement + displaced 24 bbls of H2O + shut IN

Cement Did Circulate to Surface
DEPTH OF JOB _____
PUMP TRUCK CHARGE _____
EXTRA FOOTAGE @ _____
MILEAGE @ _____
MANIFOLD @ _____
TOTAL _____

CHARGE TO: Castle Resources INC
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.
PLUG & FLOAT EQUIPMENT @ _____
TOTAL _____

PRINTED NAME _____
SIGNATURE Terry Austin

SALES TAX (If Any) _____
TOTAL CHARGES _____
DISCOUNT _____ IF PAID IN 30 DAYS

GLOBAL OIL FIELD SERVICES, LLC

13916

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell #15

DATE 1-7-20	SEC 36	TWP 8S	RANGE 28W	CALLED OUT	ON LOCATION	JOB START	JOB FINISH		
LEASE Sect #	WELL # 1	LOCATION Eastern Hotdick 15 to 20 E 20N		COUNTY Sheridan	STATE KS				
OLD OR NEW (CIRCLE ONE) <input checked="" type="radio"/> OLD <input type="radio"/> NEW				to Dead End Eastern Hotdick 20 to 20 E 20 N					

CONTRACTOR White Knight Drilling Rig #1	OWNER Castle Res
TYPE OF JOB 7 1/2"	
HOLE SIZE	T.D. 4297'
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS	
DISPLACEMENT	

CEMENT		
AMOUNT ORDERED	2405X	60/40 Per 2
	4 1/2 Gal	1/4 per 100 feet
COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	@	
MILEAGE	@	

EQUIPMENT	
PUMP TRUCK	CEMENTER Cody
# 417	HELPER Jason
BULK TRUCK	
# 492	DRIVER Eddie
BULK TRUCK	
#	DRIVER

REMARKS:

2290' 50 SKS
1420' 100 SKS
290' 50 SKS
40' 10 SKS Wiper Plug
Rat 30 SKS

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		
EXTRA FOOTAGE	@	
MILEAGE	@	
MANIFOLD	@	
	@	
	@	
	@	

CHARGE TO: Castle Res	TOTAL
STREET	
CITY STATE ZIP	

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 Pritz

SIGNATURE *Marvin Pritz*

SALES TAX (If Any)	
TOTAL CHARGES	
DISCOUNT	
IF PAID IN 30 DAYS	