

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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JERRY GREEN
CONSULTING GEOLOGIST
P. O. BOX 87
SCHENGEN, KS 67667
PHONE: 785-625-5155

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY CASTLE RESOURCES INC
LEASE SKOLOUT #1
FIELD _____
LOCATION 650-FSL 70-FEL
SEC 23 TWP 1S RGE 35W
COUNTY RAWLINS STATE KS
CONTRACTOR WHITE KNIGHT DRLG
SPUD 3-27-20 COMP 4-5-20
RTD 4340 LTD 4342
MUD UP 3500 TYPE MUD CHEM

ELEVATIONS
KB 3124
DF _____
GL 3119
Measurements Are All From KB
CASING SURFACE @ 219
PRODUCTION _____
ELECTRICAL SURVEYS _____
STACK/MICRO _____

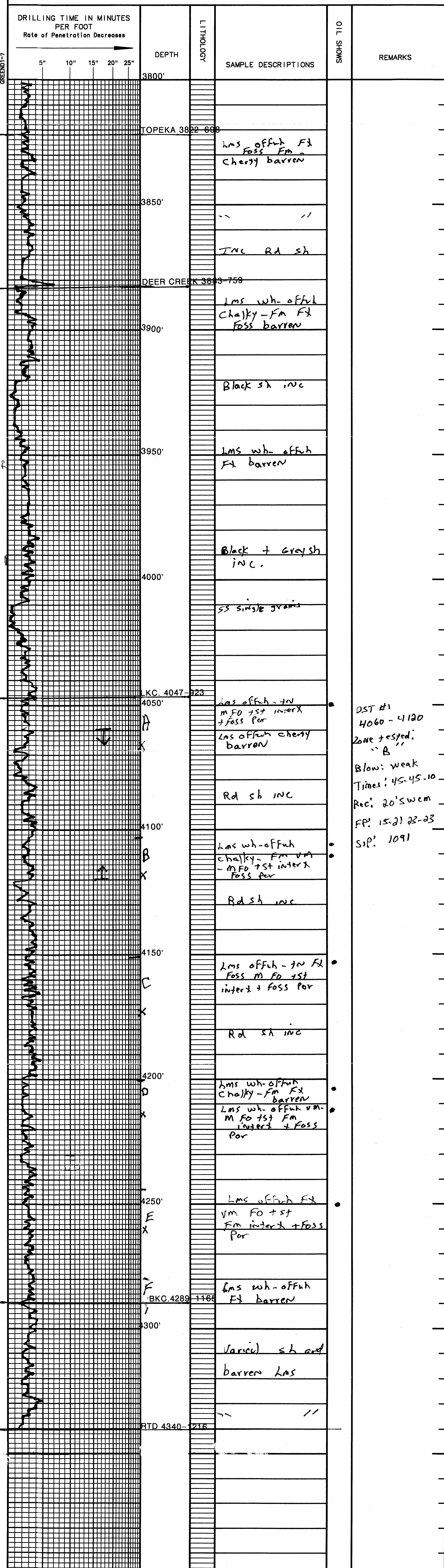
SAMPLES SAVED FROM 3800 TO ID _____
DRILLING TIME KEPT FROM 3800 TO ID _____
SAMPLES EXAMINED FROM 3800 TO ID _____
GEOLOGICAL SUPERVISION FROM 3800 TO ID _____
GEOLOGIST ON WELL 3800

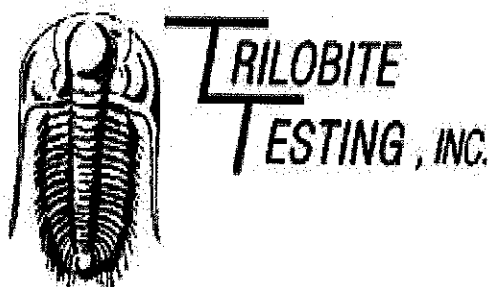
FORMATION TOPS	LOG	SAMPLES
ANHY.	2990-134	2988-136
TOPEKA	3824-700	3822-698
DEER CREEK	3884-760	3883-759
LKC	4048-924	4047-923
BKC	4291-1167	4289-1165
RTD	4342-1218	4340-1216

REMARKS
This well was flat with production. The "A" zone was wet and the B, C, D and F were tight, as indicated on our Electric logs. We tested the "B" which tested tight. All parties recommended that this well be plugged. respectfully submitted

LEGEND

Anhydrite	Salt	Sandstone	Shale	Carb sh	Limestone	Ool. Lime	Chert	Dolomite





DRILL STEM TEST REPORT

Prepared For: **Castle Resources, Inc.**

PO Box 583
Russell, KS 67665

ATTN: Jerry Green

Skolout #1

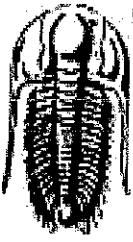
23-1s-35w Rawlins KS

Start Date: 2020.04.03 @ 16:35:00

End Date: 2020.04.03 @ 22:34:00

Job Ticket #: 66494 DST #: 1

Trilobite Testing, Inc
1515 Commerce Parkway Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Castle Resources, Inc.

23-1s-35w Rawlins KS

PO Box 583
Russell, KS 67665

Skolout #1

Job Ticket: 66494

DST#: 1

ATTN: Jerry Green

Test Start: 2020.04.03 @ 16:35:00

GENERAL INFORMATION:

Formation: **LKC "B"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 19:05:00

Time Test Ended: 22:34:00

Test Type: Conventional Bottom Hole (Initial)

Tester: James Winder

Unit No: 83

Interval: **4060.00 ft (KB) To 4120.00 ft (KB) (TVD)**

Total Depth: 4120.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 3124.00 ft (KB)

3119.00 ft (CF)

KB to GR/CF: 5.00 ft

Serial #: 8652

Outside

Press@RunDepth: 21.18 psig @ 4061.00 ft (KB)

Start Date: 2020.04.03 End Date: 2020.04.03

Start Time: 16:35:05 End Time: 22:33:59

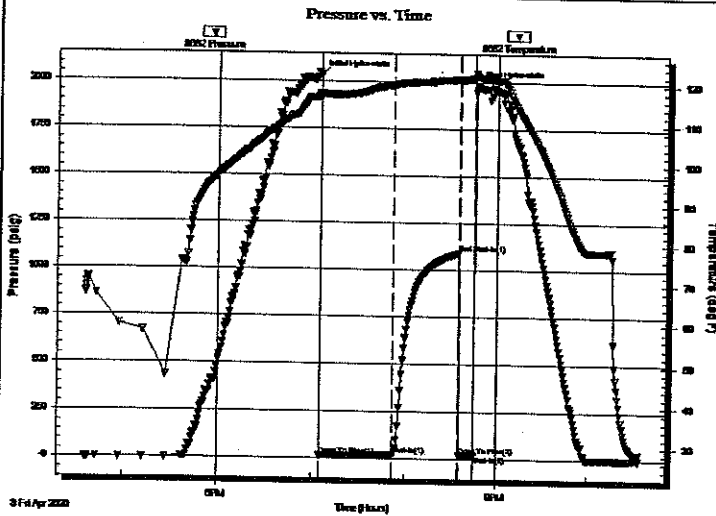
Capacity: 8000.00 psig

Last Calib.: 2020.04.03

Time On Btm: 2020.04.03 @ 19:04:45

Time Off Btm: 2020.04.03 @ 20:46:45

TEST COMMENT: 45 - IF: 1/4" Blow at open, built to 2"
45 - IS: No blow back
10 - FF: Very weak surface blow pulled tool



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2035.71	117.66	Initial Hydro-static
1	15.03	116.48	Open To Flow (1)
47	21.18	120.04	Shut-In(1)
91	1091.73	121.41	End Shut-In(1)
91	23.09	120.97	Open To Flow (2)
101	23.38	121.89	Shut-In(2)
102	1986.45	122.28	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	SWCM 95%w, 5%w	0.28

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Castle Resources, Inc.

23-1s-35w Rawlins KS

PO Box 583
Russell, KS 67665

Skolout #1

Job Ticket: 66494

DST#: 1

ATTN: Jerry Green

Test Start: 2020.04.03 @ 16:35:00

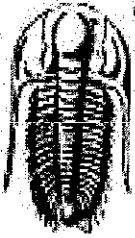
Tool Information

Drill Pipe:	Length: 4058.00 ft	Diameter: 3.80 inches	Volume: 56.92 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.75 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 46000.00 lb
			<u>Total Volume: 56.92 bbl</u>	Tool Chased: 0.00 ft
Drill Pipe Above KB:	19.00 ft			String Weight: Initial 45000.00 lb
Depth to Top Packer:	4060.00 ft			Final 45000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	60.00 ft			
Tool Length:	81.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4040.00	
Shut In Tool	5.00			4045.00	
Hydraulic tool	5.00			4050.00	
Packer	5.00			4055.00	21.00 Bottom Of Top Packer
Packer	5.00			4060.00	
Stubb	1.00			4061.00	
Recorder	0.00	6625	Inside	4061.00	
Recorder	0.00	8652	Outside	4061.00	
Perforations	20.00			4081.00	
Blank Spacing	34.00			4115.00	
Perforations	2.00			4117.00	
Bullnose	3.00			4120.00	60.00 Bottom Packers & Anchor
Total Tool Length:	81.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources, Inc.

23-1s-35w Rawlins KS

PO Box 583
Russell, KS 67665

Skolout #1

Job Ticket: 66494

DST#: 1

ATTN: Jerry Green

Test Start: 2020.04.03 @ 16:35:00

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: 48.00 sec/qt

Cushion Volume:

bbf

Water Loss: 8.38 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
20.00	SWCM 95% _m , 5% _w	0.281

Total Length: 20.00 ft Total Volume: 0.281 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: not enough water to try to test for chlorides

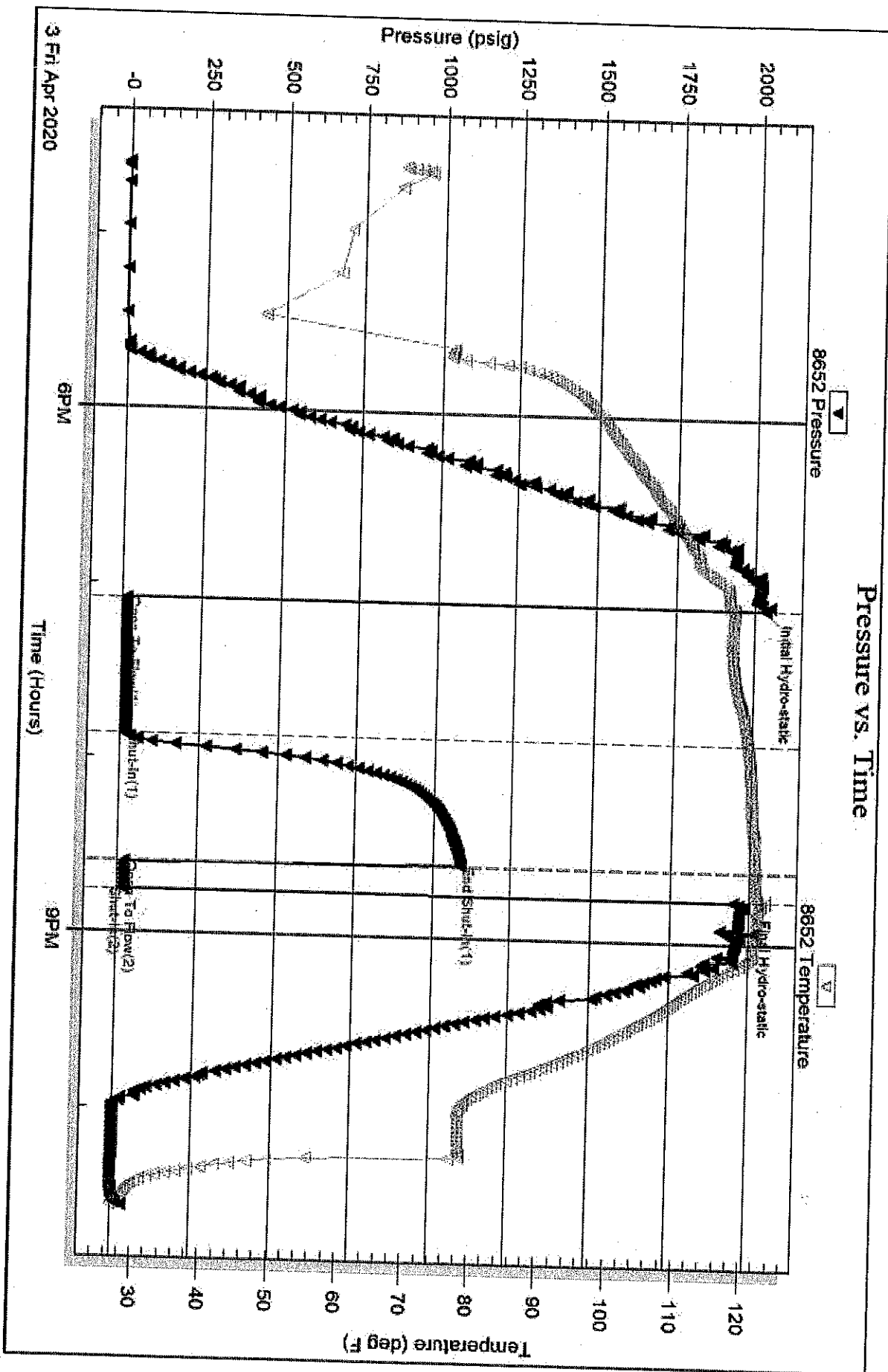
Serial #: 8652

Outside

Castle Resources, Inc.

Skidout #1

DST Test Number: 1



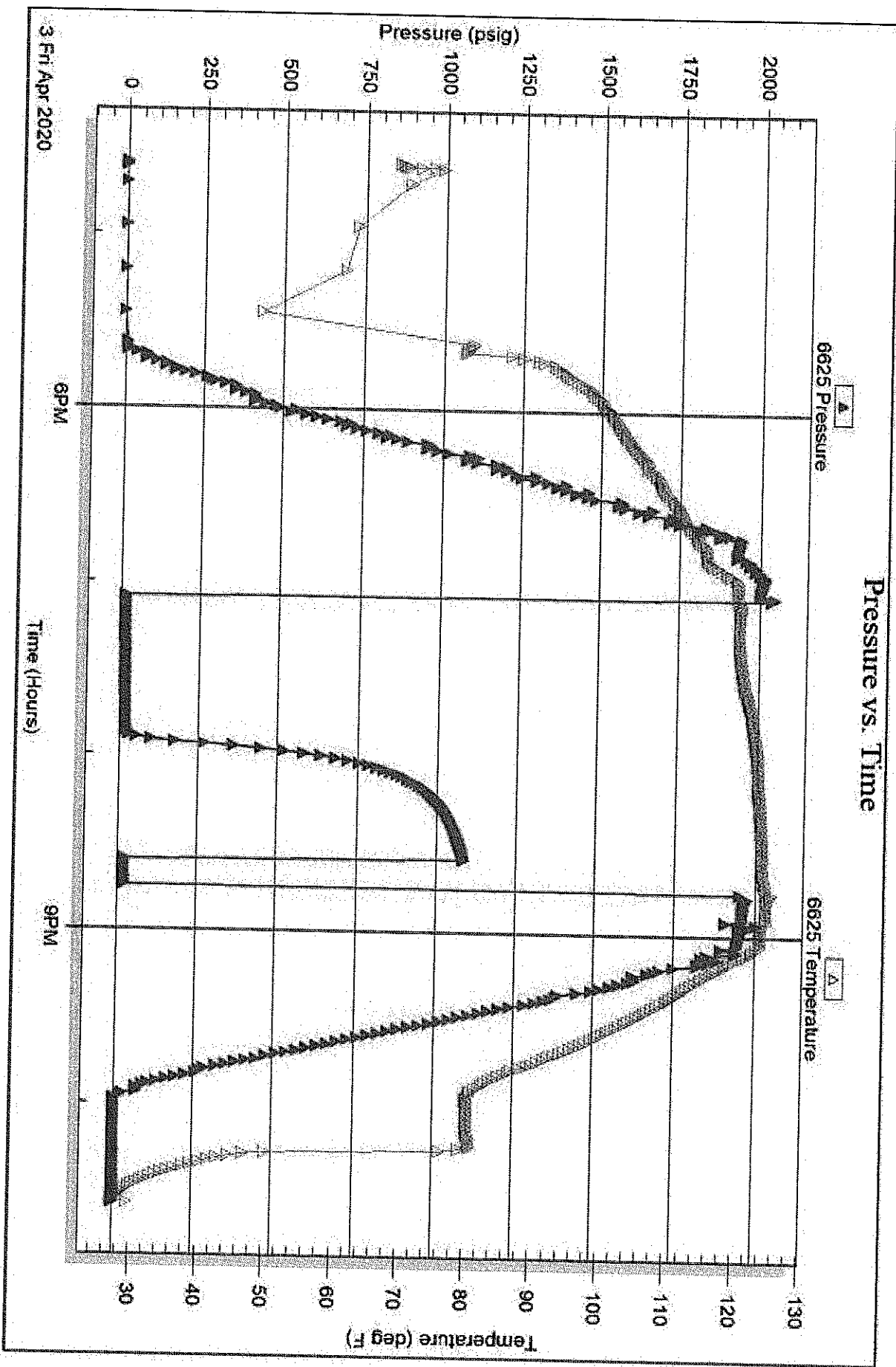
Serial #: 6625

Inside

Castle Resources, Inc.

Skidout #1

DST Test Number: 1



Tribble Testing, Inc

Ref. No: 66494

Printed: 2020.04.06 @ 08:17:00



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket 66494

NO.

Well Name & No. Skolout #1 Test No. 1 Date 4-3-20
 Company Castle Resources Inc Elevation 3124 KB 3119 GL
 Address PO Box 583 Russell, KS 67665
 Co. Rep / Geo. Jerry Green Rig White Knight
 Location: Sec. 23 Twp 1s Rge. 35w Co. Rawlins State KS

Interval Tested 4060-4120 Zone Tested LKC "B"
 Anchor Length 60 Drill Pipe Run 4058 Mud Wt. 9.0
 Top Packer Depth 4055 Drill Collars Run - Vis 48
 Bottom Packer Depth 4060 Wt. Pipe Run - WL 8.4
 Total Depth 4120 Chlorides 1000 ppm System LCM 2
 Blow Description IF: 1/4" Blow at open, built to 2"
ISI: No blowback
FF: Very weak surface blow
Pulled tool

Rec	Feet of	%gas	%oil	%water	%mud
<u>20</u>	<u>SWCM</u>			<u>5</u>	<u>95</u>
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 20 BHT 122 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

- (A) Initial Hydrostatic 2036
- (B) First Initial Flow 15
- (C) First Final Flow 21
- (D) Initial Shut-In 1092
- (E) Second Initial Flow 23
- (F) Second Final Flow 23
- (G) Final Shut-In -
- (H) Final Hydrostatic 1966

- Test 1300
- Jars _____
- Safety Joint _____
- Circ Sub _____
- Hourly Standby _____
- Mileage 92RTX2 184
- Sampler _____
- Straddle _____
- Shale Packer _____
- Extra Packer _____
- Extra Recorder _____
- Day Standby _____
- Accessibility _____
- Sub Total 1484

T-On Location 15:45
 T-Started 16:35
 T-Open 19:05
 T-Pulled 20:45
 T-Out 22:30

Comments loaded tools 4/4 21:15

- EM Tool _____
- Ruined Shale Packer _____
- Ruined Packer _____
- Extra Copies _____
- Sub Total 0
- Total 1484
- MP/DST Disc't _____

Initial Open 45
 Initial Shut-In 45
 Final Flow 10
 Final Shut-In -

Approved By _____

Our Representative James Winter

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.

