

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

11- 25 S.- 24W. Ford, KS

P.O. Box 583
Russell, KS 67685

Doc-Holiday/Fisher#1

ATTN: Jerry Green

Job Ticket: 66552 **DST#: 1**

Test Start: 2020.07.07 @ 00:17:00

GENERAL INFORMATION:

Formation: **Mississippian**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:51:50

Time Test Ended: 09:45:00

Test Type: Conventional Straddle (Initial)

Tester: Martine Salinas

Unit No: 82

Interval: 4756.00 ft (KB) To 4778.00 ft (KB) (TVD)

Reference Elevations: 2384.00 ft (KB)

Total Depth: 4850.00 ft (KB) (TVD)

2379.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 5.00 ft

Serial #: 8959

Inside

Press@RunDepth: 181.04 psig @ 4756.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2020.07.07 End Date: 2020.07.07

Last Calib.: 2020.07.07

Start Time: 00:17:01 End Time: 09:45:00

Time On Btm: 2020.07.07 @ 02:49:50

Time Off Btm: 2020.07.07 @ 06:09:39

TEST COMMENT: 45-IF-1/2" blow built to 10"
45-ISI-1/4" blow back
45-FF-S.blow built to 15" BOB @ 39 mins
45-FSI-S.blow back built to 3/4"

PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2415.53	116.50	Initial Hydro-static
2	32.82	115.70	Open To Flow (1)
46	94.56	119.94	Shut-In(1)
93	1440.14	120.54	End Shut-In(1)
93	103.63	119.86	Open To Flow (2)
148	181.04	122.11	Shut-In(2)
200	1403.12	121.82	End Shut-In(2)
200	2384.32	122.35	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
230.00	GOSMW 2%G,3%O,7%M,88%W	3.23
130.00	CGO15%G, 85%O	1.82
0.00	60' 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

11- 25 S.- 24W. Ford, KS

P.O. Box 583
Russell, KS 67685

Doc-Holiday/Fisher#1

Job Ticket: 66552 **DST#: 1**

ATTN: Jerry Green

Test Start: 2020.07.07 @ 00:17:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API: 24.3 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: 36000 ppm
Viscosity: 63.00 sec/qt	Cushion Volume: bbl	
Water Loss: 15.19 in ³	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 8000.00 ppm		
Filter Cake: 2.00 inches		

Recovery Information

Recovery Table

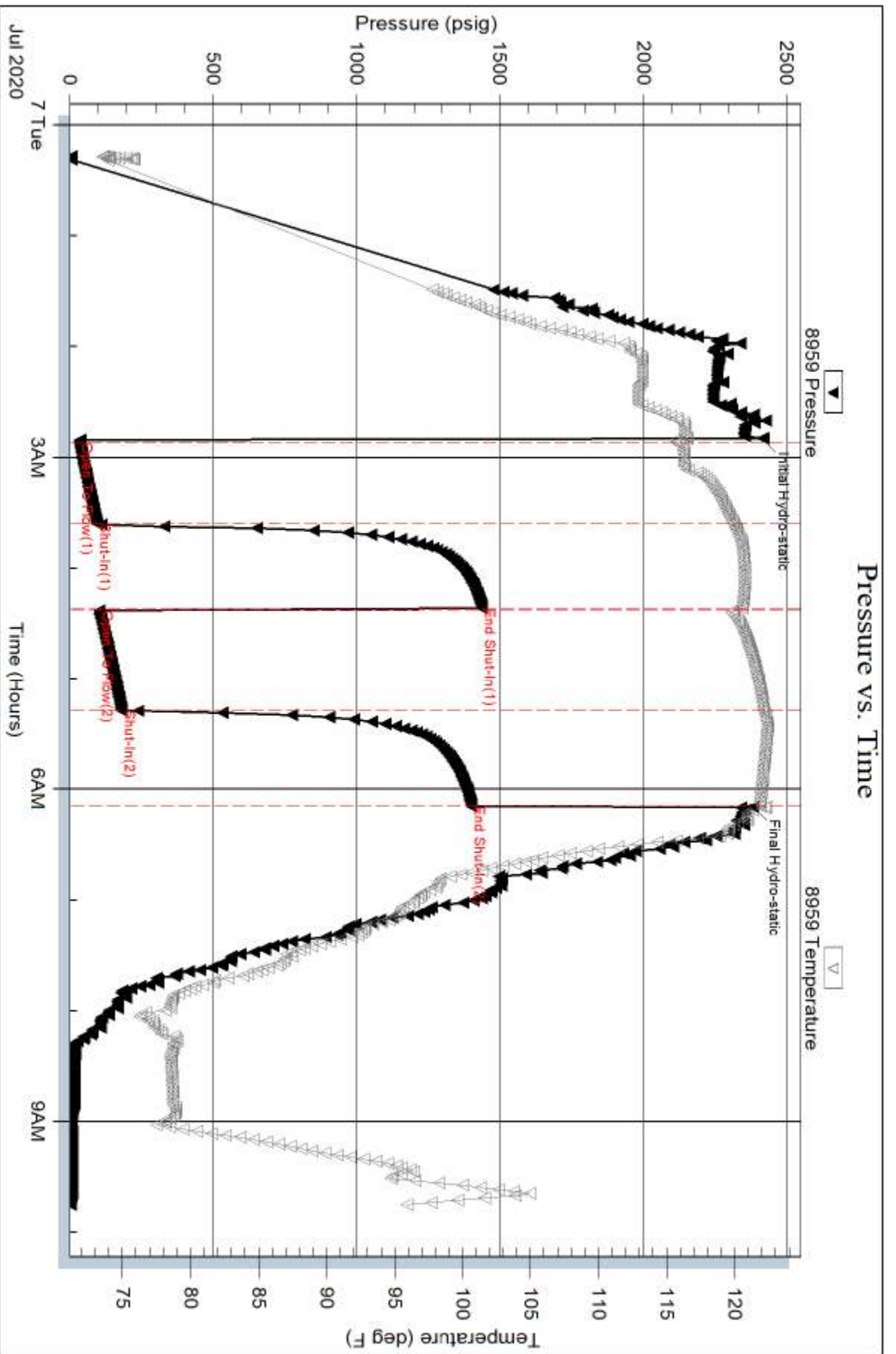
Length ft	Description	Volume bbl
230.00	GOSMW 2%G,3%O,7%M,88%W	3.226
130.00	CGO15%G, 85%O	1.824
0.00	60' GIP	0.000

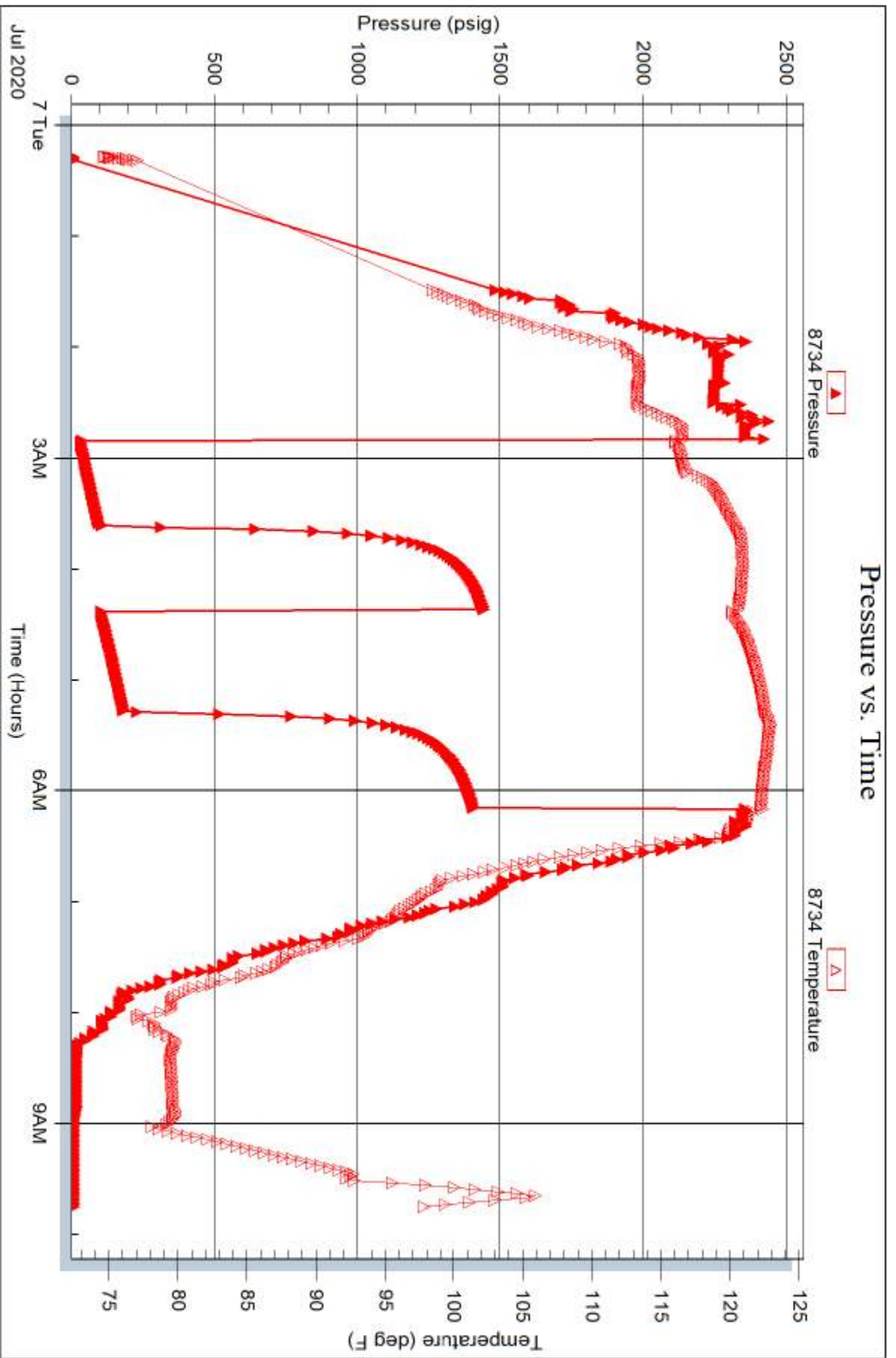
Total Length: 360.00 ft Total Volume: 5.050 bbl

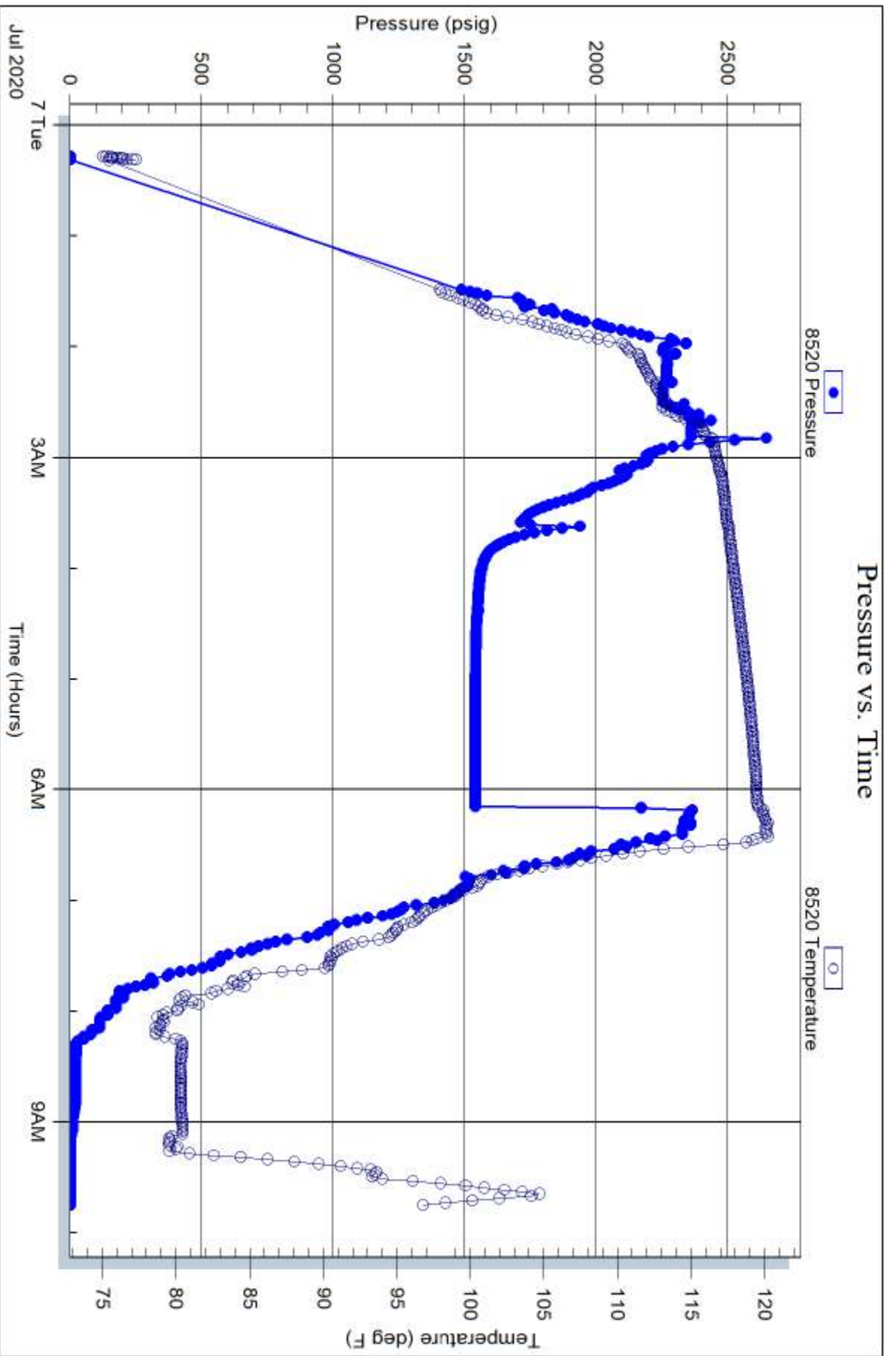
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: Gravity of oil = 26.5 @ 88degs corrected to 24.3 @ 60 degs
RW = .141 @ 100 degs = 36,000 PPM









P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



Invoice

DATE	INVOICE #
5/8/2020	32775

BILL TO
Castle Resources Inc. PO Box 583 Russell, KS 67665

*PO 63-20
Call 785/18204
Frim
LongString #3*

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#3	Fringer	Decatur	White Knight Drlg	Oil	Development	Top/Btm Longstr...	Jonathan

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way	110	Miles	5.00	550.00
579D	Pump Charge - Two-Stage & Top To Bottom LongString	1	Job	1,900.00	1,900.00
290	D-Air	4	Gallon(s)	42.00	168.00T
281	Mud Flush	500	Gallon(s)	1.50	750.00T
221	Liquid KCL (Clayfix)	2	Gallon(s)	25.00	50.00
402-4	4 1/2" Centralizer	6	Each	65.00	390.00T
403-4	4 1/2" Cement Basket	4	Each	250.00	1,000.00T
406-4	4 1/2" Latch Down Plug & Baffle	1	Each	225.00	225.00T
407-4	4 1/2" Insert Float Shoe With Auto Fill	1	Each	300.00	300.00T
330	Swift Multi-Density Standard (MIDCON II)	470	Sacks	17.00	7,990.00T
581D	Service Charge Cement	470	Sacks	1.85	869.50
583D	Drayage	2,572.35	Ton Miles	0.95	2,443.73
	Subtotal				16,636.23
Customer Disc...	Customer Discount Per Ted			-10.00%	-1,663.62
	Subtotal				14,972.61
	Sales Tax Decatur County			7.50%	730.55

We Appreciate Your Business!	Total	\$15,703.16
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CHARGE TO: Castle Resources

TICKET 032775

ADDRESS
CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Wys, KS
 2. Ness City, KS
 3.
 4.

WELL/PROJECT NO. #3
 LEASE Fringier
 COUNTY/PARISH Decatur
 STATE KS
 CITY

TICKET TYPE SERVICE
 CONTRACTOR White Knight Drilling
 RIG NAME/NO.
 WELLS TYPE Drilling
 WELLS CATEGORY D.W.W.O
 JOB PURPOSE Top to Bottom Long String

REFERRAL LOCATION
 INVOICE INSTRUCTIONS

DATE 05/26/20
 ORDER NO. Same
 OWNER Same
 WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #113	110	mi			5.00	550.00
579					Pump Charge - Top to Bottom Long String	1	EA			1900.00	1900.00
290					D-Air	4	gal			42.00	168.00
281					MudFlush	500	gal			1.50	750.00
221					Liquid Gel	2	gal			25.00	50.00
402					Centralizer	10	EA		4 1/2"	10.50	390.00
403					Cement Basket	4	EA			25.00	100.00
406					Latch Down Plug & Bottle	1	EA			225.00	225.00
407					Insert Float shoe w/ Auto Fill	1	EA			300.00	300.00
330					Swift M.H. Density Std	17	00			1.00	799.00
581					Service Charge Cement	4	5Ks			1.85	869.00
583					Drayage	25	22.357M		10 mi	6.15	2443.73

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.
 X

DATE SIGNED _____ TIME SIGNED _____
 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UNDECIDED	DISAGREE	PAGE TOTAL	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				106	15703.16
WE UNDERSTOOD AND MET YOUR NEEDS?				Discy 594	
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				14998.41	
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				1730.55	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR [Signature] APPROVAL [Signature]

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 05/09/2020 PAGE NO. 1

CUSTOMER *Castle Resources* WELL NO. *#3* LEASE *Fringer* JOB TYPE *Long String* TICKET NO. *032775*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1230							On location with Float Equipment
								TD-4100'
								Total Pipe 4075', set at 4070'
								Centralizers - 1, 4, 7, 36, 59, 83
								Baskets - 8, 37, 60, 84
	1405							Start Pipe w/ Float Equipment.
	1630							Break Circulation on Bottom.
	1715							Hook up to Swift
		3	8					Plug Rathole w/ 30sxs
		4	12			300		Pump Mud Flush
		4	20			300		Pump KGL Spacer
		5				350		Start SMD Cmt Mix at 11.2 ppg
		5 1/2	194					Raise weight to 14.5 ppg
		5 1/2	220					Finish Cmt
								Drop Plug, Washout Pump + Lines
	1815	7						Start Displacement
		6 1/2	45			600		Catch Cmt
		6	60			900		Lift PSI
	1830	6	65			1600		Land PSI
								Cmt Circulated to Surface
								Release Truck, Dry
								Washup
								Rack up
	1845							Job Complete

Thanks
 Jan, Austin, Isaac