

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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SWIFT Services, Inc.

CHARGE TO: Cash Reserve
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET 062812

1. SERVICE LOCATIONS <u>Ness City, KS</u>	WELL/PROJECT NO. <u>#1</u>	LEASE <u>Per Wellhead</u>	COUNTY/PARISH <u>Wichita</u>	STATE <u>KS</u>	CITY <u>Johnson</u>	DATE <u>3-9-2007</u>	OWNER <u>Johnson</u>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>White Knight Pds</u>	RIG NAME/NO. <u>White Knight Pds</u>	SHIPPED VIA <u>By Location</u>	DELIVERED TO <u>Location</u>	WELL PERMIT NO.	ORDER NO.	
3. WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Production</u>	JOB PURPOSE <u>Lower string 575</u>				WELL LOCATION <u>Johnson 12-5-1-10</u>	
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS <u>1/2 S. Wellhead</u>						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			U/M	U/M		
575					Centerline		5 1/2	in	76	375
578					CMT Babel		5 1/2	in	275	550
404					Labr show Plug Ball		5 1/2	in	250	350
403					Insert Plug Ball w/ Nbr III		5 1/2	in	335	335
406					High Connection Fee				200	200
407										
195										

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.

DATE SIGNED 3-9-2007 TIME SIGNED 4:30 A.M. P.M.

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

SURVEY

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

PAGE TOTAL 1
 TAX 55.93
 TOTAL 200.00

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

SWIFT OPERATOR William Ford APPROVAL _____

Thank You!



Services, Inc.

TICKET 032907

CHARGE TO: Castle Resources Inc
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>Ness City, KS</u>	#1	<u>Doc Holday/Fischer</u>	<u>Ferd</u>	<u>KS</u>		<u>6-29-2002</u>	
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	<u>cr</u>	<u>Location</u>		
4.	INVOICE INSTRUCTIONS				WELL PERMIT NO.	WELL LOCATION	
						<u>Delmore, 12-S, 1-B</u>	
						<u>19-S, 12-1-1B</u>	

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		UM	UM		
576		1			MILEAGE TRK #112	45	mi	5.00	225.00
576 S		1			Pump Charge - Surface	1	job	925.00	925.00
325		1			Standard CMT	150	skt	13.00	2025.00
279		1			Berbenite Gel	3	skt	30.00	90.00
278		1			Calcium Chloride	7	skt	40.00	280.00
290		1			D-Air	2	gal	42.00	84.00
581		1			CMT Service Charge	150	skt	1.95	277.50
582		1			Drayage	332	TM	0.95	315.40

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.
 X [Signature]
 DATE SIGNED 4:00 TIME SIGNED A.M. P.M.

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 YES NO

WE UNDERSTOOD AND MET YOUR NEEDS?
 YES NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 YES NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 YES NO

ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL	1	4221.92
TOTAL	3970.89	

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



**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
Mud Weight: 9.00 lb/gal
Viscosity: 63.00 sec/qt
Water Loss: 15.19 in³
Resistivity: ohm.m
Salinity: 8000.00 ppm
Filter Cake: 2.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 24.3 deg API
Water Salinity: 36000 ppm

Recovery Information

Recovery Table

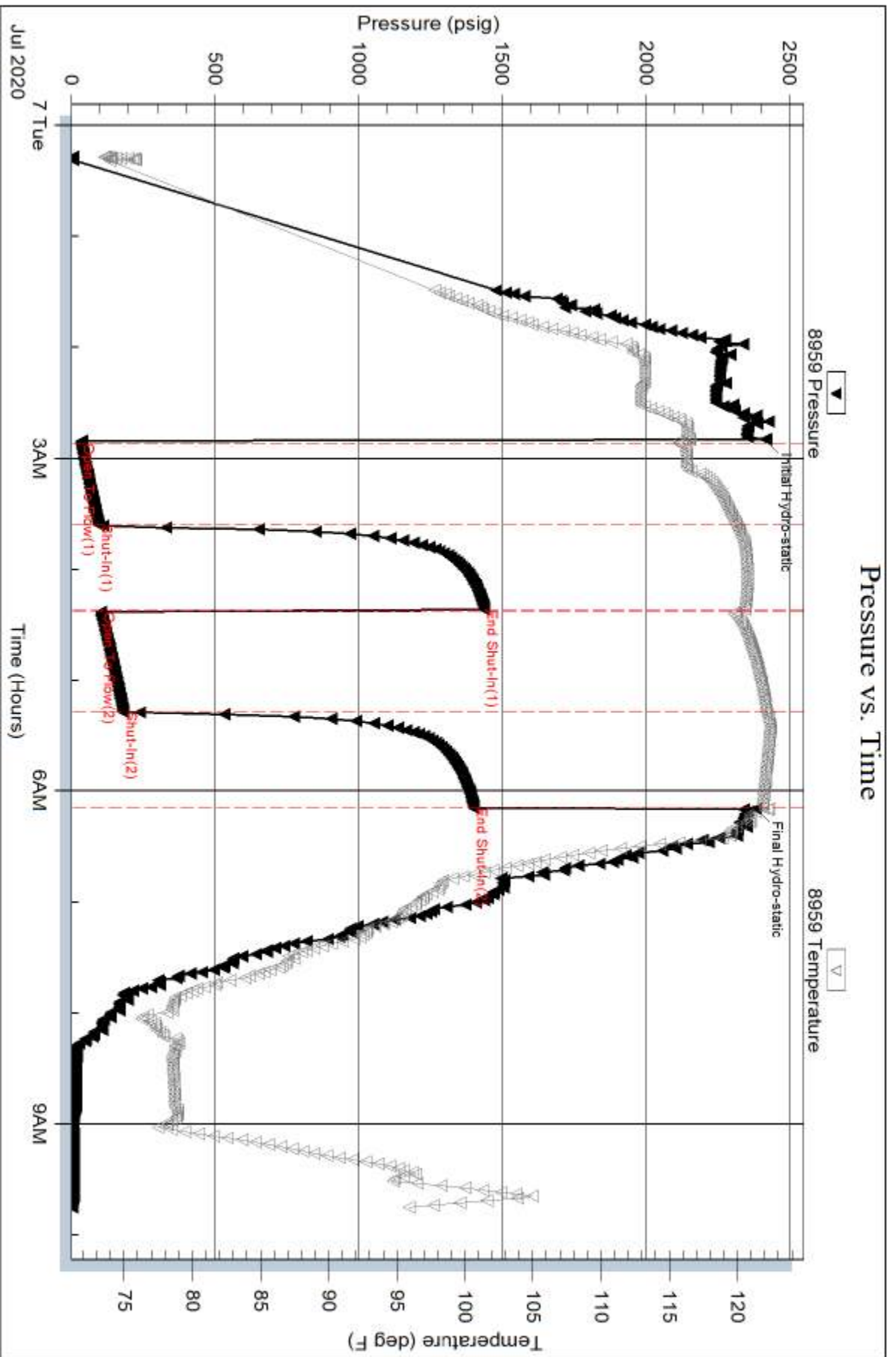
Length ft	Description	Volume bbl
230.00	GOSMW 2%G,3%O,7%M,88%W	3.226
130.00	CGO15%G, 85%O	1.824
0.00	60' GIP	0.000

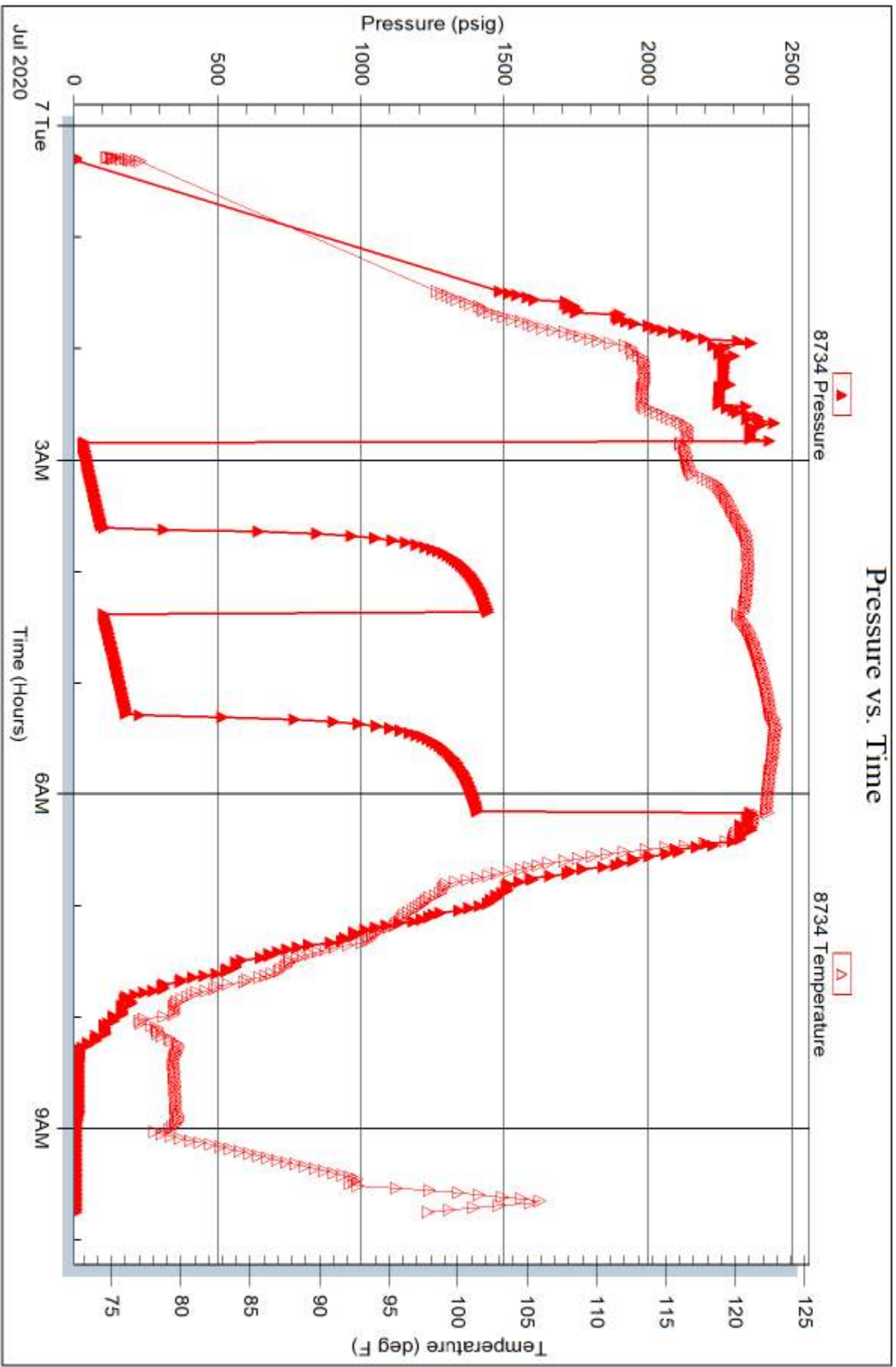
Total Length: 360.00 ft Total Volume: 5.050 bbl

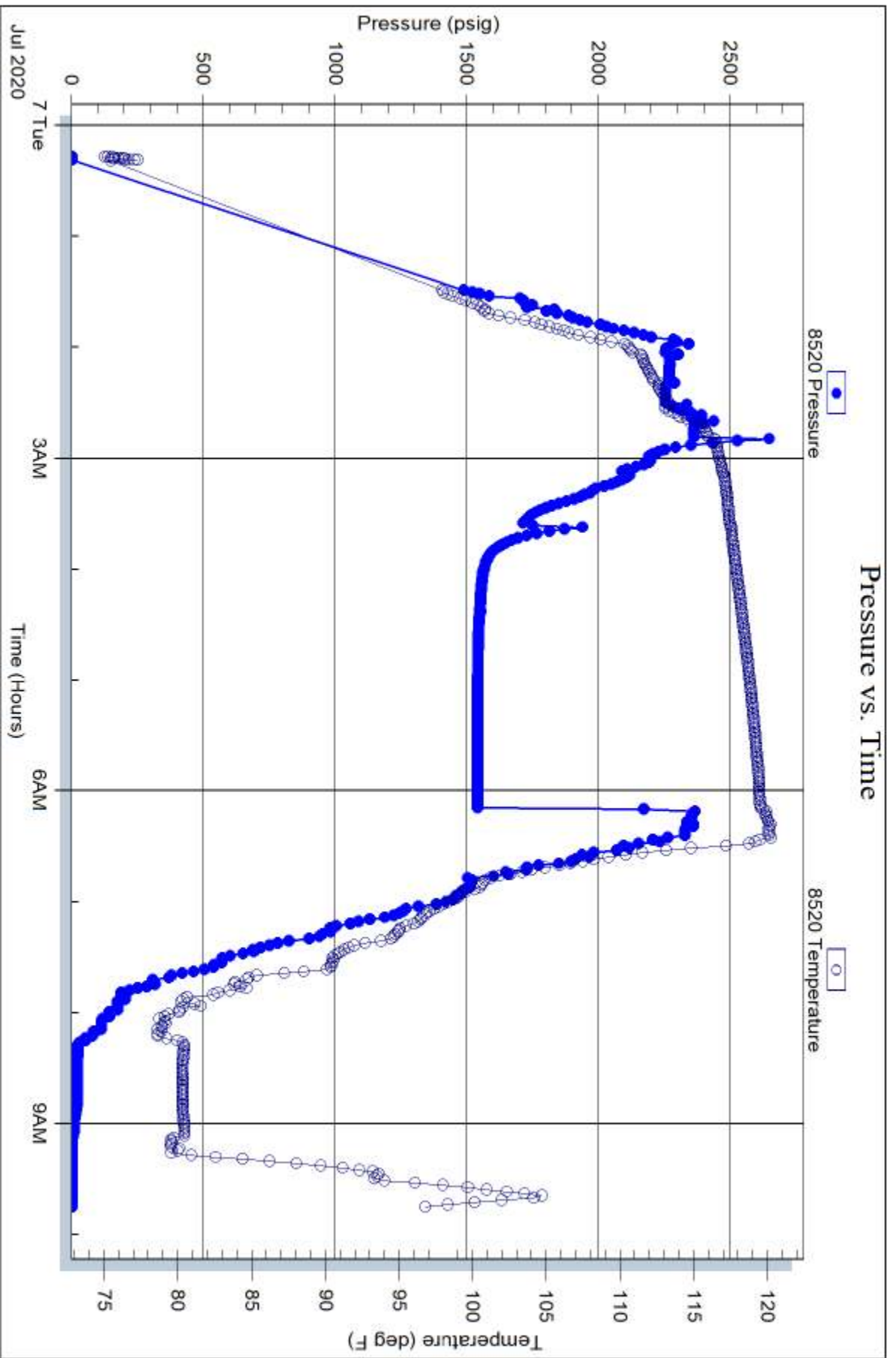
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

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







GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY: CASTLE RESOURCES, INC.

LEASE: DOG HOLLOW/RESERVE#1

FIELD NO: _____

LOCATION: _____

SFC: 11 _____

COUNTY: _____

CONTRACTOR: WHITE KNIGHT DRILLING

SPUD: 6-29-20

RD: 5600

MUD UP: 1400

SAMPLES SAVED FROM 1400-1700/3800-TD

DRILLING TIME KEPT FROM 1400 TO TD

SAMPLES EXAMINED FROM 1400 TO TD

GEOLOGICAL SUPERVISION FROM 1400 TO TD

GEOLOGIST ON WELL: 307H-7-9-20

FORMATION TOSS LOG

AMHY 4002-1825

BLOK 4102-1725

EL SCOTT 4682-2275

CHER 4686-2289

MISB 4766-2381

ABD 4850-2143

MISS 4850-2272

HEEBNER 4002-1825

HEEBNER 4000-1623

HEEBNER 4101-1724

HEEBNER 4480-2103

HEEBNER 4682-2275

HEEBNER 4686-2289

HEEBNER 4766-2381

HEEBNER 4850-2143

HEEBNER 4850-2272

HEEBNER 5600-3223

ELEVATIONS

DF 2877

GL 2872

MEASUREMENTS ARE ALL FROM KB

CASTING

PRODUCTION

ELECTRICAL SURVEYS

STACKMICHRO

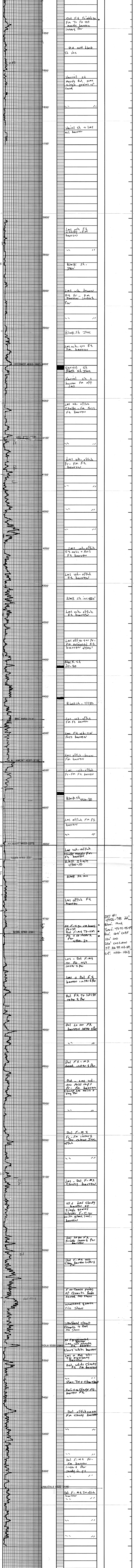
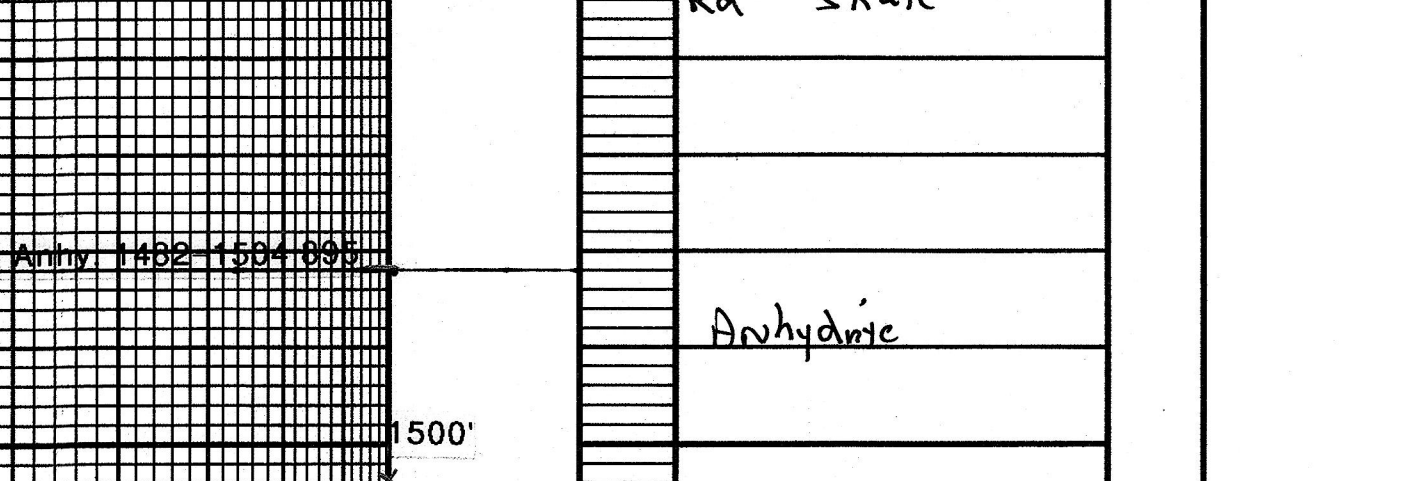
REMARKS

All parties involved recommended that pipe be set to test this well further

respectfully submitted

Jerry Green

LEGEND



DST #1
4756-78 22'
Blow: med
Time: 45-45-45-45
Rec: 60' OAF
130' 60
230' 605 MW
FP: 33-95/103-181
SP: 1440-1463

JOB LOG

SWIFT Services, Inc.

DATE 6-29-2001 PAGE NO.

CUSTOMER Castle Resources Inc WELL NO. 1 LEASE Doc Hilday/Fisher JOB TYPE Surface Pipe TICKET NO. 032907

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1430							On Location 8 1/2" 20 lb/A RTD 221'
	1600							Stand 8 1/2" Casing in well
	1650							Break Circulation
	1655	3 1/2	5		✓	150		Pump 5 Hbl H2O Spacer
	1700	4 1/2	36		✓	100		Mix 150 sks of Standard CMT w/ 2% gel 3% CC @ 14.7ppg
	1710	4 1/2	0		✓	300		Start Displacement
		4 1/2	11			300		Circulate CMT to Surface *
	1715	0	13.25		✓	300		KO Pump * Shut in * Release Pressure * H-H *
								Wash up Trk #117
								Job Complete 150 sks of Standard CMT w/ 2% gel + 3% CC used - Plug down @ 5:15 PM
								Thanks!
								Brandon Preston Kirby

JOB LOG

SWIFT Services, Inc.

DATE 7-9-2020 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Castle Resources		#1		DIX Holiday / Fisher		LONG STUBING 5K		032914	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1400								ON Location 5 1/2" 14, 15.5 RTD: 5.600 TP: 4913 4903 118 36s Casing: 1, 3.5, 7, 7.9 Baskets: 7, 7.8 PC: 7.8
	1730								Start 5 1/2" 14/15" Csg in well * Drop Ball After top row in well + tally Bottom Row *
	1900								Break Circulation + Tally / Circulation
	2030								Bottom row of Pipe - Continue Csg in well
	2130								- Break Circulation
	2150	6 1/2	12		✓		350		Pump 500 gal Mud Flush
	2200	6 1/2	20		✓		390		Pump 20 bbl KCL Spacer
	2210	1	7		✓		0		Plug RH [30]
	2205	4 1/2	36		✓		230		Mix 150 sks of LA 2 @ 15.36 ppm
	2215								Wash P+L Drop Latch down Plug
	2220	6 1/2	0		✓		340		Start Displacement
		6 1/2	90		✓		450		- Lift Pressure
		6.5	115		✓		700		- Max Lift Pressure
	2245	4 1/2	116		✓/A		1100		LAND Latch down Plug - Release #11-1/2"
	2220								Wash up Trk #112
	2300								Begin Racking up Trk - Cont close with Trk Valve
	2345								Pump 120 bbl to Pl from H2O Tank
	0015								Job Complete 180 sks of LA 2 OMT used
									Thanks Gordon, Kristin & Jane

JOB LOG

SWIFT Services, Inc.

DATE 6-29-2001 PAGE NO.

CUSTOMER *Castle Resources Inc* WELL NO. *1* LEASE *Doc Hilday/Fisher* JOB TYPE *Surface Pipe* TICKET NO. *032907*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1430							On Location 8 1/2" 20 lb/A RTD. 221'
	1600							Stand 8 1/2" Casing in well
	1650							Break Circulation
	1655	3 1/2	5		✓		150	Pump 5 Hbl H2O Spacer
	1700	4 1/2	36		✓		100	Mix 150 sks of Standard CMT w/ 2% gel 3% CC @ 14.7ppg
	1710	4 1/2	0		✓		200	Start Displacement
		4 1/2	11				300	Circulate CMT to Surface *
	1715	0	13.25		✓		300	KO Pump * Shut in * Release Pressure * H-H *
								Wash up Trk #117
								Job Complete 150 sks of Standard CMT w/ 2% gel + 3% CC used - Plug down @ 5:15 PM
								Thanks!
								Budwan Preston Kirby

JOB LOG

SWIFT Services, Inc.

DATE 7-9-2020 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Castle Resources		#1		DIX Holiday / Fisher		LONG STUBING 5K		032914	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1400								ON Location 5 1/2" 14, 15.5 RTD: 5.600 TP: 4913 4903 118 36s Casing: 1, 3.5, 7, 7.9 Baskets: 7, 7.8 PC: 7.8
	1730								Start 5 1/2" 14/15" Csg in well * Drop Ball After top row in well + tally Bottom Row *
	1900								Break Circulation + Tally / Circulation
	2030								Bottom row of Pipe - Continue Csg in well
	2130								- Break Circulation
	2150	6 1/2	12		✓		350		Pump 500 gal Mud Flush
	2200	6 1/2	20		✓		390		Pump 20 bbl KCL Spacer
	2210	1	7		✓		0		Plug RH [30]
	2205	4 1/2	36		✓		230		Mix 150 sks of LA 2 @ 15.36ppg
	2215								Wash P+L Drop Latch down Plug
	2220	6 1/2	0		✓		340		Start Displacement
		6 1/2	90		✓		450		- Lift Pressure
		6.5	115		✓		700		- Max Lift Pressure
	2245	4 1/2	116		✓		1100		LAND Latch down Plug - Release #11-1/2"
	2220								Wash up Trk #112
	2300								Begin Racking up Trk - Cont close with Trk Valve
	2345								Pump 120 bbl to Pl from H2O Tank
	0015								Job Complete 180 sks of LA 2 CMT used
									Thanks Gordon, Kristin & Jane

SWIFT Services, Inc.

DATE 8-3-20 PAGE NO. 1
~~8-3-2020~~

CUSTOMER: **CASTLE RESOURCES** WELL NO. # **1** LEASE: **DOC HOLIDAY - FISCHER** JOB TYPE: **ONT TOOLS/P.C.** TICKET NO. **033017**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0830							ON LOCATION 159 JTS TUBING
								2 3/8 x 5 1/2
								RBP = 3919 (34 OUT)
								PORT COLLAR = 1533
								PERFS = 4768 1/2 (TOP)
								TOC = 3830'
								KB + 5'
	0900							START 5 1/2" TSU - RBP - OPENING TOOL
	1100							SET RBP = 3919 FL = 1250'
	1115	3 1/2	95		✓	1000		LOAD HOLE - TEST RBP - HELD 1000 PSE
	1200							PULL TUBING TO PORT COLLAR
	1145		10		✓			SET 1 SK SAW = 3890'
	1400							LOCATE PORT COLLAR
	1430	3 1/2	5		✓	300		INT RATE (WATER ON WATER) GOOD BLOW
	1515	3 1/2	111		✓	300		MAX 200 SKS SYD = 11.2 PPG / 15 SKS TO PRT
	1545	3	5		✓	500		DISPLACE CEMENT
	1600				✓	1250		CLOSE PORT COLLAR - PSE TEST - HELD
	1615	4	25		✓	500		RUN 5 JTS - CIRCULATE CLEAN
								WASH TRUCK
								RUN TUBING TO RBP
	1715	3 1/2	50		✓	500		CIRCULATE SAND OFF RBP
								LEAVE RBP SET - LAY DOWN 1 JT
								SWAB DOWN WELL IN A.M. 8-4-20
								RIG CREW RELEASE RBP - PULL OUT WELL
								RUN IN FOR PRODUCTION
	1800							JOB COMPLETE
								THANK YOU WAYNE, BLAZUE, ISAAC