

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](mailto: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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Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	DOC HOLLIDAY/FISCHER 2
Doc ID	1533682

Tops

Name	Top	Datum
Anhydrite	1478-1526	+882
Heebner	3981	-1623
LKC	4076	-1716
BKC	4464	-2104
Altamont	4514	-2155
Ft. Scott	4633	-2273
Cherokee	4652	-2292
Mississippi	4750	-2390





COMPANY: CASTLE RESOURCES  
 ELEVATIONS  
 LEASE: DOC HOLLIDAY/FISHER#2  
 KI 2860

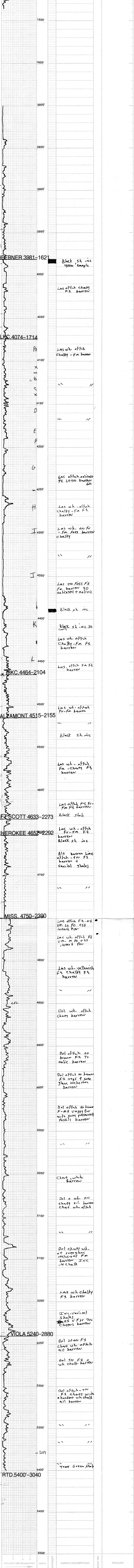
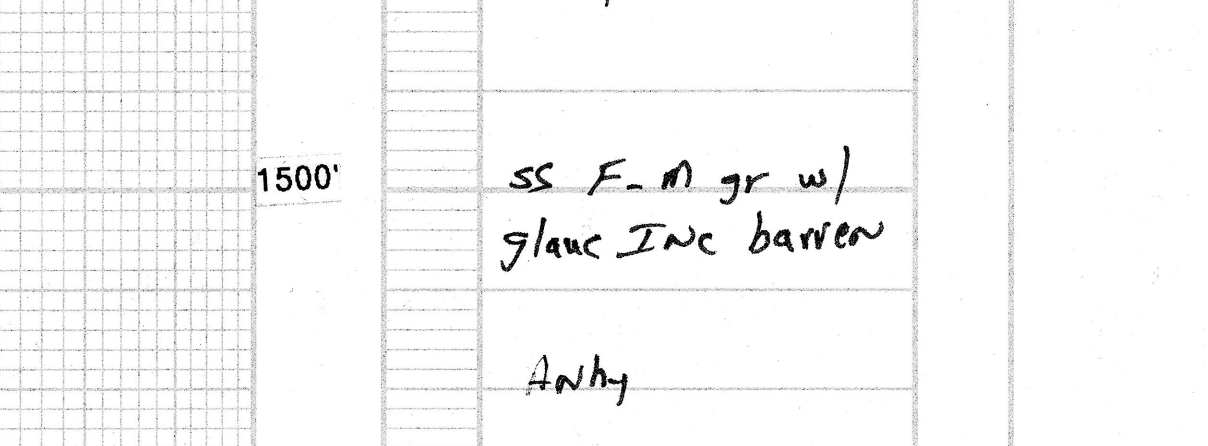
LOCATION: 795-FWL 830FNL  
 SEC 12 TMS 25S RGE 24W  
 COUNTY: FORD STATE: KS  
 CONTRACTOR: WHITE KNIGHT DRILLING  
 SPUID: 10-14-20 COM: 10-22-20  
 RTD: 5400' LTD: 5400'  
 MUD: 3500' TYPE: MUD CHEM.  
 SAMPLES SAVED FROM: 1400'  
 DRILLING TIME KEPT FROM: 3800'  
 GEOLOGICAL SUPERVISION FROM: 1400'  
 GEOLOGIST ON WELL: 15TH-22ND

MEASUREMENTS ARE ALL FROM MB.  
 CASING SURFACE @ 219'  
 PRODUCTION: ELECTRIC SURVEYS STACK

FORMATION TOPS	LOG	SAMPLES
ANHY	1479 881	1478 882
HEBNER	3980-1620	3981-1621
BKC	4074-1714	4074-1714
ALTA	4515-2155	4515-2155
SCOTT	4633-2273	4633-2273
CHEROKEE	4652-2292	4652-2292
MISS.	4750-2390	4750-2390
VIOLA	5240-2880	5240-2880
RTD.	5400-3040	5400-3040

REMARKS: This well ran flat with the Doc Holiday/Fisher #1. Unfortunately the top of the Mississippi was weathered with no Perm. (a hard knot). We logged 100' in the miss to make straddle testing easier. No testing areas were available. We then drilled deeper. The Viola #1 showed such that it was 29' high on the viola with no shows. At the Viola we were still 479' from the Elm Creek 22 and the Scott Richie Smith Reber. The Decision to plug was made respectfully.

**LEGEND**





LOG

## SWIFT Services, Inc.

DATE

10-16-2022

PAGE NO.

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CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Castle Resources		#2		Dr. Holliday - Fischer		Surface Pip		033351	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1500								ON Location 8 5/8" 2016/14
									RTD: 222
	1615								@ Start 8 5/8" Csg in well
	1645								Break Circulation
	1700	3 1/2	5		✓	200			Pump 5 bbl H <sub>2</sub> O Spacer
	1705	4	36	✓	✓	200			Mix 150 stks of CMT
	1715	4	0		✓	100			Start Displacement
		4	11		✓	200			* Circulate CMT to Surface *
	1730	-	13.5		✓	200			KO Pump * Shut in *
									- Release Pressure to Hold
									* Plug down @ 5:30 PM *
									Wash up Trk #112
	1800								Job Complete
									150 stks of Standard w/ 2% gel, 3% CC Mixed @ 14.7 ppg
									Thanks!
									Audrey Kerby, Dusty

JOB LOG

SWIFT Services, Inc.

DATE 10-22-2020 PAGE NO. 1

CUSTOMER CASTLE Resources WELL NO. #2 LEASE Doc Holliday - Fischer JOB TYPE PTA TICKET NO. 033356

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1600							ON Location 4 1/2" DP
	1730	4	13.1		✓		250	Plug @ 1500' w/ 50 sks of 60/40 Pozmix 4% gel w/ 1/4" Floccul @ 13.1 ppq
	1815	4	13.1		✓		200	Plug @ 770' w/ 50 sks
	1845	4	13.1		✓		100	Plug @ 250' w/ 50 sks
	1945	4	5.25		✓		-	Plug @ 60' w/ 20 sks * Circulate CMF to Surface *
	2000	2	8		✓		100	Plug RH w/ 30 sks
	2015							WASH up Trk #112
	2045							Job Complete 200 sks of 60/40 Pozmix 4% gel 1/4" Floccul used Thanks! Gideon Kirby, Shane