

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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4350 Keystone  
 Hays, KS 67601  
 PHONE: 785-625-5155

**JERRY GREEN**  
 CONSULTING GEOLOGIST

**GEOLOGIST'S REPORT**  
 DRILLING TIME AND SAMPLE LOG

COMPANY CASTLE RESOURCES

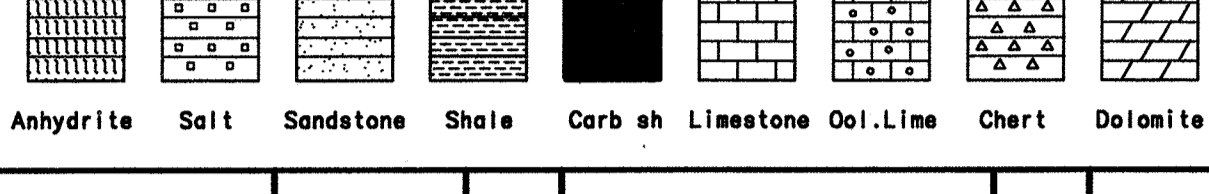
LEASE BROWN A#1  
 FIELD WHERE'S WALDO  
 LOCATION 30.S. OF N.E.-N.E-SE  
 SEC 4 T15P 11S RGE 13W  
 COUNTY RUSSELL STATE KS.  
 CONTRACTOR WHITEKNIGHT DRILG.  
 SPUD 8-8-21 COMP 8-12-21  
 RID 3285 LTD 3285  
 MUD UP 2200 TYPE MUD CHEM.

SAMPLES SAVED FROM 2800' TO TD  
 DRILLING TIME KEPT FROM 2800' TO TD  
 SAMPLES EXAMINED FROM 2800' TO TD  
 GEOLOGICAL SUPERVISION FROM 2800' TO TD  
 GEOLOGIST ON WELL 2800'

FORMATION TOPS	LOG	SAMPLES
ANHY.	782 931	784 929
TOPEKA	2676-865	2678-987
HEEBNER	2906-1195	2908-1197
TORONTO	2930-1219	2932-1221
LKC	2963-1252	2964-1253
BKC	3250-1539	3250-1539

REMARKS: This well was structurally high with poor development. All parties involved recommended that this well be plugged. respectfully submitted,  
*[Signature]*

**LEGEND**



DEPTH	LITHOLOGY	SAMPLE DESCRIPTIONS	OIL SHOWS	REMARKS
2600'				
2650'				
2700'		lms wh-offsh Chalky-Fm Fx barren		
2750'		lms wh-TN Fl Pfung + interx Per barren		
2800'		Black shale 80		
2850'		lms offsh-TN Tr linc st interx Per		
2900'		lms wh-TN Fx Chalky-Fm barren		
2950'		lms offsh-TN mottled barren interx Per		
2998'	HEEBNER 2908-1197	Black sh inc		
3032'	TORONTO 2932-122	lms wh-offsh Fx barren Fm		
3064'	KC. 2964-1253	lms offsh Fx Fr - mostly Fm interx + pfung Per M Fx st + odor - foss in Pt		DST #1 2938-2973 39' Zone: "A" Blow: Died Times: 20-30-10 Rec: s' mud w trace of oil BHP: 826 Bldg FP: 24-25
3098'		lms offsh Fx Tr FO + st interx Per		DST #2 2973-3015 Zone: "BC" Blow: Died Times: 30-30-10 Rec: s' mud FP: 23-25 BHP: 881 Bldg
3132'		lms calc + interx + foss m FO + st offsh trace odor		
3166'		lms, chalky Fx Tr FO + st interx tool Per		
3200'		lms wh-offsh Fx barren		
3240'		Black shale 40		
3274'		lms offsh-TN Fx Fm barren		
3308'		lms wh-offsh Fx Chalky-Fm barren		
3342'		Black sh 3220		
3376'		lms wh-TN Fm Fx barren		
3410'		Black shale 3240-60		
3444'	BKC. 3250-1539	lms wh-TN Fx Fm barren		
3478'		lms offsh-mottled Fx barren		
3512'	RTD. 3285-1574			

GREEN01-7



**TRILOBITE TESTING, INC**

# DRILL STEM TEST REPORT

Castle Resources

PO Box 583  
Russell KS, 67665

ATTN: Jerry Green

**Brown A #1**

Job Ticket: 67041

**DST#: 2**

Test Start: 2021.08.10 @ 22:26:00

## GENERAL INFORMATION:

Formation: **LKC 'B,C'**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:20:30

Time Test Ended: 03:22:45

Test Type: Conventional Bottom Hole (Initial)

Tester: Justin Polfus

Unit No: 71

**Interval: 2973.00 ft (KB) To 3015.00 ft (KB) (TVD)**

Reference Elevations: 1711.00 ft (KB)

Total Depth: 3015.00 ft (KB) (TVD)

1706.00 ft (CF)

Hole Diameter: inches Hole Condition: Poor

KB to GR/CF: 5.00 ft

## Serial #: 8646

Press@RunDepth: 24.66 psig @ ft (KB)

Capacity: 8000.00 psig

Start Date: 2021.08.10

End Date:

2021.08.11

Last Calib.: 1899.12.30

Start Time: 22:26:01

End Time:

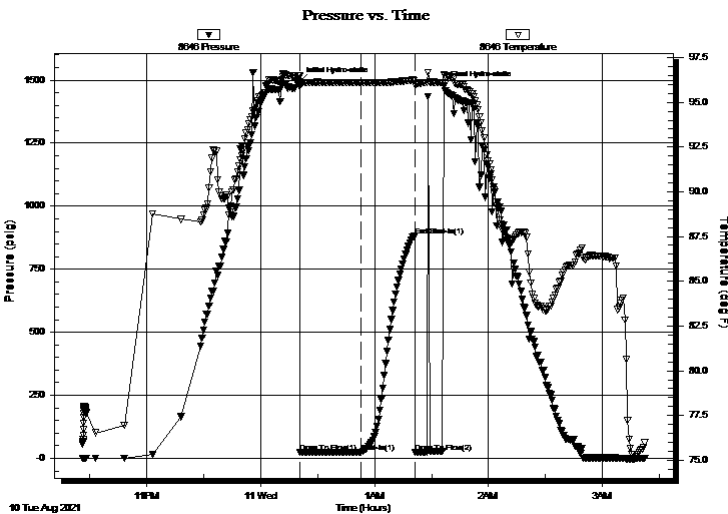
03:22:45

Time On Btm: 2021.08.11 @ 00:20:15

Time Off Btm: 2021.08.11 @ 01:36:30

**TEST COMMENT:** 30 IF- surface blow dies after 15 minutes  
30 IS- no blow back  
10 FF- no blow pulled tool

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1492.34	96.47	Initial Hydro-static
1	23.04	95.87	Open To Flow (1)
33	24.66	96.10	Shut-In(1)
61	881.33	96.22	End Shut-In(1)
62	24.12	95.97	Open To Flow (2)
77	1477.12	96.56	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud 100%M	0.02

## Gas Rates

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





**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Castle Resources

PO Box 583  
Russell KS, 67665

ATTN: Jerry Green

**Brown A #1**

Job Ticket: 67041

**DST#: 2**

Test Start: 2021.08.10 @ 22:26:00

## Mud and Cushion Information

Mud Type: Gel Chem  
Mud Weight: 9.00 lb/gal  
Viscosity: 44.00 sec/qt  
Water Loss: 15.99 in<sup>3</sup>  
Resistivity: ohm.m  
Salinity: 15000.00 ppm  
Filter Cake: 2.00 inches

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

Oil API: deg API  
Water Salinity: ppm

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	Mud 100%M	0.025

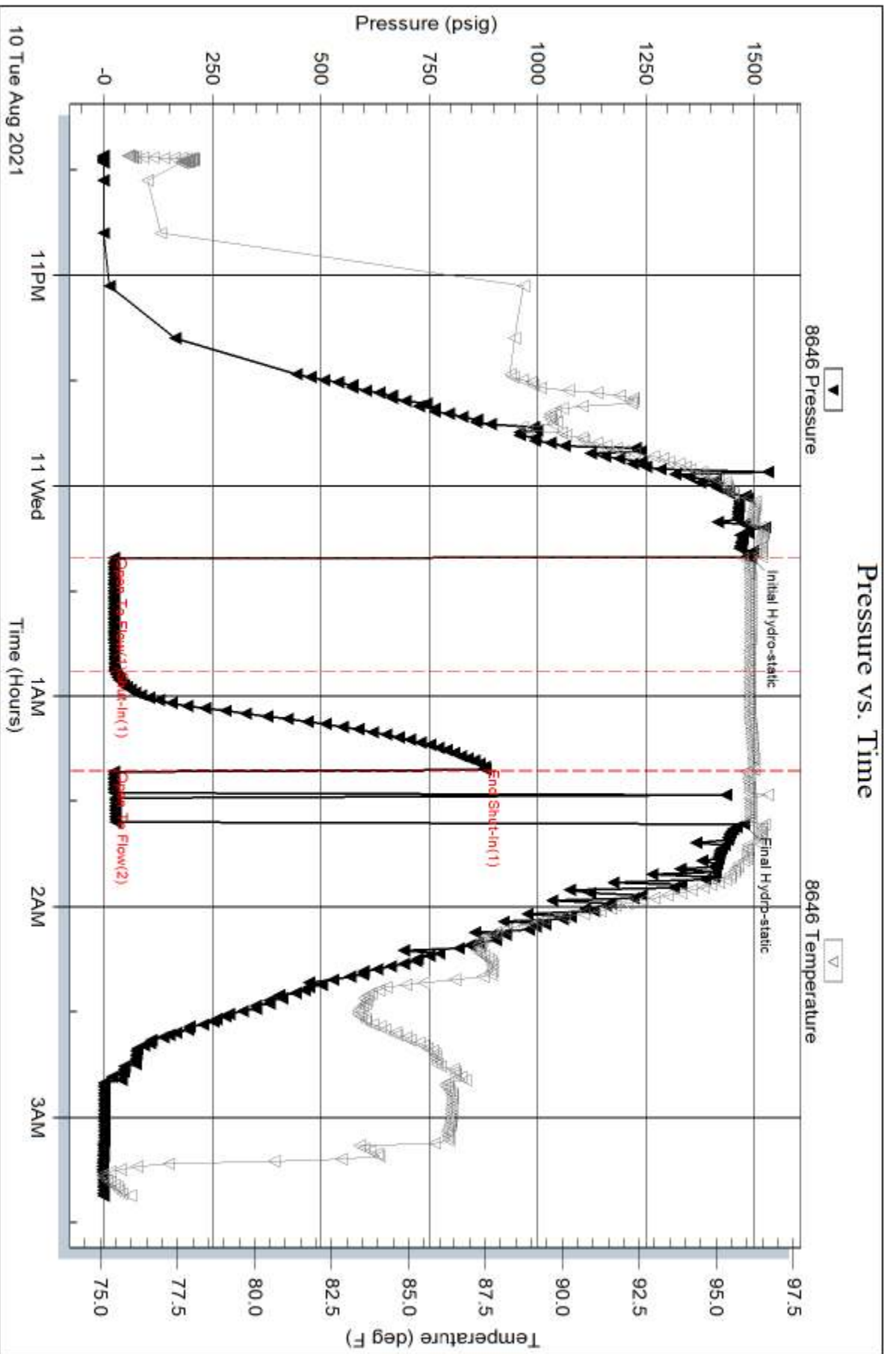
Total Length: 5.00 ft      Total Volume: 0.025 bbl

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

Laboratory Name:      Laboratory Location:

Recovery Comments:







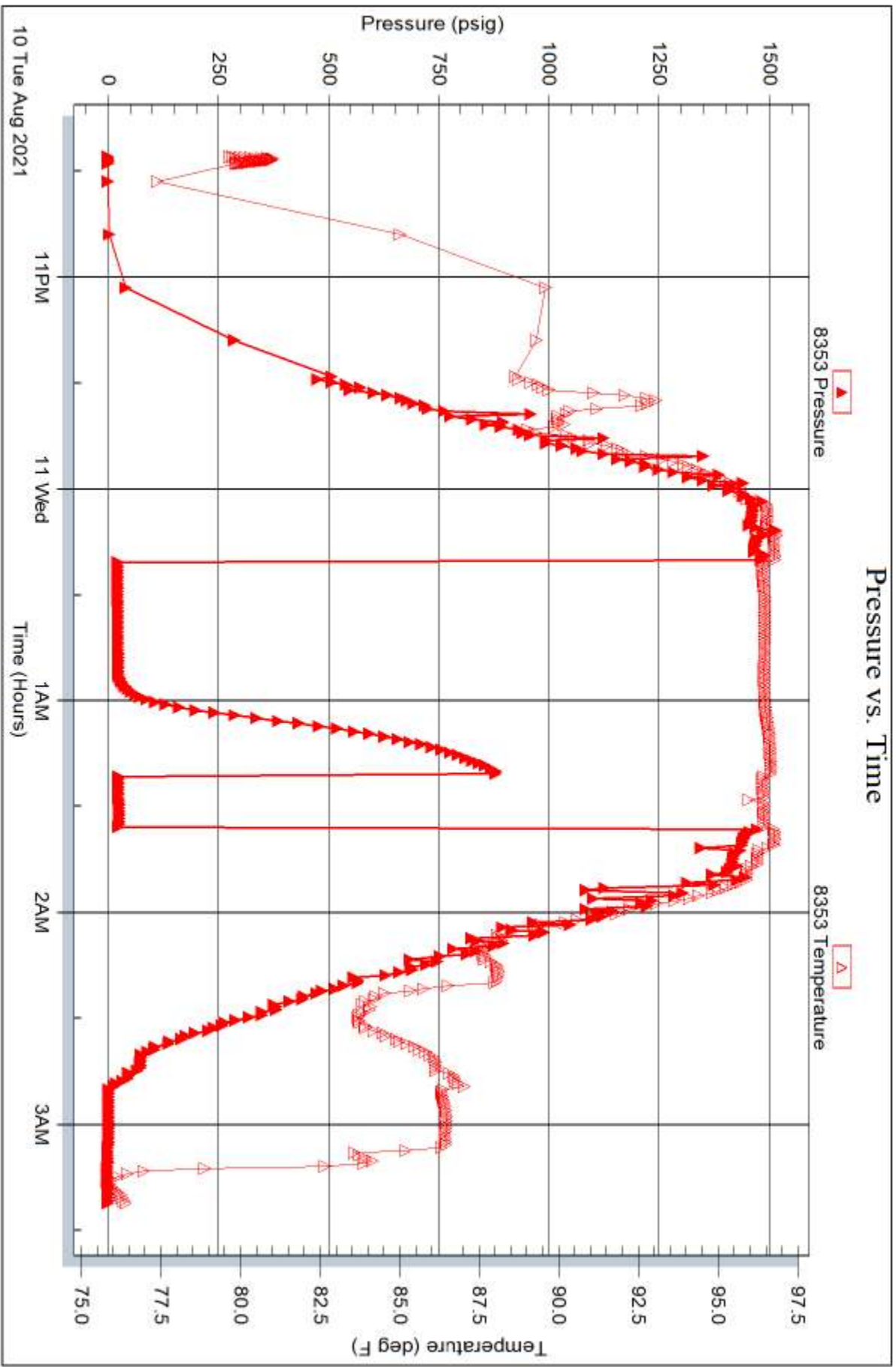
Serial #: 8353

Inside

Castle Resources

Brown A #1

DST Test Number: 2





**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

Castle Resources

**4-11s-13w Russell,KS**

PO Box 583  
Russell KS, 67665

**Brown A #1**

Job Ticket: 67040

**DST#: 1**

ATTN: Jerry Green

Test Start: 2021.08.10 @ 10:25:00

## GENERAL INFORMATION:

Formation:

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 12:09:45

Time Test Ended: 15:17:15

Test Type: Conventional Bottom Hole (Initial)

Tester: Justin Polfus

Unit No: 71

**Interval: 2938.00 ft (KB) To 2977.00 ft (KB) (TVD)**

Reference Elevations: 1711.00 ft (KB)

Total Depth: 2977.00 ft (KB) (TVD)

1706.00 ft (CF)

Hole Diameter: inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

## Serial #: 8646

Press@RunDepth: 24.48 psig @ ft (KB)

Capacity: 8000.00 psig

Start Date: 2021.08.10

End Date: 2021.08.10

Last Calib.: 1899.12.30

Start Time: 10:25:01

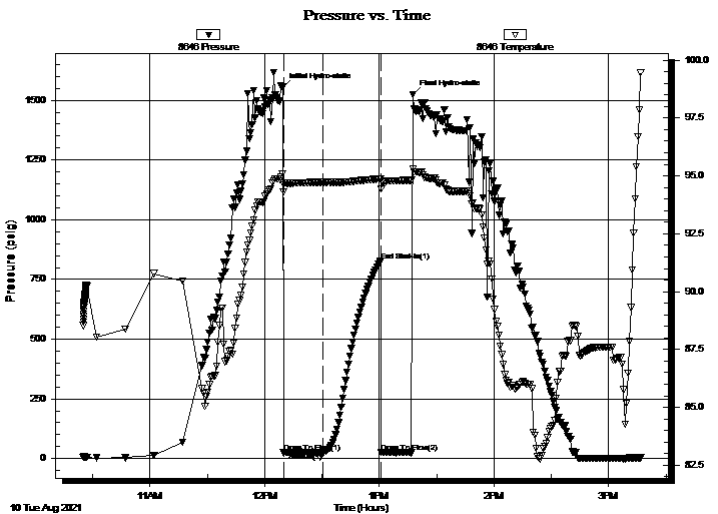
End Time: 15:17:15

Time On Btm: 2021.08.10 @ 12:09:30

Time Off Btm: 2021.08.10 @ 13:17:30

**TEST COMMENT:** 20 IF- weak surface blow died in 4 minutes  
30 IS- No blow back  
10 FF- no blow pulled tool

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1553.06	95.11	Initial Hydro-static
1	24.64	94.32	Open To Flow (1)
21	24.48	94.73	Shut-In(1)
51	826.49	94.88	End Shut-In(1)
52	25.56	94.43	Open To Flow (2)
68	1524.18	95.28	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud 100%M	0.02

## Gas Rates

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





**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

## FLUID SUMMARY

Castle Resources

**4-11s-13w Russell,KS**

PO Box 583  
Russell KS, 67665

**Brown A #1**

Job Ticket: 67040

**DST#: 1**

ATTN: Jerry Green

Test Start: 2021.08.10 @ 10:25:00

### 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: 44.00 sec/qt

Cushion Volume:

bbbl

Water Loss: in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 15000.00 ppm

Filter Cake: 4.00 inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	Mud 100%M	0.025

Total Length: 5.00 ft      Total Volume: 0.025 bbl

Num Fluid Samples: 0

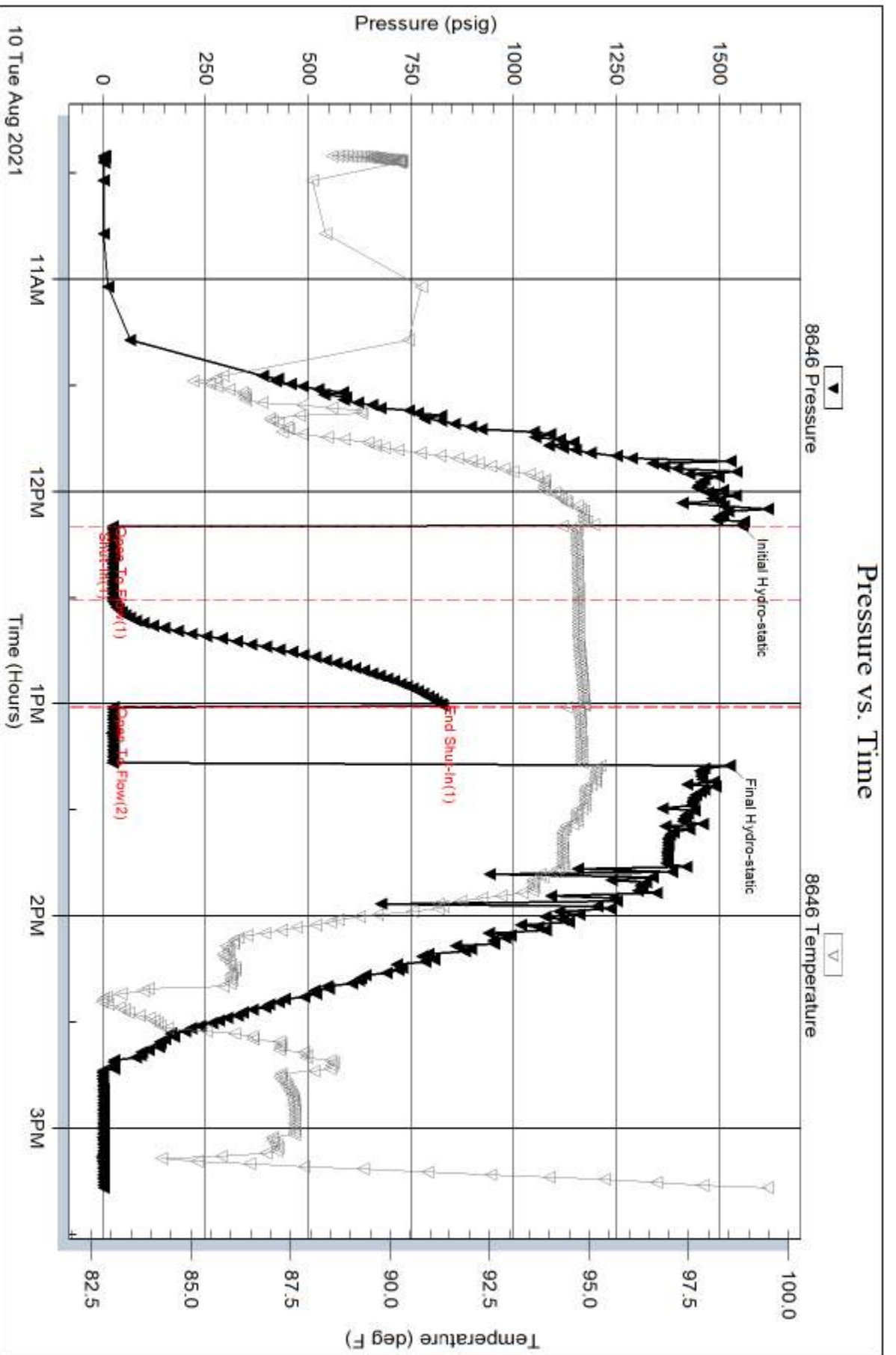
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



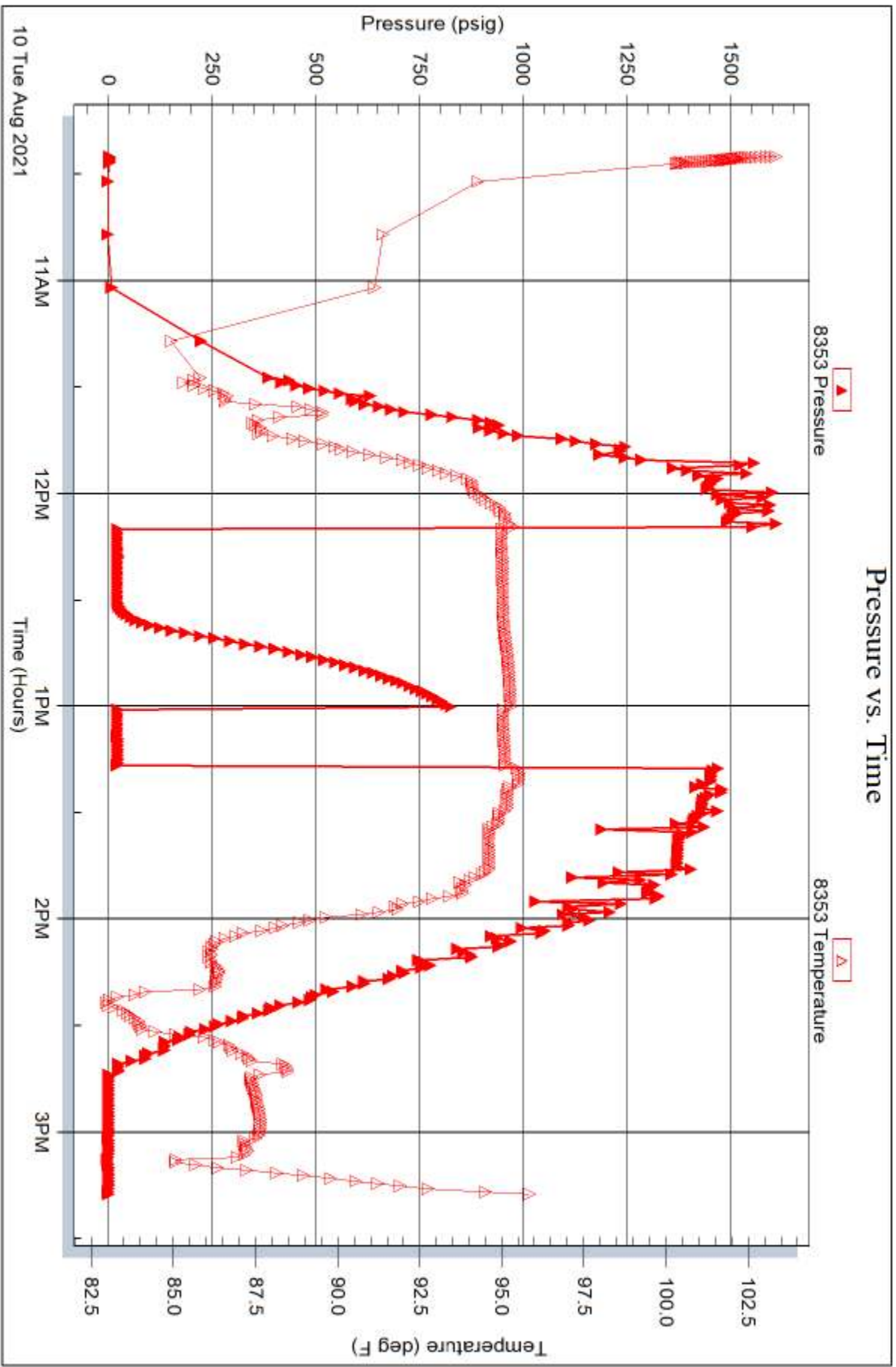
Serial #: 8353

Inside

Castle Resources

Brown A #1

DST Test Number: 1





# FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269  
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0385  
 LOCATION Haxie  
 FOREMAN Tom Williams

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
08-11-21	9860	Brown A #1	4	11	23	Russell
CUSTOMER Castle Resources Inc			TRUCK #			
MAILING ADDRESS PO Box 583			DRIVER			
CITY Russell			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 67665			TRUCK #			
			DRIVER			

JOB TYPE Drilling Plug HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE 4.5" TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.7 SLURRY VOL 1.4 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_  
 REMARKS: Safety Meeting + Rig up on White Knight Drilling Plug as ordered.

1<sup>st</sup> 850' 50 SK  
 2<sup>nd</sup> 500' 50 SK  
 3<sup>rd</sup> 250' 50 SK  
 4<sup>th</sup> center 10 SK  
 5<sup>th</sup> RH 30 SK

Thanks Tom + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL002	1	PUMP CHARGE	\$1150.00	\$1150.00
M001	95	MILEAGE	\$1.50	\$142.50
M002	5.46 tons	Ton mileage delivered	\$1205.55	\$6587.50
LB010	190	60/40 4% gel 1/4" dia	\$16.25	\$3087.50
			sub total	\$14,067.50
			less 25% disc.	\$10,550.63
			sub total	\$10,550.63
			SALES TAX	196.83
			ESTIMATED TOTAL	4,742.25

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



# FRANKS Oilfield Service

815 Main Street Victoria, KS 67671

◆ 24 Hour Phone (785) 639-7269

◆ Office Phone (785) 639-3949

◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0380

LOCATION Huxie

FOREMAN Tom Williams

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
05-07-21	9960	Dorman A #1	4	11	13	Russell
CUSTOMER <u>Castle Resources Inc.</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 553</u>			DRIVER			
CITY <u>Russell</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>67665</u>			TRUCK #			

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4"</u>	HOLE DEPTH <u>423'</u>	CASING SIZE & WEIGHT <u>5 5/8" 23#</u>
CASING DEPTH <u>420.73'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>14.50</u>	SLURRY VOL <u>1.41</u>	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT <u>25 Bbl</u>	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meeting & pick up on White Knight Drilling  
Circulate mud & pump 2500x cement. Pump displacement &  
CEMENT circulated shut in at 10:30pm

Thanks Tom & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL002	1	PUMP CHARGE	\$1150 <sup>00</sup>	\$1150 <sup>00</sup>
MO01	40	MILEAGE	\$6 <sup>50</sup>	\$260 <sup>00</sup>
MO02	11.75 tons	Ton mileage delivery	\$705 <sup>00</sup>	\$705 <sup>00</sup>
CB004	2500x	2500x class A 370cc 2 1/2 gal	\$24 <sup>50</sup>	\$6125 <sup>00</sup>
			subtotal	\$8,240 <sup>00</sup>
			less 25% disc.	\$2060 <sup>00</sup>
			sub total	\$6180 <sup>00</sup>
			SALES TAX	390.47
			ESTIMATED TOTAL	6570.47

AUTHORIZATION Terry Custors

TITLE Pusher

DATE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.