

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  
SCHENCKEN, KS 67667  
PHONE: 785-625-5155

**GEOLOGIST'S REPORT**

DRILLING TIME AND SAMPLE LOG

COMPANY: CASTLE RESOURCES INC.

LEASE: KRILEY#1

FIELD: US183 W.

LOCATION: 2221 E SL 345 F/WL

SEC. 15 TWP 8S RGE 18W

COUNTY: BOOKS STATE: KS

CONTRACTOR: WHITE KNIGHT DRLLG.

SPUD: 3-31-22 COMP: 4-5-22

RTD: 3425 LTD: 3424

MUD UP: 2600 TYPE MUD CHEM.

SAMPLES SAVED FROM: 2600 TO ID

DRILLING TIME KEPT FROM: 2600 TO ID

SAMPLES EXAMINED FROM: 2600 TO ID

GEOLOGICAL SUPERVISION FROM: 2600 TO ID

GEOLOGIST ON WELL: 2600-TD

FORMATION TOPS LOG

ANHY: 1306-39 599 1306-41 599

TOPEKA: 2827-922 2822-917

HEEBNER: 3035-1130 3032-1127

TORONTO: 3056-1151 3057-1152

LKC: 3076-1171 3075-1170

BKC: 3294-1389 3296-1391

ARBUCKLE: 3318-1413 3324-1419

RTD: 3424-1519 3425-1520

ELEVATIONS

KB 1905'

DF

GL 1900'

Measurements Are All From KB

CASINGS

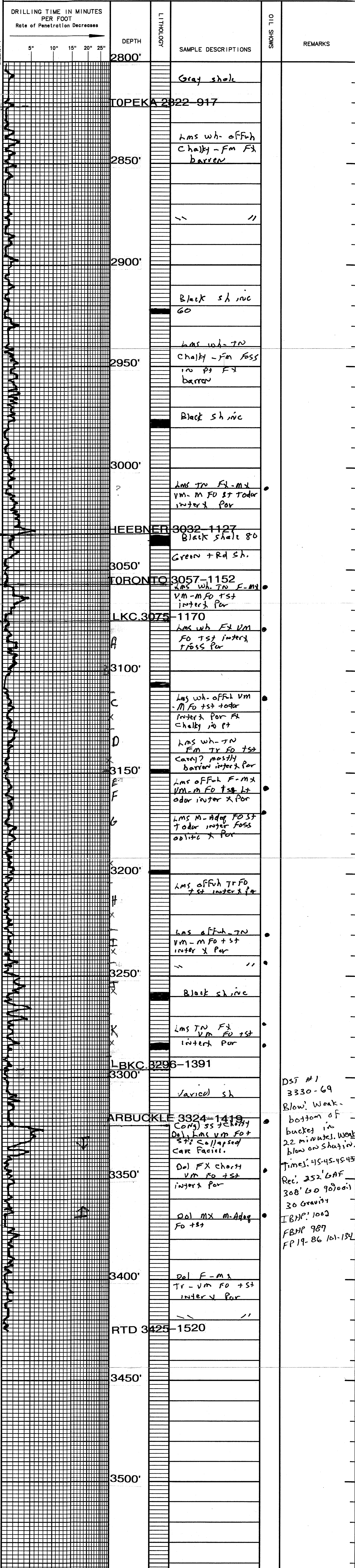
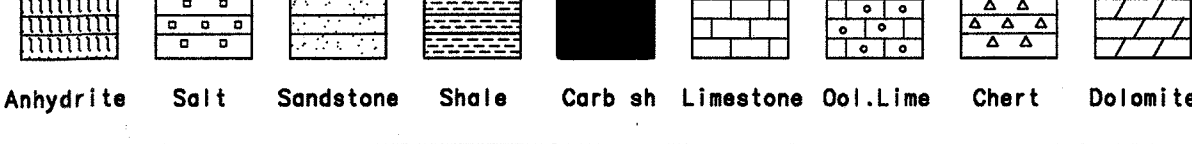
PRODUCTION: 217'

ELECTRICAL SURVEYS

STACK/MICRO

REMARKS: ALL parties involved recommended that pipe be set. The Arbuckle and G zone should be the best producers. The Toronto, A C E F H I J K could also be productive. Respectfully submitted

**LEGEND**



DST #1  
3330-69  
Blow! Weak bottom of bucket in 22 minutes. Weak blow on station. Times: 45-45-45-45  
Rec: 252' GAF  
308' G0 90' 00'  
30 Gravity  
IBHP: 1002  
FBHP 987  
FP 19-86 101-134

GREEN01-7



**TRILOBITE TESTING, INC**

# DRILL STEM TEST REPORT

Castle Resources Inc  
 P.O. Box 583  
 Russell, KS 67665  
 ATTN: Jerry Green

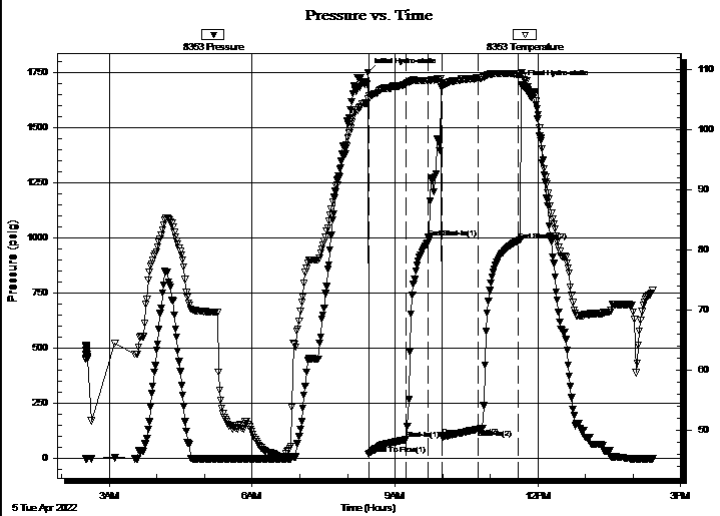
**15-8S-18W Rooks, KS**  
**Kriley #1**  
 Job Ticket: 68823 **DST#: 1**  
 Test Start: 2022.04.05 @ 02:30:00

## GENERAL INFORMATION:

Formation: **Arbuckle 1st,2nd,3rd**  
 Deviated: No Whipstock: ft (KB)  
 Time Tool Opened: 08:26:45  
 Time Test Ended: 14:26:00  
 Interval: **3330.00 ft (KB) To 3370.00 ft (KB) (TVD)**  
 Total Depth: 3425.00 ft (KB) (TVD)  
 Hole Diameter: 7.87 inches Hole Condition: Fair  
 Test Type: Conventional Straddle (Initial)  
 Tester: Nathan Aneas  
 Unit No: 71  
 Reference Elevations: 1905.00 ft (KB)  
 1900.00 ft (CF)  
 KB to GR/CF: 5.00 ft

**Serial #: 8353 Inside**  
 Press@RunDepth: 134.00 psig @ 3331.00 ft (KB) Capacity: 8000.00 psig  
 Start Date: 2022.04.05 End Date: 2022.04.05 Last Calib.: 2022.04.05  
 Start Time: 02:30:01 End Time: 14:26:00 Time On Btm: 2022.04.05 @ 08:26:15  
 Time Off Btm: 2022.04.05 @ 11:39:30

**TEST COMMENT:** 45:IF- Fair surface blow , built to 2 3/4 inch in 5 min, final blow is BOB in 22 min  
 45:IS- Weak surface blow , built to 1/4 inch in 15 min, final blow is 1/2 inch  
 45:FF- Fair surface blow , built to 3 1/2 inches in 5 min, final blow is BOB in 22 min  
 45:FS- Weak surface blow , built to 1 inch in 18 min, final blow is 1 1/4 inch



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1750.22	105.22	Initial Hydro-static
1	19.18	105.20	Open To Flow (1)
48	86.22	107.60	Shut-In(1)
76	1002.02	108.13	End Shut-In(1)
94	100.84	107.69	Open To Flow (2)
139	134.00	108.59	Shut-In(2)
189	987.23	109.26	End Shut-In(2)
194	1696.25	109.44	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
119.00	VSGMCO 90%O 8%M 2%G	0.59
189.00	SGMCO 85%O 10%M 5%G	2.65

## Gas Rates

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







**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Castle Resources Inc

**15-8S-18W Rooks,KS**

P.O. Box 583  
Russell,KS 67665

**Kriley #1**

Job Ticket: 68823

**DST#: 1**

ATTN: Jerry Green

Test Start: 2022.04.05 @ 02:30:00

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

30.7 deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 44.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.99 in<sup>3</sup>

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 bbbl
119.00	VSGMCO 90%O 8%M 2%G	0.585
189.00	SGMCO 85%O 10%M 5%G	2.651

Total Length: 308.00 ft

Total Volume: 3.236 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

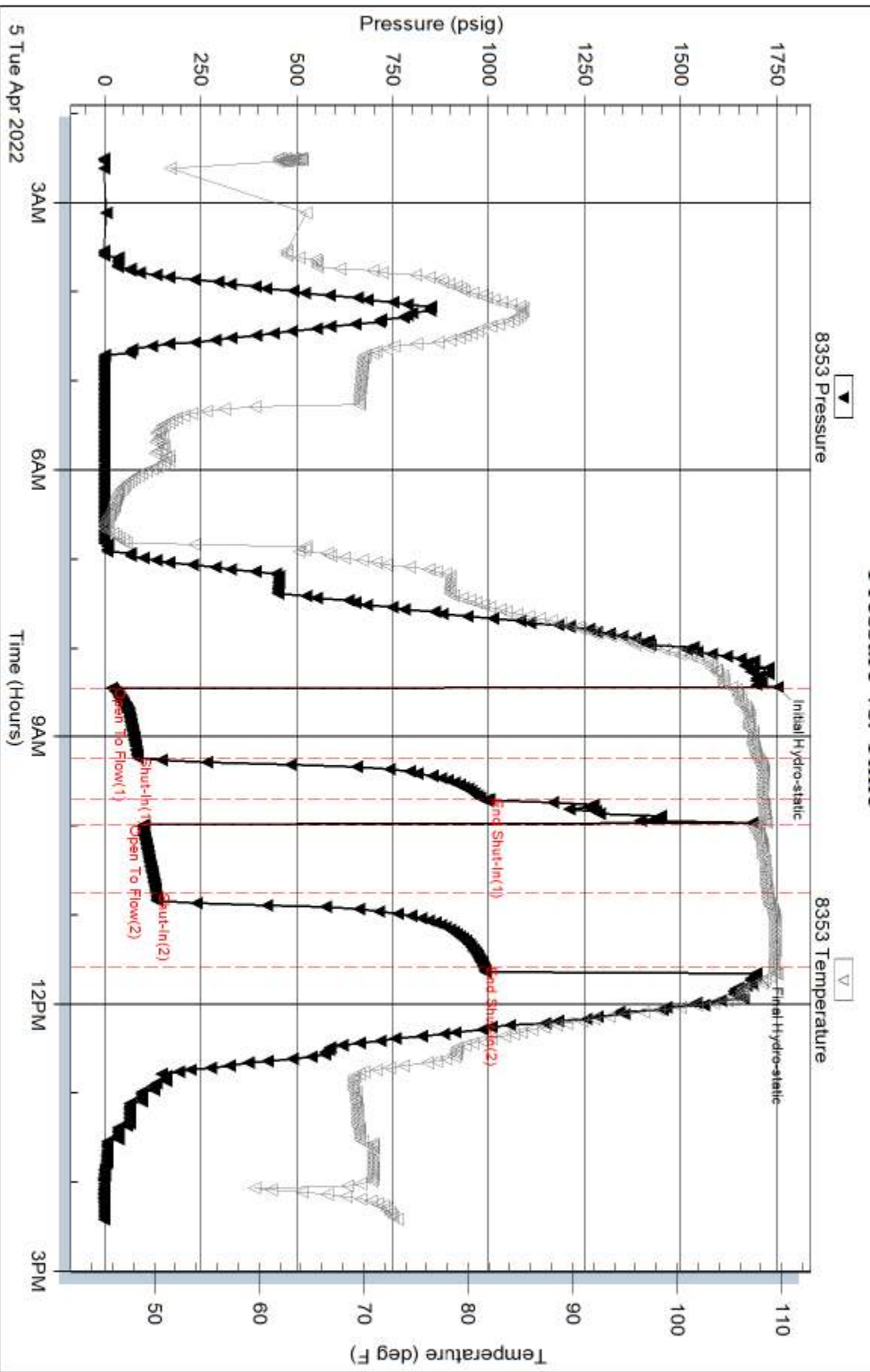
Laboratory Name:

Laboratory Location:

Recovery Comments:



### Pressure vs. Time



Serial #: 8676

Outside Castle Resources Inc

Kriley #1

DST Test Number: 1

