

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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Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	WARFEL 1
Doc ID	1668754

Tops

Name	Top	Datum
Anhydrite	1368-1401	+662
Heebner	3525	-1395
LKC	3568	-1338
BKC	3840	-1710
Pawnee	3928	-1798
Cherokee	4010	-1880
Mississippi	4072	-1942
RTD	4123	-1993



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Castle Resources, INC

8-17S-20W Rush, KS

P.O. Box 583
Russell, KS 67665

Warfel #1

Job Ticket: 69835

DST#: 1

ATTN: Jerry Green

Test Start: 2022.09.29 @ 00:00:00

GENERAL INFORMATION:

Formation: **Cherokee Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened:

Time Test Ended:

Interval: 3985.00 ft (KB) To 4074.00 ft (KB) (TVD)

Total Depth: 4125.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition:

Test Type: Conventional Straddle (Initial)

Tester: Dustin Day

Unit No: 70

Reference Elevations: 2190.00 ft (KB)

2185.00 ft (CF)

KB to GR/CF: 5.00 ft

Serial #: 8652 Outside

Press@RunDepth: psig @ 3995.00 ft (KB)

Start Date: 2022.09.29 End Date: 2022.09.29

Start Time: 00:05:05 End Time: 06:21:59

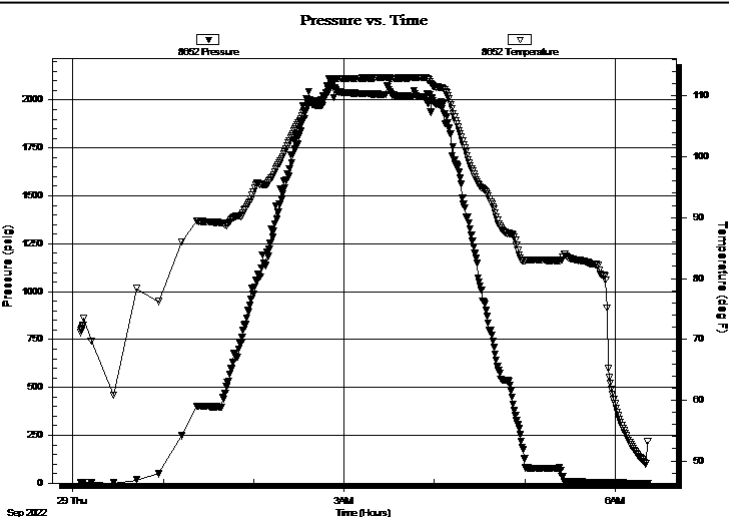
Capacity: 8000.00 psig

Last Calib.: 2022.09.29

Time On Btm:

Time Off Btm:

TEST COMMENT: Hit bridge aprox. 100' off bottom



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
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Recovery

Length (ft)	Description	Volume (bbl)

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
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TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Castle Resources, INC

8-17S-20W Rush, KS

P.O. Box 583
Russell, KS 67665

Warfel #1

Job Ticket: 69835

DST#: 1

ATTN: Jerry Green

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Deviated: No Whipstock: ft (KB)

Time Tool Opened:

Time Test Ended:

Test Type: Conventional Straddle (Initial)

Tester: Dustin Day

Unit No: 70

Interval: 3985.00 ft (KB) To 4074.00 ft (KB) (TVD)

Reference Elevations: 2190.00 ft (KB)

Total Depth: 4125.00 ft (KB) (TVD)

2185.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition:

KB to GR/CF: 5.00 ft

Serial #: 6625 Inside

Press@RunDepth: psig @ 3995.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2022.09.29 End Date: 2022.09.29

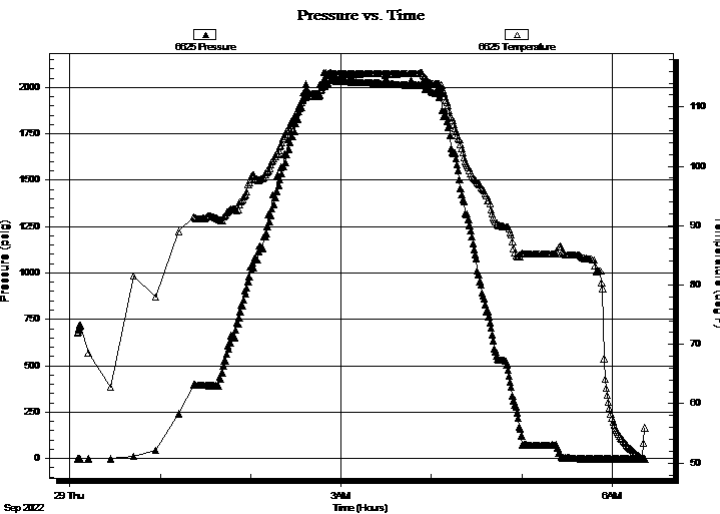
Last Calib.: 2022.09.29

Start Time: 00:05:05 End Time: 06:21:59

Time On Btm:

Time Off Btm:

TEST COMMENT: Hit bridge aprox. 100' off bottom



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)

Gas Rates

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



DRILL STEM TEST REPORT

Castle Resources, INC

8-17S-20W Rush, KS

P.O. Box 583
Russell, KS 67665

Warfel #1

Job Ticket: 69835

DST#: 1

ATTN: Jerry Green

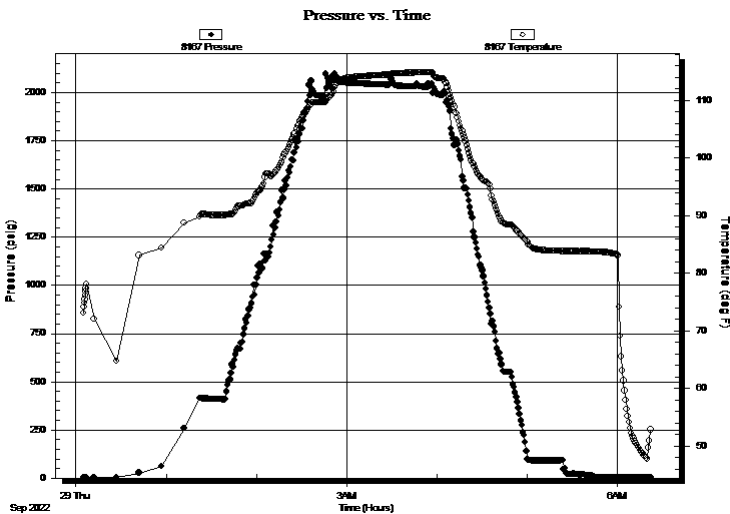
Test Start: 2022.09.29 @ 00:00:00

GENERAL INFORMATION:

Formation: **Cherokee Sand**
 Deviated: No Whipstock: ft (KB) Test Type: Conventional Straddle (Initial)
 Time Tool Opened: Tester: Dustin Day
 Time Test Ended: Unit No: 70
Interval: 3985.00 ft (KB) To 4074.00 ft (KB) (TVD) Reference Elevations: 2190.00 ft (KB)
 Total Depth: 4125.00 ft (KB) (TVD) 2185.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: KB to GR/CF: 5.00 ft

Serial #: 8167 Below (Straddle)
 Press@RunDepth: psig @ 4087.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2022.09.29 End Date: 2022.09.29 Last Calib.: 2022.09.29
 Start Time: 00:05:05 End Time: 06:22:14 Time On Btm:
 Time Off Btm:

TEST COMMENT: Hit bridge approx. 100' off bottom



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources, INC

8-17S-20W Rush, KS

P.O. Box 583
Russell, KS 67665

Warfel #1

Job Ticket: 69835

DST#: 1

ATTN: Jerry Green

Test Start: 2022.09.29 @ 00:00:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 15.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 12000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl

Total Length: ft

Total Volume: bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

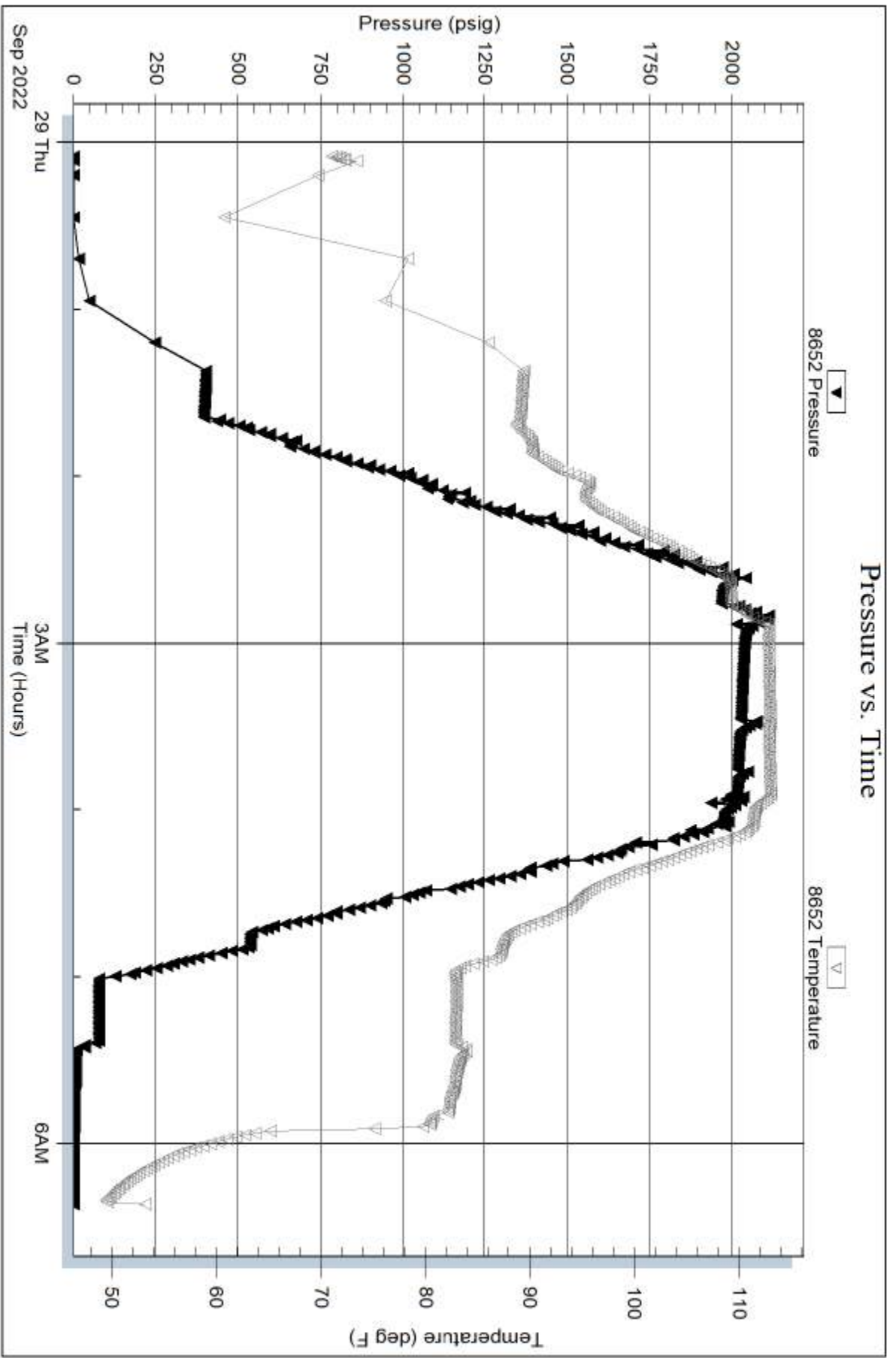
Recovery Comments: 1 1/2# LCM

Serial #: 8652

Outside Castle Resources, INC

Warfel #1

DST Test Number: 1



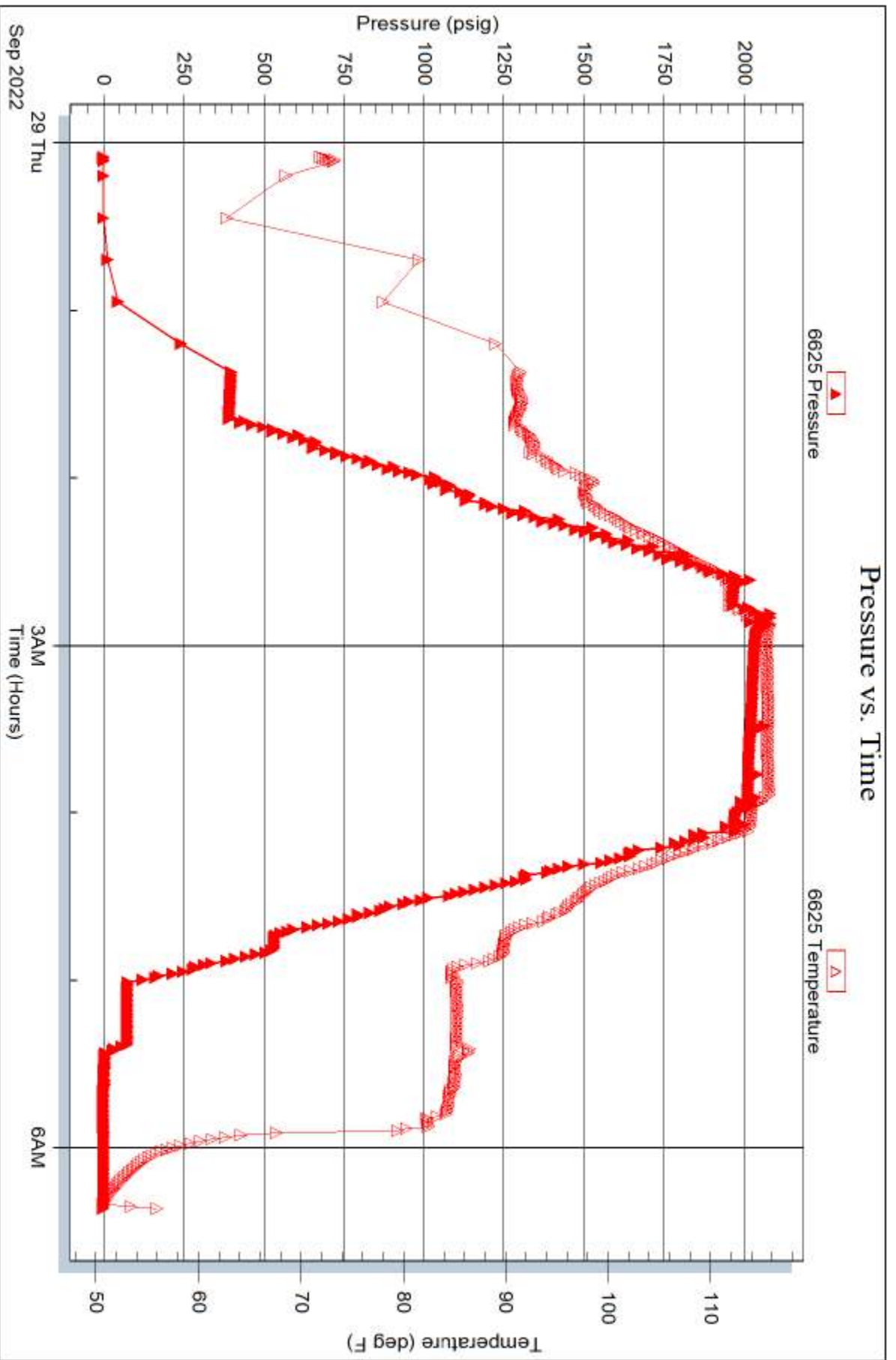
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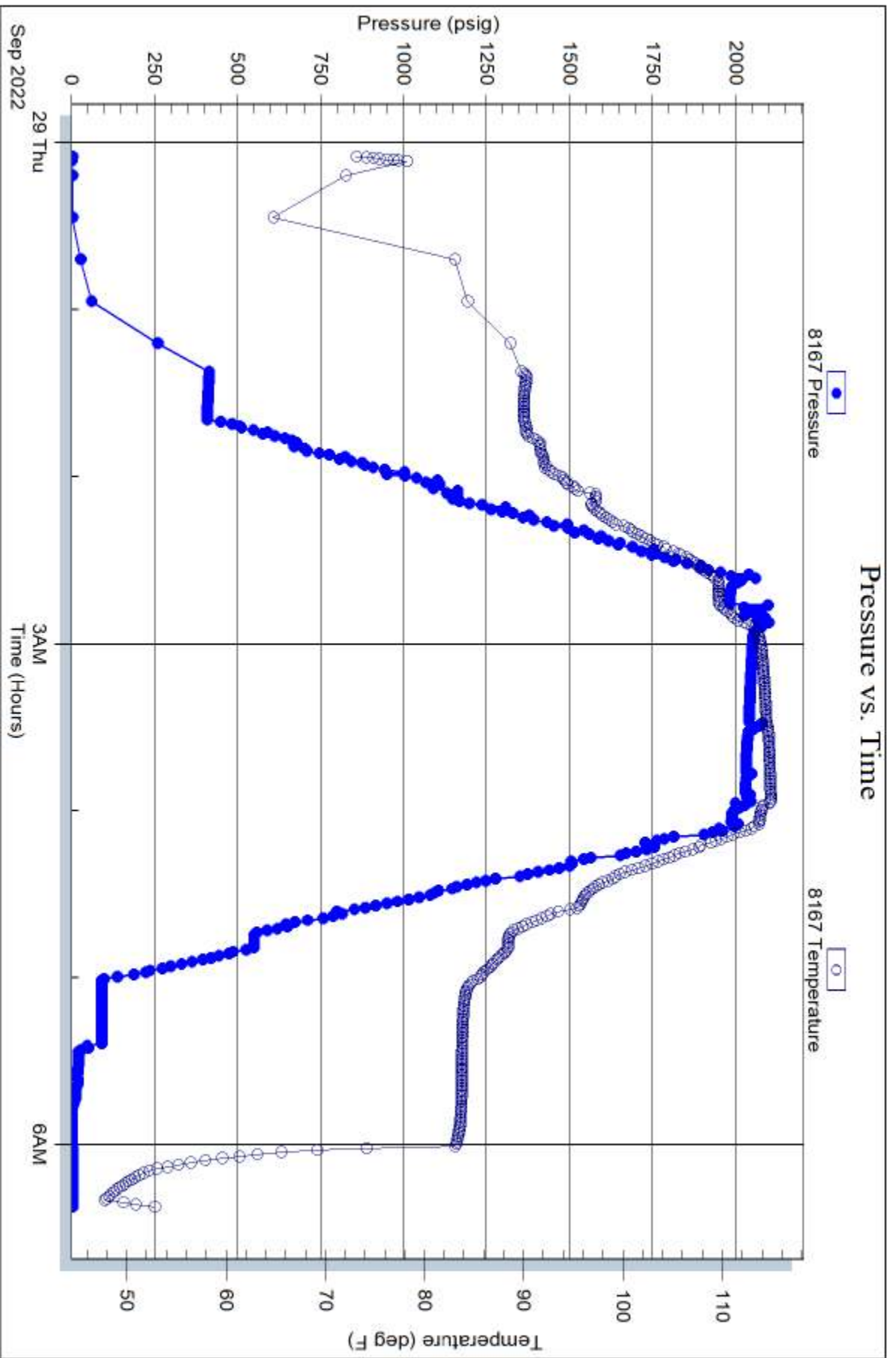
Inside

Castle Resources, INC

Warfel #1

DST Test Number: 1







**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Castle Resources, INC

8-17S-20W Rush, KS

P.O. Box 583
Russell, KS 67665

Warfel #1

Job Ticket: 69836

DST#: 2

ATTN: Jerry Green

Test Start: 2022.09.29 @ 11:54:00

GENERAL INFORMATION:

Formation: **Cherokee Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 14:33:45

Time Test Ended: 18:39:15

Test Type: Conventional Bottom Hole (Reset)

Tester: Dustin Day

Unit No: 70

Interval: 3985.00 ft (KB) To 4125.00 ft (KB) (TVD)

Reference Elevations: 2190.00 ft (KB)

Total Depth: 4125.00 ft (KB) (TVD)

2185.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition:

KB to GR/CF: 5.00 ft

Serial #: 8652 Outside

Press@RunDepth: psig @ 3986.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2022.09.29 End Date: 2022.09.29

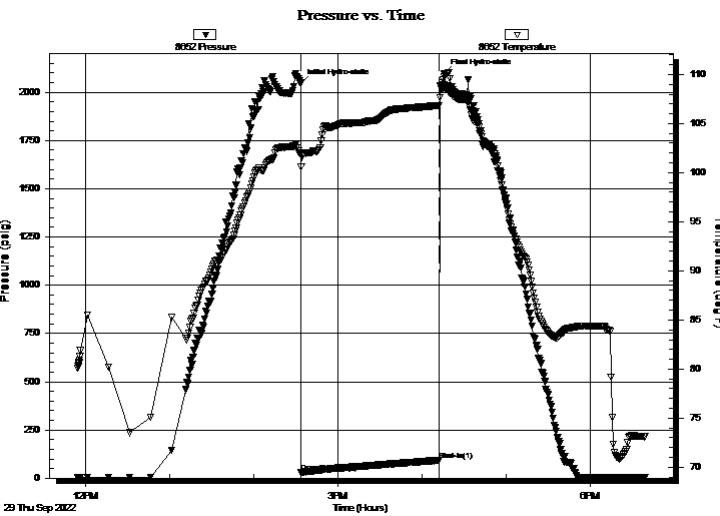
Last Calib.: 1899.12.30

Start Time: 11:54:05 End Time: 18:39:14

Time On Btm: 2022.09.29 @ 14:33:30

Time Off Btm: 2022.09.29 @ 16:16:00

TEST COMMENT: IF-96- Built to 8 1/4"
Pull tool



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2044.56	101.90	Initial Hydro-static
1	29.43	100.63	Open To Flow (1)
99	92.25	106.82	Shut-In(1)
103	2098.20	109.82	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
140.00	WCM 15% w ater 85% mud	1.96

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Castle Resources, INC

8-17S-20W Rush, KS

P.O. Box 583
Russell, KS 67665

Warfel #1

Job Ticket: 69836

DST#: 2

ATTN: Jerry Green

Test Start: 2022.09.29 @ 11:54:00

GENERAL INFORMATION:

Formation: **Cherokee Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 14:33:45

Time Test Ended: 18:39:15

Test Type: Conventional Bottom Hole (Reset)

Tester: Dustin Day

Unit No: 70

Interval: 3985.00 ft (KB) To 4125.00 ft (KB) (TVD)

Reference Elevations: 2190.00 ft (KB)

Total Depth: 4125.00 ft (KB) (TVD)

2185.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition:

KB to GR/CF: 5.00 ft

Serial #: 6625 Inside

Press@RunDepth: psig @ 3986.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2022.09.29

End Date:

2022.09.29

Last Calib.:

1899.12.30

Start Time: 11:54:05

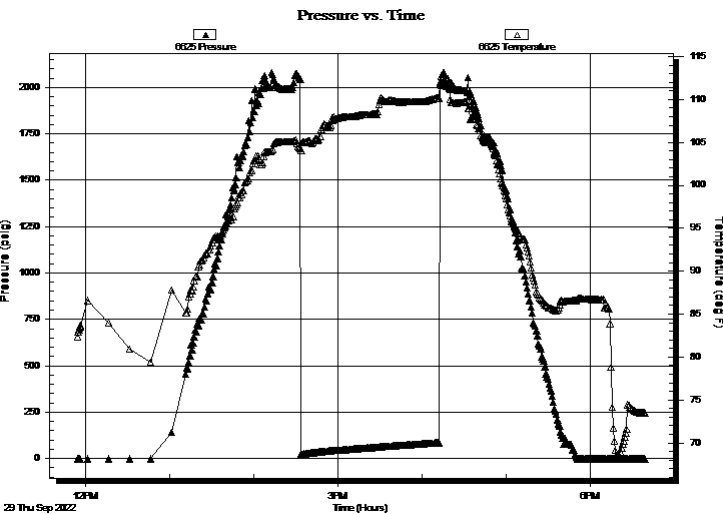
End Time:

18:39:14

Time On Btm:

Time Off Btm:

TEST COMMENT: IF-96- Built to 8 1/4"
Pull tool



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
140.00	WCM 15% w ater 85% mud	1.96

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources, INC

8-17S-20W Rush, KS

P.O. Box 583
Russell, KS 67665

Warfel #1

Job Ticket: 69836

DST#: 2

ATTN: Jerry Green

Test Start: 2022.09.29 @ 11:54:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 51.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 12.79 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 10000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
140.00	WCM 15% water 85% mud	1.964

Total Length: 140.00 ft Total Volume: 1.964 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

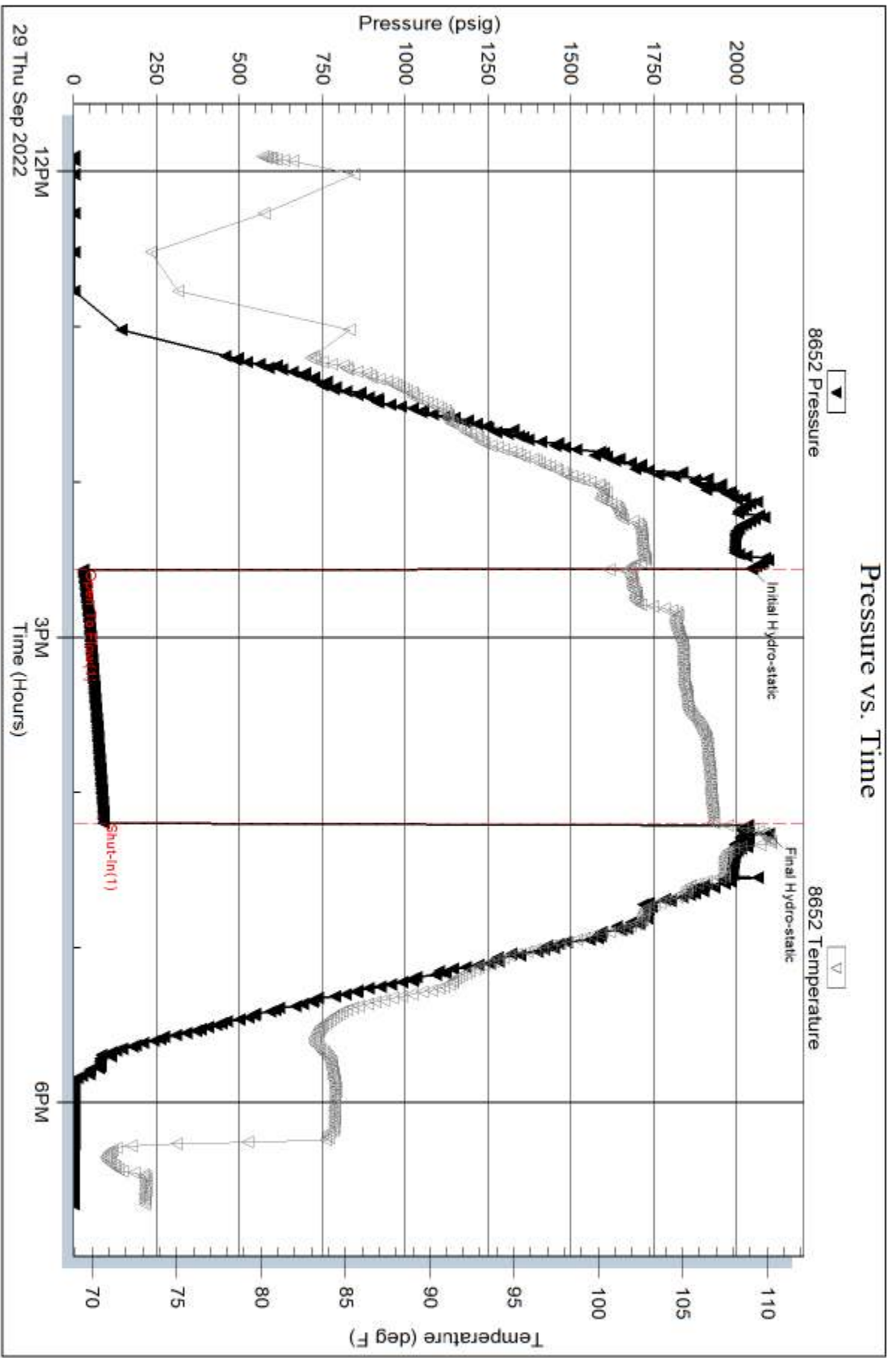
Recovery Comments: 1 1/2# LCM

Serial #: 8652

Outside Castle Resources, INC

Warfel #1

DST Test Number: 2



Trilobite Testing, Inc

Ref. No: 69836

Printed: 2022.09.29 @ 19:05:12

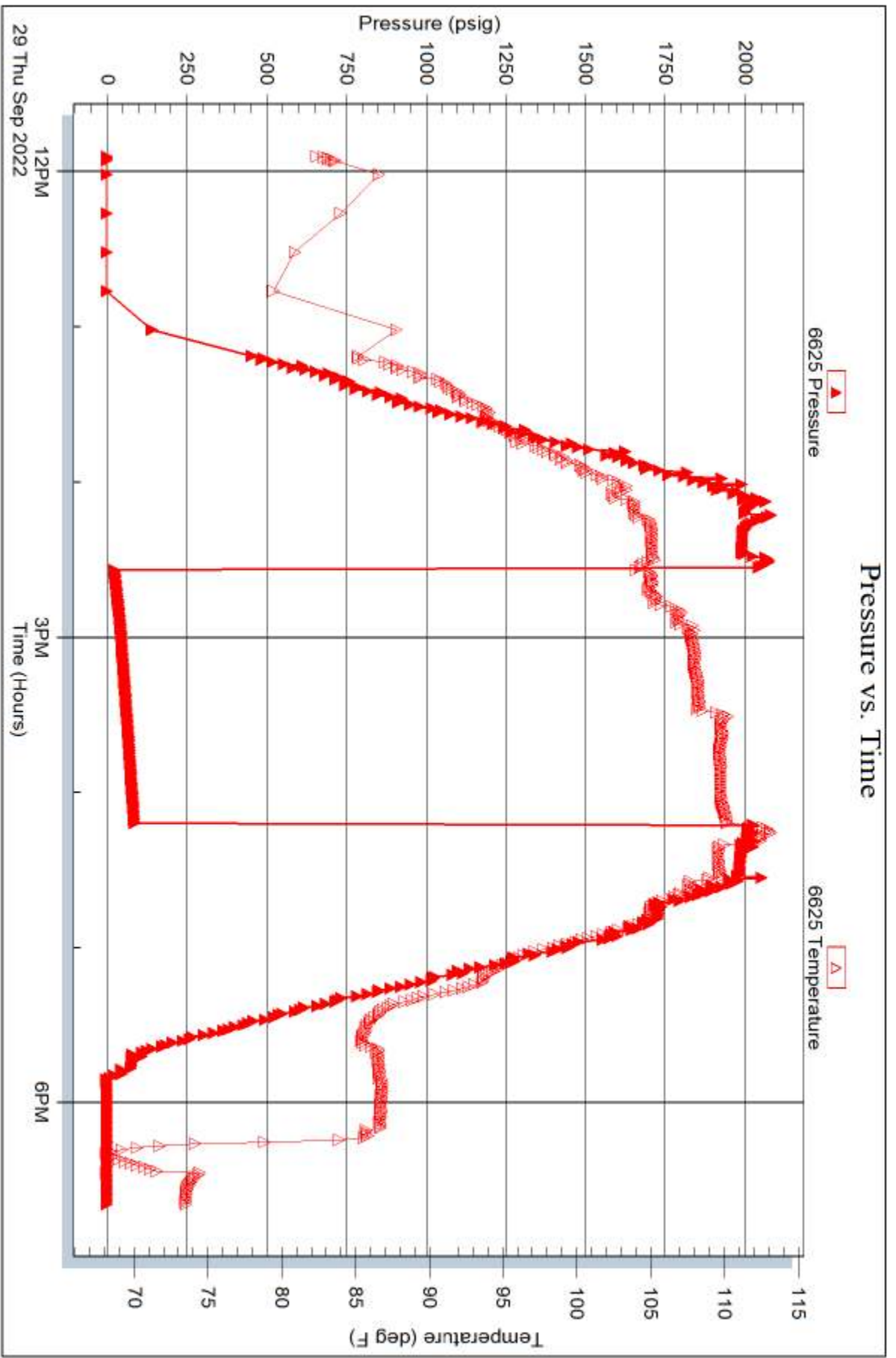
Serial #: 6625

Inside

Castle Resources, INC

Warfel #1

DST Test Number: 2



Trilobite Testing, Inc

Ref. No: 69836

Printed: 2022.09.29 @ 19:05:13

JERRY GREEN

CONSULTING GEOLOGIST

P. O. BOX 87
 SCHENCKEN, KS 67667
 PHONE: 785-625-5155

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

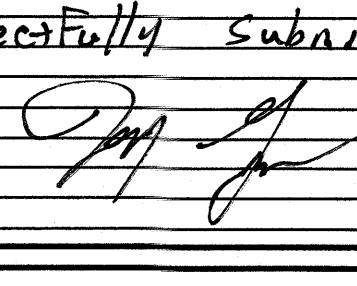
COMPANY CASTLE RESOURCES, INC.

ELEVATIONS

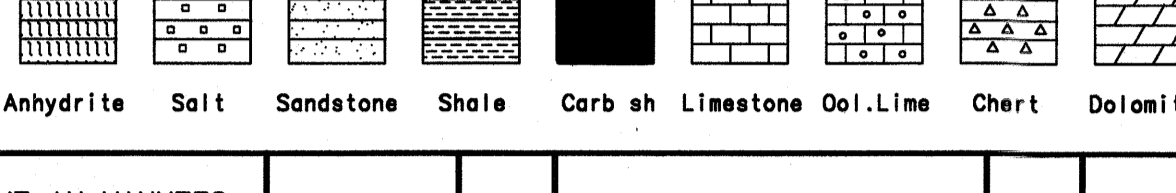
LEASE WAREBEL #1
 FIELD ZELLER
 LOCATION 2150 ENL 875 EWL
 SEC 8 TWP 17S RGE 20W
 COUNTY Rush STATE KS
 CONTRACTOR WHITE KNIGHT DRLG
 SPUD 9-17-22 COMP 9/29/22
 RTD 4125' LTD 4125'
 MUD UP CHEM 3400' TYPE MUD chem

SAMPLES SAVED FROM 3200 TO TD
 DRILLING TIME KEPT FROM 3400' TO TD
 SAMPLES EXAMINED FROM 3400' TO TD
 GEOLOGICAL SUPERVISION FROM 3400' TO TD
 GEOLOGIST ON WELL 3400'

FORMATION TOPS	LOG	SAMPLES
ANHY	1368-1401 6621368-1403 662	
HEEBNER	3525-1395	3525-1395
LKC	3568-1338	3570-1440
BKC	3840-1710	3838-1708
PAWNEE	3928-1798	3930-1800
CHEROKEE	4010-1880	4010-1880
MISS	4072-1942	4070-1940
RTD	4123-1993	4125-1995

REMARKS
 This well appeared to be structurally high enough to produce. Our 1st and 2nd Cherokee sands however were tight. The 3rd sand proved to be wet, respectfully Submitted


LEGEND



DEPTH	LITHOLOGY	SAMPLE DESCRIPTIONS	OIL SHOWS	REMARKS
3400'				
3450'		Lms mottled offwh - Tr Fr - Fm chalky in pt barren		
3500'		" "		
3525'	HEEBNER 3525-1395	Black sh 3540		
3550'		Lms offwh to lt + n Fr Fx barren		
		LKC.3570-1440		
3600'	R X K B C D O X	Lms wh - tr colitic in pt foss Fx barren		
		Lms lt + n wh c. Fx barren		
		Lms wh - tr Fx Fr - Fm barren interst por Black sh		
3650'	E F G	Lms wh - offwh chalky - Fm Fx barren		
		" "		
		Foss in pt tr barren		
3700'		Black shine		
	H X I J	Lms wh - offwh chalky - Fm Fx barren		
3750'		" "		
		Lms oncastic offwh Fx barren		
3800'	K L	Lms offwh Fm Fx barren		
		" "		
		BKC.3838-1708		
3850'		Varicel shine + barren lms		
		" "		
3900'				
		Lms offwh Fm to cherty Fx		
		40 "		
3950'		" "		
		Inc chert		
		" "		
		Black shale		DST #1 3985-4094 89' Failed due to bridge at 4010
4000'	M N O P Q R S T U V W X Y Z	Varicel sh No sand clusters shale varicel + single grains of sand + offwh lms		CHEROKEE 4010-1880 DST # 2 3985-4125 140' Anchor Blow: weak- 9" Time: 90 Rec 140' w/m FP 29-92
		ss F - mgr single grains + clusters drops of fo in tray near in of clusters for sample clusters for sample clean quartz grains ss F - C gr poorly sorted almost all sand loose grain show on pit none in sample		
		Varicel sh + single grains of sand barren Varicel sh chert ss + Dol offwh Fx Fr - Fm barren		
		Dol offwh Fx Fr - Fm barren		
4100'		" "		

GREEN101-7

KS Oilfield Service

street Victoria, KS 67671 ♦ 24 Hour Phone (785) 639-7269
 Phone (785) 639-3949 ♦ Email: franksoilfield@yahoo.com

TICKET NUMBER 0722
 LOCATION Hoxie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-17-22	9560	War-Fel L	S	17	20	Rush

CUSTOMER Castle Resources Inc
 MAILING ADDRESS PO Box 553
 CITY Russell STATE KS ZIP CODE 67665

TRUCK #	DRIVER	TRUCK #	DRIVER
102	Tom W		
202	JALT		

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 3/8" 45#
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 10.5 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & set up on White Knight. Circulate hole.
Mix 16054 surface blend & displace with 10.5 Bbls & shut in at 9:45 am
cement did circulate

Thanks Tom & Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P002	L	PUMP CHARGE <u>Surface</u>	\$1150 ⁰⁰	\$1150 ⁰⁰
M001	97	MILEAGE	\$6 ⁵⁰	\$630 ⁵⁰
M002	7.54 tons	Tom Mileage Delivery	\$140 ⁷²	\$1140 ⁷²
CB004	16054	Class A 3/4" 20 gal	\$24 ⁵⁰	\$3920 ⁰⁰
			sub total	\$6841 ²²
			less 10% disc	\$6157 ¹⁰
			sub total	\$6157 ¹⁰
			SALES TAX	229.32
			ESTIMATED TOTAL	6386.42

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 0736
 LOCATION Horie
 FOREMAN Preston

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
Fr. 9-30-27		Wor: Fel #1	8	17	20W	Ellis

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Castle Resources	102	Preston		
	202	Mare		

CITY	STATE	ZIP CODE

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up on White Knight Plug as ordered

1410' - 50 sacks
570' - 50 sacks
240' - 50 sacks
10' - 20 sacks
Bar hole - 30 sacks

*Thanks
P & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC005	1	PUMP CHARGE	\$1500 ⁰⁰	\$1500 ⁰⁰
MO01	97	MILEAGE	\$1.50	\$145.50
MO02	8.9 tons	Ton Mileage Delivery	\$1294.95	\$1294.95
CB010	200 sacks	10/40 4% wgt 1/4" fl-seal	\$16.75	\$3350 ⁰⁰
			sub total	\$1775.45
			less 10% disc.	\$1607.91
			sub total	\$1607.91
			SALES TAX	211.05
			ESTIMATED TOTAL	6308.96

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.