

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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Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	ARMBRISTER A 1
Doc ID	1657826

Tops

Name	Top	Datum
Anhydrite	1594	+575
Topeka	3184	-1015
Heebner	3395	-1226
LKC	3432	-1263
BKC	3642	-1473
Arbuckle	3741	-1572
RTD	3840	-1671
LTD	3840	-1671



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Castle Resources Inc.

35-10S-20W Rooks Co

PO Box 583
Russell, Ks. 67665

Armbrister A#1

Job Ticket: 68425

DST#: 2

ATTN: Sean D.

Test Start: 2022.07.25 @ 03:31:04

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 05:33:14

Time Test Ended: 10:33:13

Test Type: Conventional Straddle (Reset)

Tester: Eric Burgess

Unit No: 80

Interval: 3750.00 ft (KB) To 3758.00 ft (KB) (TVD)

Reference Elevations: 2165.00 ft (KB)

Total Depth: 3840.00 ft (KB) (TVD)

2161.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 4.00 ft

Serial #: 8369 Outside

Press@RunDepth: 75.96 psig @ 3751.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2022.07.25 End Date: 2022.07.25

Last Calib.: 2022.07.25

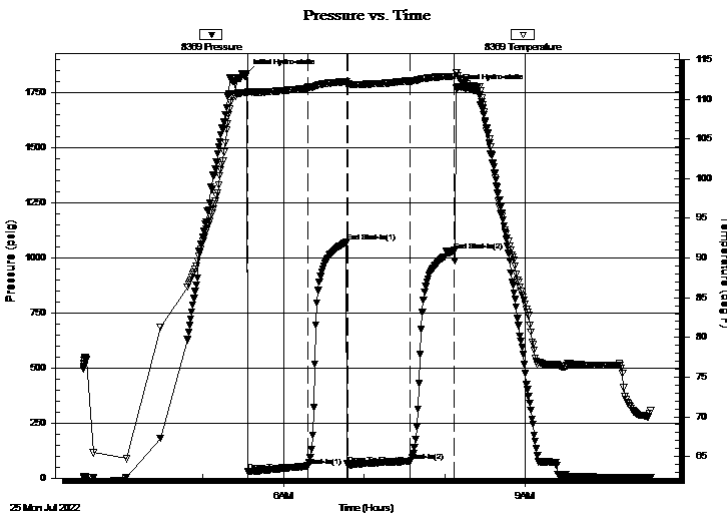
Start Time: 03:31:05 End Time: 10:33:14

Time On Btm: 2022.07.25 @ 05:32:24

Time Off Btm: 2022.07.25 @ 08:08:14

TEST COMMENT: IF:Fair Building Blow built 4.5" in bucket (45)
IS:No Blow Back (30)
FF:Fair Building Blow built 3.25" in bucket (45)
FS:No Blow Back (30)

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1838.26	110.88	Initial Hydro-static
1	29.01	110.92	Open To Flow (1)
46	56.09	111.45	Shut-In(1)
75	1071.96	112.23	End Shut-In(1)
76	63.04	111.94	Open To Flow (2)
122	75.96	112.29	Shut-In(2)
155	1034.30	112.88	End Shut-In(2)
156	1770.85	113.36	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
58.50	WMCO 80%O 5%M 15%W	0.29
58.50	Oil 100%O	0.29
63.00	Oil 100%O	0.92

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.

35-10S-20W Rooks Co

PO Box 583
Russell, Ks. 67665

Armbrister A#1

Job Ticket: 68425

DST#: 2

ATTN: Sean D.

Test Start: 2022.07.25 @ 03:31:04

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 41.00 sec/qt
Water Loss: 8.76 in³
Resistivity: ohm.m
Salinity: 5000.00 ppm
Filter Cake: 0.20 inches

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

Oil API: 35 deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
58.50	WMCO 80%O 5%M 15%W	0.288
58.50	Oil 100%O	0.288
63.00	Oil 100%O	0.921

Total Length: 180.00 ft Total Volume: 1.497 bbl

Num Fluid Samples: 0

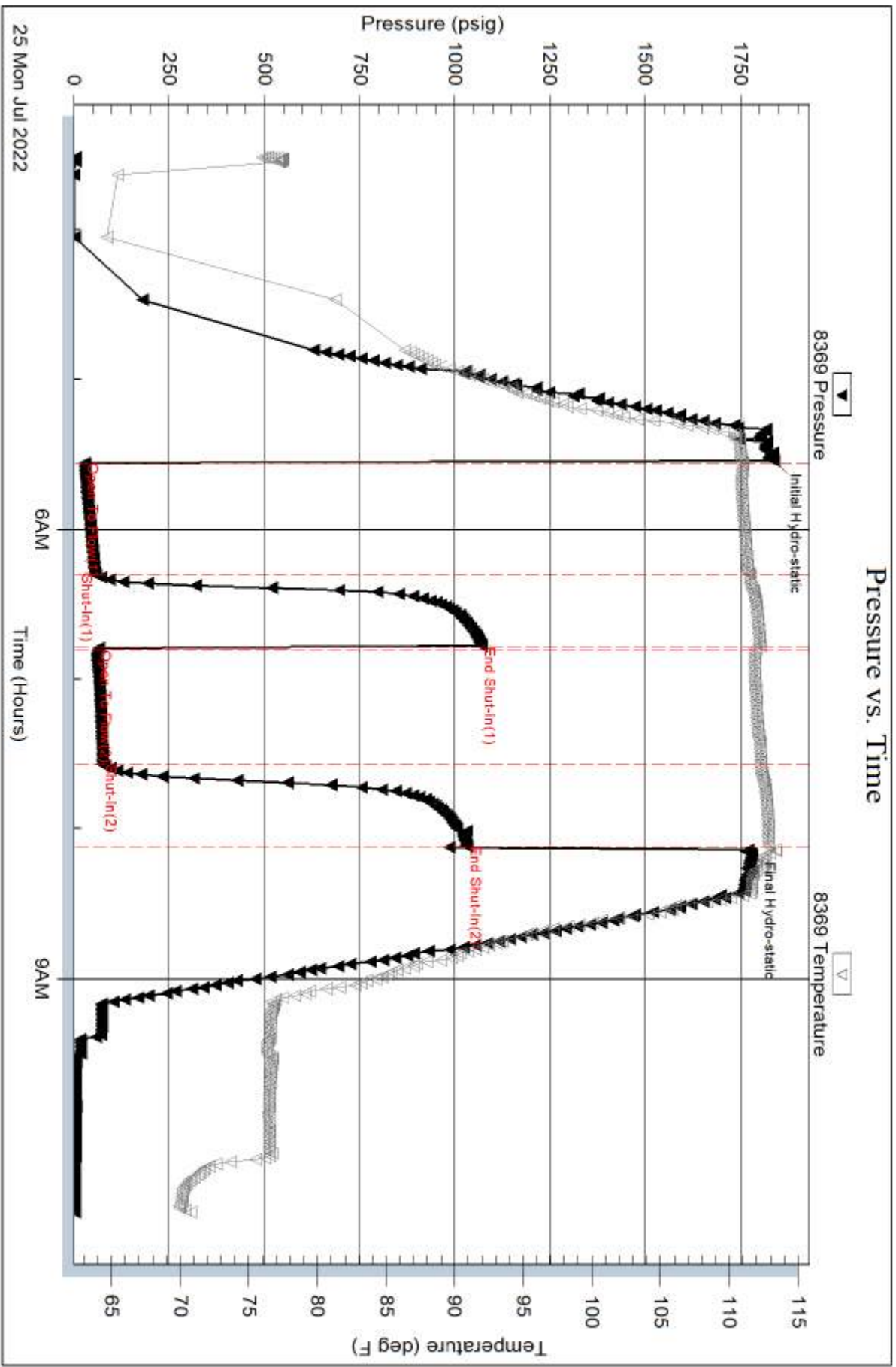
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



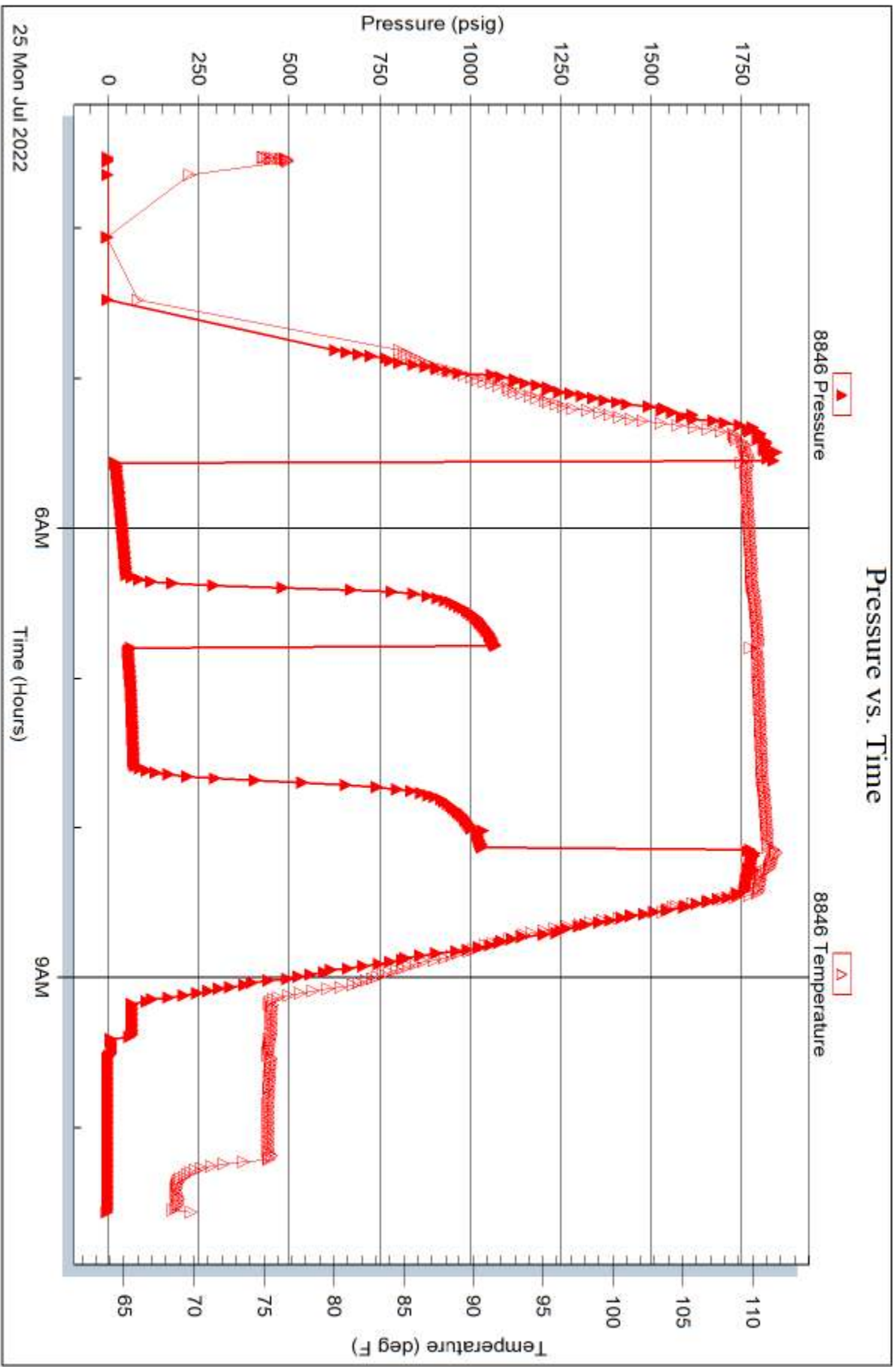
Serial #: 8846

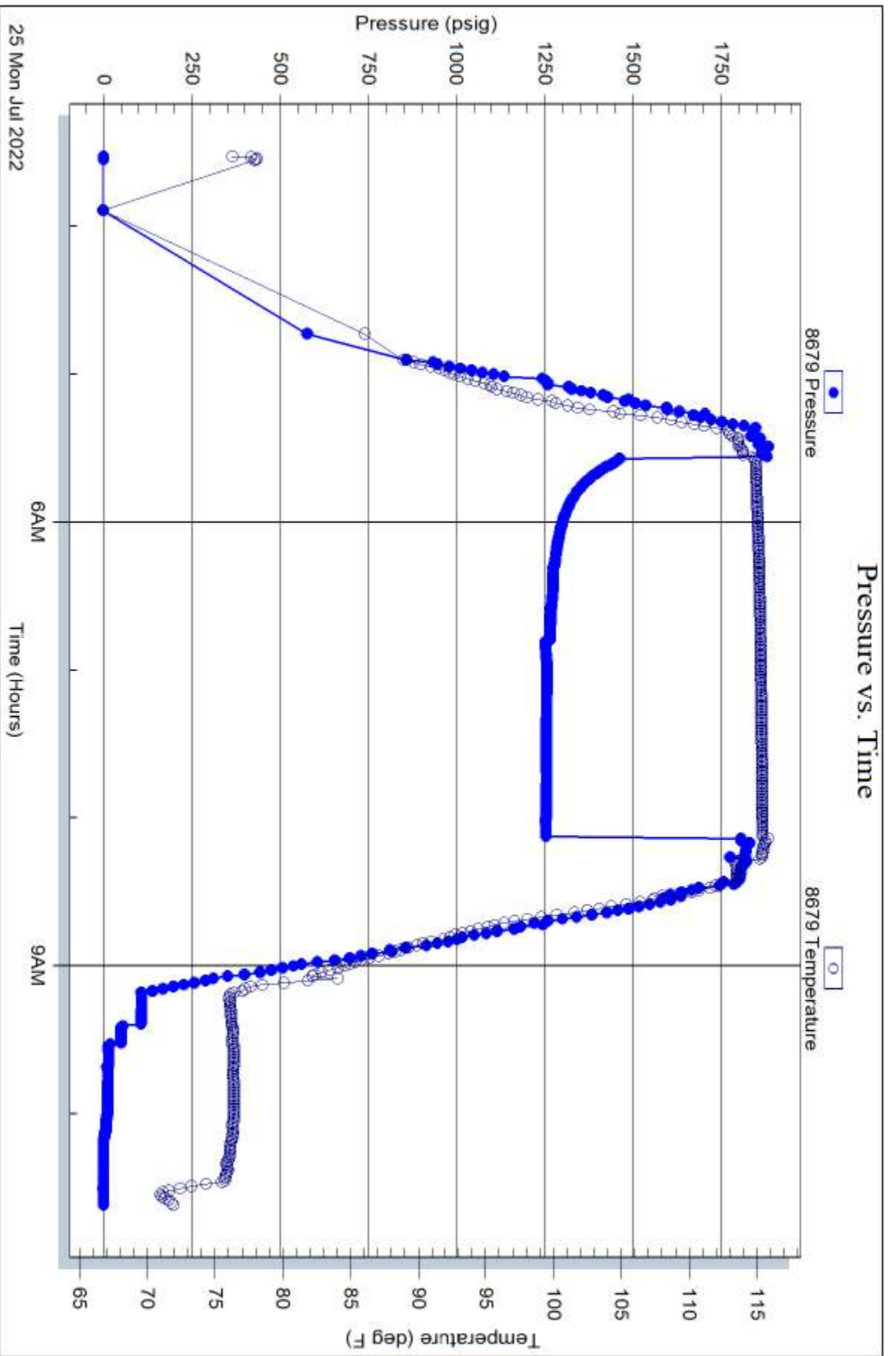
Inside

Castle Resources Inc.

Armbrister A#1

DST Test Number: 2



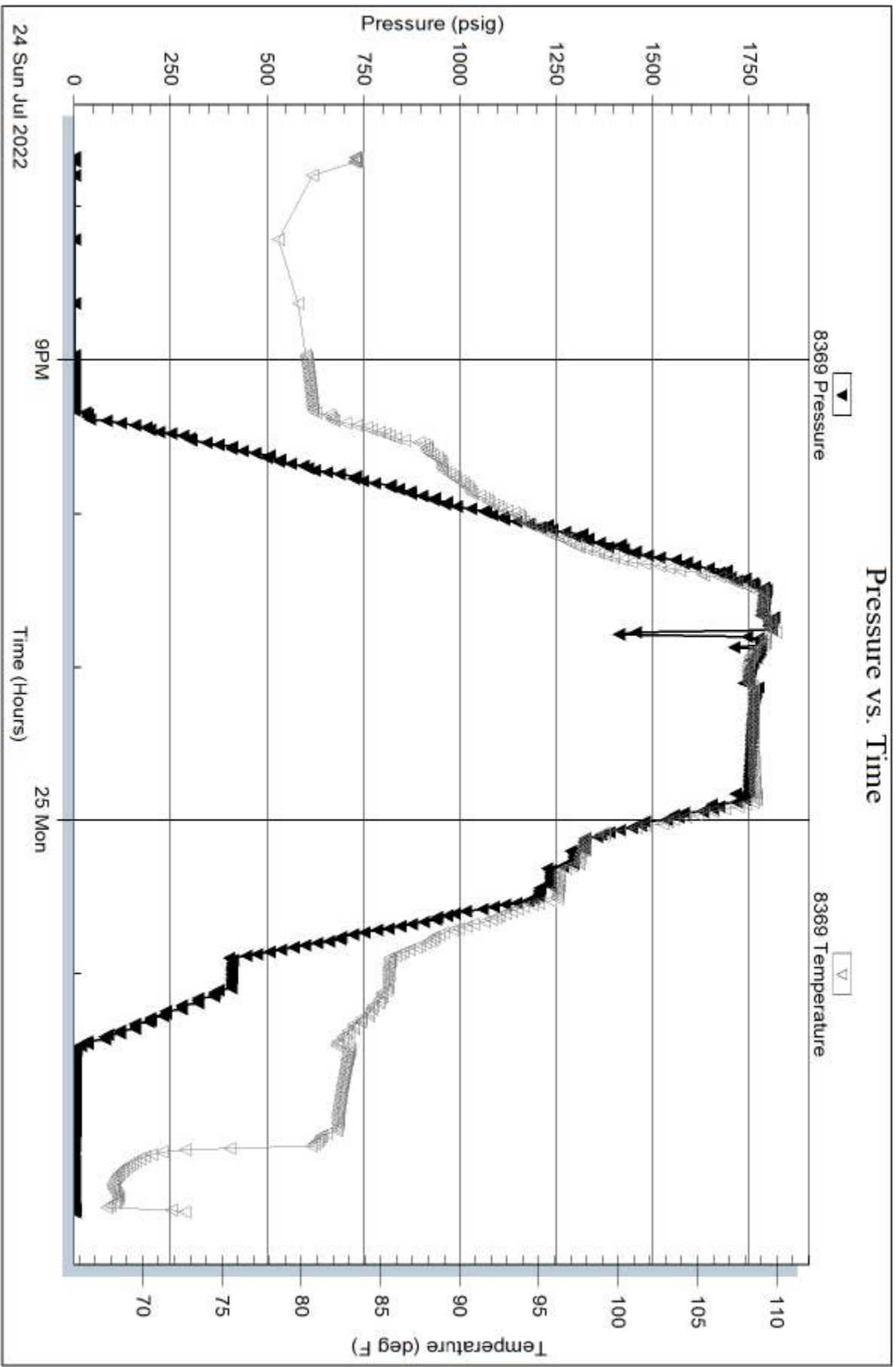


Serial #: 8369

Outside Castle Resources Inc.

Ambrister A#1

DST Test Number: 1



Trilobe Testing, Inc

Ref. No: 68424

Printed: 2022.07.25 @ 07:13:55

KS Oilfield Service

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

TICKET NUMBER 0645
 LOCATION Victoria
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-14-22	9560	Armbruster A 41	35	10	20 W	Rocks

CUSTOMER
Castle Resources Inc

MAILING ADDRESS
PO Box 563

CITY
Russell

STATE
KS

ZIP CODE
67665

TRUCK #	DRIVER	TRUCK #	DRIVER
121	Tom W		

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH 210' CASING SIZE & WEIGHT _____

CASING DEPTH 210' DRILL PIPE _____ TUBING _____ OTHER _____

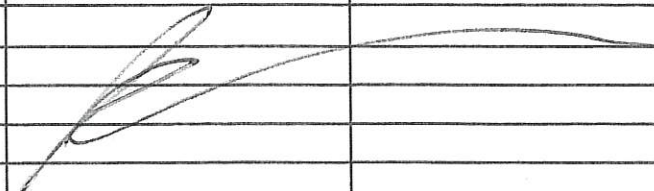
SLURRY WEIGHT 14.8 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT 10.5 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting + set up on White Knight. Circulated mud
M. x 160 sf surface blend + displace 10.5 Bbl + shot in
cement did circulate

Thanks, Tom

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
7002	1	PUMP CHARGE <u>Surface</u>	\$1150 ⁰⁰	\$1150 ⁰⁰
1001	43	MILEAGE	\$65 ⁰⁰	\$2795 ⁰⁰
1002	7.84 tons	Ton Mileage Delivery	\$600 ⁰⁰	\$4704 ⁰⁰
6004	160 sf	Class A 3766 290 gal	\$245 ⁰⁰	\$3920 ⁰⁰
			sub total	\$5949 ⁰⁰
			less 10% disc.	\$5354 ⁹⁵
			sub total	\$5354 ⁹⁵
			SALES TAX	246.96
			ESTIMATED TOTAL	5601.51



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.

KS Oilfield Service

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

TICKET NUMBER 0660
 LOCATION Victoria
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-26-22	9560	Armstrong A 1	35	10	20W	Roark
CUSTOMER Castle Resources Inc			TRUCK #			
MAILING ADDRESS PO Box 553			DRIVER			
CITY Russell			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 67665			TRUCK #			
			DRIVER			

JOB TYPE _____ HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2" 14#
 CASING DEPTH 3525' DRILL PIPE _____ TUBING _____ OTHER DV tool 1605'
 SLURRY WEIGHT 14.5/11.0 SLURRY VOL 1.4/2.33 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & set up on well. Ran Fpat equipment. Circulate
1/2 hr. Pump 12 Bbl mud flush & 20 Bbl KCL. Mix 150yr awc. Washline
Displace 60 Bbl water & 3474 Bbl mud. Pressure to 1200psi - held - Released
pressure & dropped chrt 15min Pump start & open DV tool. Circulate 1 1/2 hrs
Mix 275yr light cement - 30 RT 245 down hole. Wash clean & pump
plug Displace 40 Bbl. Pressure to 1000 psi - held. Release pressure
Back up now off

Thanks Tom & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P0004	1	PUMP CHARGE DV Tool	\$2500.00	\$2500.00
mod1	42	MILEAGE	\$6.50	\$273.00
M002	21.05 tons	Ton Mileage Delivery	\$1326.15	\$1326.15
CB030	150yr	class A Bto pack, 10% salt, 280yd, 5# diesel	\$28.55	\$4282.50
CB021	275yr	60/40 590yd 1/2" diesel	\$17.35	\$4711.25
FE013	5	5 1/2" centralizer (turbo)	\$108.00	\$540.00
FE022	3	5 1/2" basket	\$385.00	\$1155.00
FE033	1	5 1/2" AFU Guide shoe	\$600.00	\$600.00
FE051	1	5 1/2" Latch down plug asy.	\$695.00	\$695.00
FE059	1	5 1/2" DV Tool	\$4200.00	\$4200.00
LE003	1	5 1/2" head & manifold	\$200.00	\$200.00
CP014	2 gal	KCL	\$30.00	\$60.00
CP013	500 gal	mud flush	\$1.00	\$500.00
			sub total	\$21,102.90
			less 10% disc	\$2,110.29
			sub total	\$18,992.61
			SALES TAX	1071.24
			ESTIMATED TOTAL	20,063.85

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.

Sean Deenihan

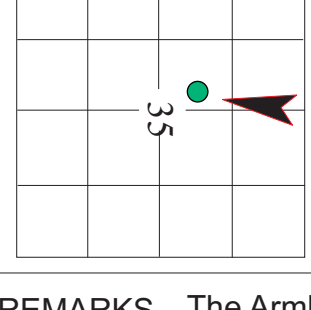
Petroleum Geologist

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY	Castle Resources, Inc.	ELEVATIONS	KB 2169'
LEASE	Armbrister A#1	DF	
FIELD		GL 2164'	
LOCATION	2250' FSL & 2250' FWL	Measurements Are All From Kelly Bushing	
SEC	35 TWP 10S RGE 20W		
COUNTY	Rooks STATE Kansas		
CONTRACTOR	White Knight Drilling		
SPUD	7/17/22 COMP 7/24/22		
RTD	3840 LTD 3840	CASING	
MUD UP	3100' TYPE MUD Chemical	CONDUCTOR SURFACE 8-5/8" at 217'	
SAMPLES SAVED FROM	3400' TO RTD	PRODUCTION 5.5" at TD'	
DRILLING TIME KEPT FROM	3400' TO RTD		
SAMPLES EXAMINED FROM	3400' TO RTD		
GEOLOGICAL SUPERVISION FROM	3400'		
REFERENCE WELL		CND/DIL.	
		MIC/	

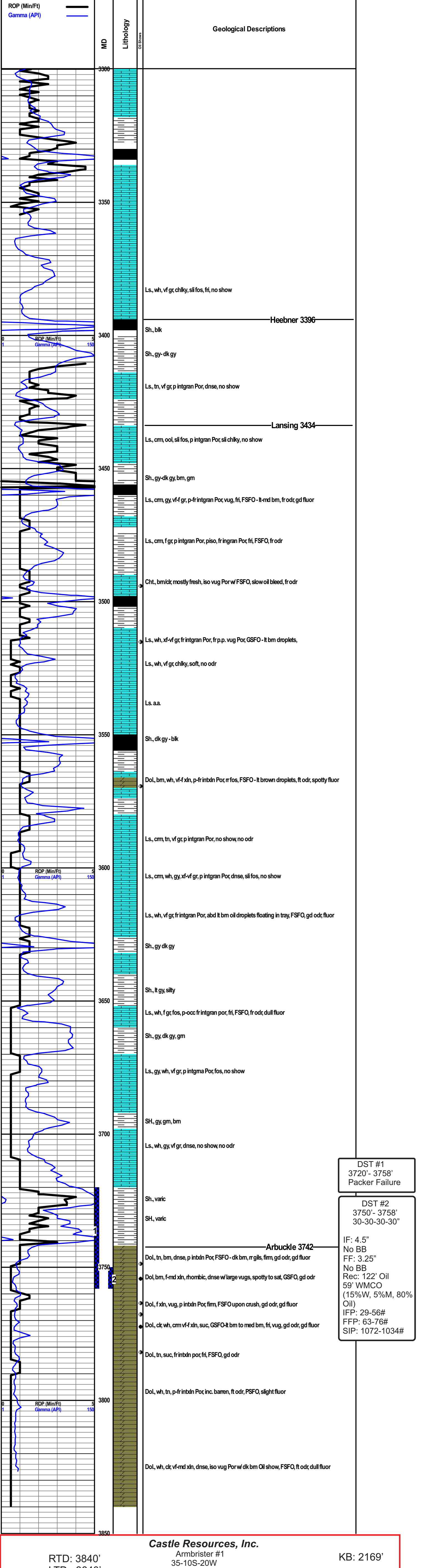
Formation	Sample Tops	E-log Tops	Struct Pos.
Heebner Sh			
Lansing			
Stark Shale			
Marmaton			
Arbuckle			



REMARKS The Armbrister was drilled and completed for oil production potential in the Arbuckle.

Respectfully Submitted,

Sean P. Deenihan



DST #1
3720'- 3758'
Packer Failure

DST #2
3750'- 3758'
30-30-30-30"

IF: 4.5"
No BB
FF: 3.25"
No BB
Rec: 122' Oil
59' WMCO
(15%W, 5%M, 80% Oil)
IIF: 29-56#
FFP: 63-76#
SIP: 1072-1034#

RTD: 3840'
LTD: 3840'

Castle Resources, Inc.
Armbrister #1
35-10S-20W
Rooks County, KS

KB: 2169'