

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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JERRY GREEN

CONSULTING GEOLOGIST
 4350 Keystone Rd
 HAYS, KS 67601
 PHONE: 785-625-5155

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG
 COMPANY: CASTLE RESOURCES INC.
 LEASE: ARMBRISTER 1-35
 FIELD: MARCOTTE

LOCATION: NE-NE-SW
 SEC 35 TWP 10S RGE 20W
 COUNTY: ROOKS STATE: KS.

CONTRACTOR: WHITE KNIGHT DRILG.
 SPUD: 6-28-23 COMP: 7-3-23
 RTD: 3857 LTD: 3857

MUD UP: 2900' TYPE MUD: CHEM.
 SAMPLES SAVED FROM: 2900' TO TD

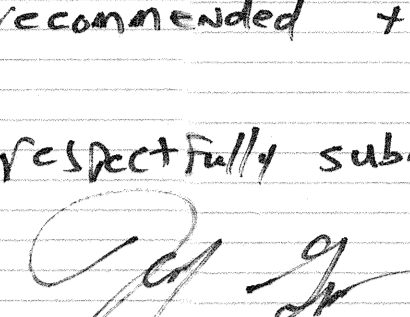
DRILLING TIME KEPT FROM: 2900' TO TD.
 SAMPLES EXAMINED FROM: 2900' TO TD.

GEOLOGICAL SUPERVISION FROM: 2900' TO TD
 GEOLOGIST ON WELL: TD

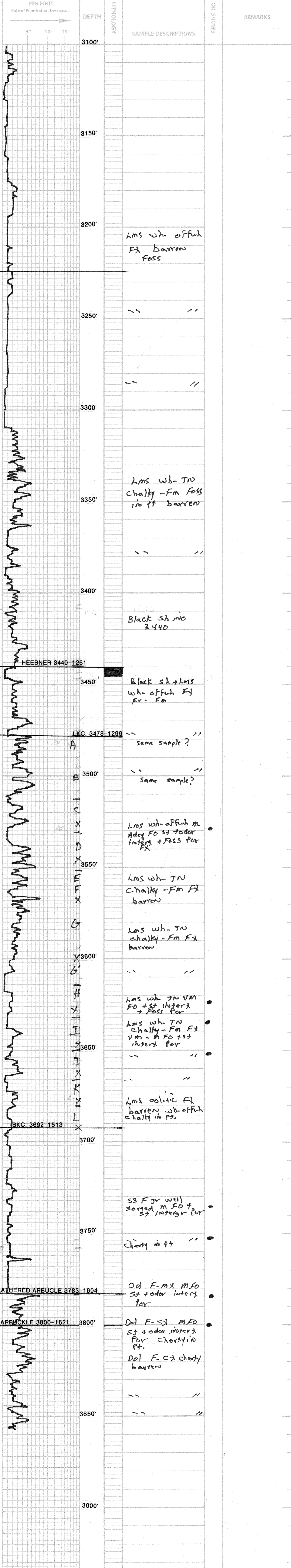
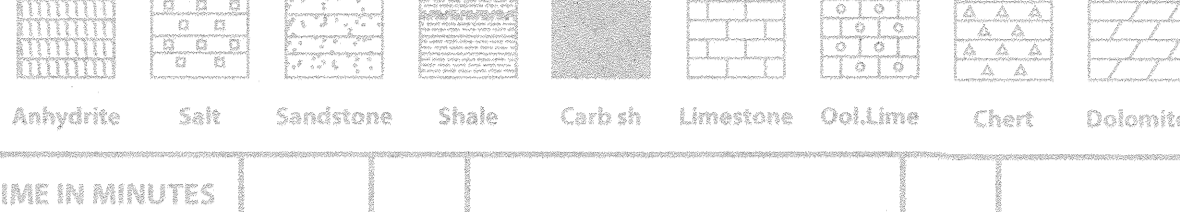
FORMATION TOPS LOG SAMPLES
 ANHY. 1608-52 571
 HEEBNER 3440-1261 3440-1261
 LKC. 3477-1298 3478-1299
 BKC. 3692-1513 3692-1513

WEATHERED ARBUCKLE 3783-1604 3783-1604
 ARBUCKLE 3797-1618 3800-1621

FORMATION TOPS	LOG	SAMPLES
ANHY.	1608-52	571
HEEBNER	3440-1261	3440-1261
LKC.	3477-1298	3478-1299
BKC.	3692-1513	3692-1513
WEATHERED ARBUCKLE	3783-1604	3783-1604
ARBUCKLE	3797-1618	3800-1621

REMARKS: The 3D proved to be inaccurate here. All parties involved recommended that this well be plugged.
 respectfully submitted,


LEGEND



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 1003
 LOCATION Hoxie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-3-23	9860	Ambrose 1-35	35	105	20W	Rooks
CUSTOMER <u>Castle Resources</u>						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
103	Tom W		
21301	Chris K		

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: Seal mapping + set up on white Knight casing Plug as shown

- 1) 3780' - 505x
 - 2) 1630' - 505x
 - 3) 900' - 1005x
 - 4) 800' - 505x
 - 5) 40' - 105x
 - 6) RTF - 305x
 - 2905x
- Thanks Tom & Chris

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
1005	1	PUMP CHARGE <u>PTA</u>	\$1500.00	\$1500.00
1001	62	MILEAGE	\$1.50	\$403.00
1002	12.91 hrs	Tom Mileage Pel/4/23	\$1200.43	\$1200.43
CB010	290 SF	60140 49 gal RTF Seal	\$17.35	\$5,031.50
			sub total	\$8,135.13
			less 5% disc.	\$406.75
			sub total	\$7,728.38
			SALES TAX	334.60
			ESTIMATED TOTAL	8062.98

AUTHORIZATION Robert Rodriguez TITLE 7-4-23 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 0999
 LOCATION Honola
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-28-23	9860	Ambrose #100 K35	35	10	20	Rooks
CUSTOMER <u>Castle Resources</u>						
MAILING ADDRESS <u>PO Box 583</u>						
CITY <u>Russell</u>	STATE <u>Ks</u>	ZIP CODE <u>67665</u>				

TRUCK #	DRIVER	TRUCK #	DRIVER
103	Tom W		
20	Chris K		

JOB TYPE Surfer HOLE SIZE 12 1/4" HOLE DEPTH 223' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 220' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safe meeting & set up on White Knight. Circulate mud
At 160 3/4 342 P.s. place 12.5 Bbl + spot in 1 pm

Cement did circulate

Thanks Tom & Chris

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P002	1	PUMP CHARGE <u>Surfer</u>	\$1150.00	\$1150.00
M001	7.2	MILEAGE	\$65.00	\$468.00
M002	2.84 hrs	Top Mileage Volving	\$846.72	\$846.72
C3004	160.51	Class A BCL 2' gal	\$25.50	\$4080.00
		sub total		\$6,544.72
		less 5% disc.		\$327.23
		sub total		\$6,217.49
		SALES TAX		271.32
		ESTIMATED TOTAL		6488.81

AUTHORIZATION [Signature] TITLE DRIVER DATE 6-28-23

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 this service.