

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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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 0915

LOCATION Victoria

FOREMAN Tam Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
4-12-23	9860	Imthorn #1	11	16S	11E	Wabawasee																				
CUSTOMER <u>Castle Resources Inc.</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>Tam W</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Chris K</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	103	Tam W				Chris K										
TRUCK #	DRIVER	TRUCK #					DRIVER																			
103	Tam W																									
	Chris K																									
MAILING ADDRESS <u>PO Box 583</u>																										
CITY <u>Russell</u>	STATE <u>KS</u>	ZIP CODE <u>67665</u>																								
JOB TYPE <u>Surface</u>	HOLE SIZE _____	HOLE DEPTH _____	CASING SIZE & WEIGHT <u>8 1/2" 23# + 49#</u>																							
CASING DEPTH _____	DRILL PIPE _____	TUBING _____	OTHER <u>120' 180'</u>																							
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____																							
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____																							

REMARKS: Safety meeting & set up on White Knight. Circulate mud. Mix 200 SF surfact blend & displace with 15 Bbl. Shut in 3:45
cement did circulate

Thanks Tam & Chris

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P6002	1	PUMP CHARGE <u>Surface</u>	\$1150 ⁰⁰	\$1150 ⁰⁰
M001	170	MILEAGE	\$6.50	\$1105 ⁰⁰
M002	9.8 tons	Ton Mileage Delivery	\$2499 ⁰⁰	\$2499 ⁰⁰
C13004	20054	Class A 3944 2.9 gal	\$25 ⁵⁰	\$5100 ⁰⁰
			sub total	\$9854 ⁰⁰
			less 5% disc.	\$492 ⁷⁰
			sub total	\$9,361 ³⁰
			SALES TAX	314.93
			ESTIMATED TOTAL	9676.23

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.

NKS Oilfield Service

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

TICKET NUMBER 0919
 LOCATION Victoria
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-21-23	9960	PATNUM 1	11	113	11 E	Wagonwheel
CUSTOMER <u>Castle Resources Inc.</u>			TRUCK #			
MAILING ADDRESS <u>PO Box 583</u>			DRIVER			
CITY <u>Russell</u>		STATE <u>KS</u>	ZIP CODE <u>67665</u>	TRUCK #		
				DRIVER		
				<u>103</u>		
				<u>4-301</u>		
				<u>Proton D</u>		
				<u>Tark +</u>		
				<u>Ebric K</u>		
				<u>Tom W.</u>		

JOB TYPE Top to Bottom HOLE SIZE _____ HOLE DEPTH 2899' CASING SIZE & WEIGHT 5 1/2"
 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 & set up on White Knight. Run in casing
Hooked up swedge & circulated. Mix 250# like followed by
250# OML 60/40. Wash up & displace plug. Land plug 8:45

Thanks Tom & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P004	1	PUMP CHARGE <u>Top to Bottom</u>	12500 ⁰⁰	12500 ⁰⁰
M001	172	MILEAGE	66 ⁵⁰	1118 ⁰⁰
M002	23.24	Top mileage Delivery	15994 ³⁷	15994 ³⁷
CB011	250	Class 60/40	15 ¹⁰	3775 ⁰⁰
CB021	250#	60/40 890gal 1/4" Floscal	1795	4487 ⁵⁰
FE0033	1	5 1/2" AFU guide spur	100 ⁰⁰	100 ⁰⁰
FE051	1	5 1/2" hatch down plug 655g	695 ⁰⁰	695 ⁰⁰
CP007	6250 lbs	gilsonite	2.00	12500 ⁰⁰
CP003	435 lbs	gel	30	130 ⁵⁰
			sub total	19925 ³⁷
			less 5% disc	996.26
			sub total	18929 ¹¹
			SALES TAX	636.83
			ESTIMATED TOTAL	19565.94

AUTHORIZATION _____ TITLE _____ DATE _____

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GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

COMPANY **CASTLE RESOURCES INC.** ELEVATIONS

LEASE **JMTHURN#1** KB 1130'

FIELD **NEWBURY** DF

LOCATION **1625FNL 1625FEL** GL 1125'

SEC **11** TWP **11S** RGE **11E** Measurements Are All From KB.

COUNTY **WABAUSS** STATE **KS.** CASING @ 317

CONTRACTOR **WHITE KNIGHT DRUG** SURFACE @ 317

SPUD **4-13-23** COMP **4-21-23** PRODUCTION **5.5 @ 2866'**

RTD **2899-1769** LTD TYPE MUD CHEM. ELECTRICAL SURVEYS

MUD UP **2100'** TO TD

SAMPLES SAVED FROM **2100'** TO TD

DRILLING TIME KEPT FROM **2100'** TO TD

SAMPLES EXAMINED FROM **2100'** TO TD.

GEOLOGICAL SUPERVISION FROM **2100'** TO TD.

GEOLOGIST ON WELL **2100'**

FORMATION TOPS	LOG	SAMPLES
MISS.		2173-1043
KH.		2333-1203
HUNTON		2572-1442
VIOLA		2895-1765
LTD.		
RTD.		2899-1769

REMARKS
All parties involved recommended that pipe be set to test this well further.
respectfully submitted
[Signature]

LEGEND

