

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 Recompletion Date _____ 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	HUND 1
Doc ID	1705605

All Electric Logs Run

Borehole Compensated Sonic
Dual Comp Porosity
Microresistivity
Dual Induction

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 0903
 LOCATION Victoria
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-24-25		Hund #1	2	N 1/2	11 E	Wichita
CUSTOMER Castle Resources				TRUCK #		DRIVER
MAILING ADDRESS PO Box 583				103		Tom W
CITY Russell		STATE KS	ZIP CODE 67665	201		Jack
JOB TYPE <u>Surface</u>		HOLE SIZE _____	HOLE DEPTH <u>315'</u>	CASING SIZE & WEIGHT <u>8 5/8" 4.5 lb</u>		
CASING DEPTH <u>315'</u>		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 whole night. Circulate mud
Mix 180 cu surface blend - Displace 14.5 Bbl shut in 4:45 pm.
Cement did circulate

Thanks Tom & Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL002	1	PUMP CHARGE <u>Surface</u>	\$1150.00	\$1150.00
MD01	170	MILEAGE	\$6.50	\$1105.00
MD02	8.82 tons	Ton Mileage Delivery	\$2,249.10	\$2,249.10
LB004	180 sk	Class A 3000 2H gel	\$25.50	\$4,590.00
EP005	100 lbs	Salt	\$1.50	\$150.00
			sub total	\$9,144.10
			less 5% disc	\$457.20
			sub total	\$8,686.90
			SALES TAX	286.52
			ESTIMATED TOTAL	8973.42

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.



TREATMENT REPORT

Acid Stage No. _____

Date 3/29/2023 District GB F.O. No. C60796
 Company CASTLE RESOURCES
 Well Name & No. HUND #1
 Location 2-11-11E Field _____
 County WABUNSEE State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Casing: Size 5 1/2 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.

Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Pump Trucks. No. Used: Std. 365 Sp. _____ Twin _____
 Auxiliary Equipment 360-310T

Personnel GREG CLARENCE CURTIS
 Auxiliary Tools _____

Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Company Representative JERRY GREEN Treater GREG C.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
7:15				ON LOCATION
				PIPE TD: 3201', BAFFLE TD 3159'
				CENTRALIZERS ON TOP OF JTS: 1,4,7,10,15,24
				BASKETS ON TOP OF JTS: 4,10,24
				PUMP 650 GALLONS MUD FLUSH
				PLUG RATHOLE WITH 30 SKS
				PUMP 300 SKS 65/35 6% GEL 3#/SK GILSONITE @ 12.7# PER GALLON AS LEAD CEMENT, TAILED BY 250 SKS 60/40 2% GEL 6#/SK SALT, 5#/SK GILSONITE, 1/2% C-37, 1/2% C-12, & 1/2% C-41P @ 14# PER SK
				RINSE PUMP AND LINE OUT
				DISPLACE WITH 79 BBLs, PLUG DID NOT LAND
				SHUT VALVE ON PLUG CONTAINER.
9:45				JOB COMPLETE
				THANK YOU!!!

GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

COMPANY **CASTLE RESOURCES**
ELEVATIONS

LEASE **HUND #1**
FIELD **NEWBURY**

LOCATION **2807FWL 1300'FEEL**
GL **1133**
DF

SEC **2** TWP **11S** RGE **11E**
Measurements Are All From **KB**

COUNTY **WABUNSEE** STATE **KS**

CONTRACTOR **WHITE KNIGHT DRLG.**
Casing

SPUD **3-24-23** COMP **3-29-23**
SURFACE **307'**
PRODUCTION **5.5 @ 3201'**

RTD **3203'** LTD **3205'**
ELECTRICAL SURVEYS
MUD UP **2100'** TYPE MUD **CHEM**
STACK / SONIC

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'** TO TD.

FORMATION TOPS LOG SAMPLES

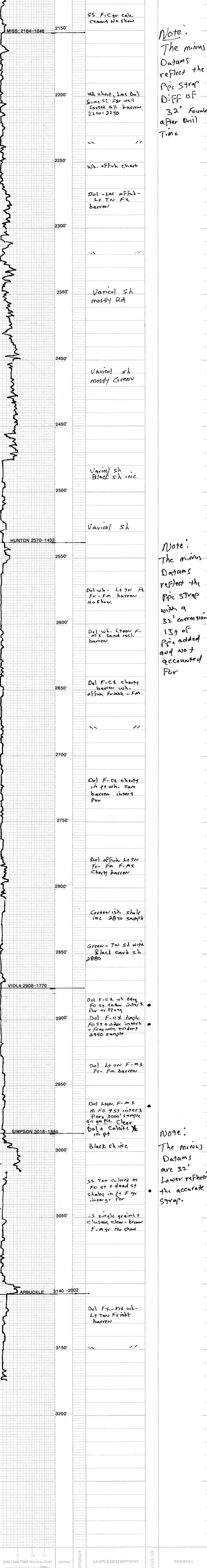
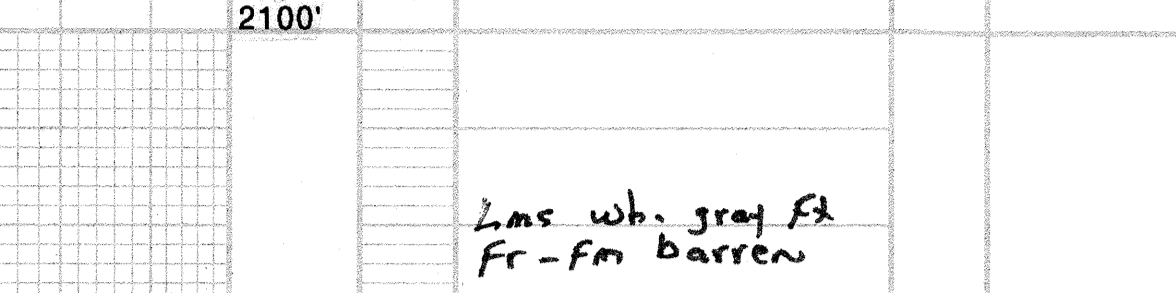
MISS. 2182-1044 2184-1046
HUNTON 2573-1435 2570-1432
VIOLA 2910-1772 2908-1770
SIMPSON 3018-1880 3018-1880
ARBUCKLE 3138-2000 3140-2002
RTD. 3205-2067 3203-2065

FORMATION TOPS	LOG	SAMPLES
MISS. 2182-1044		2184-1046
HUNTON 2573-1435		2570-1432
VIOLA 2910-1772		2908-1770
SIMPSON 3018-1880		3018-1880
ARBUCKLE 3138-2000		3140-2002
RTD. 3205-2067		3203-2065

REMARKS
All parties involved recommended that pipe be set to test this well further. The bottom member of the Viola-Simpson is a new pay zone for this area.
respectfully submitted

[Signature]

LEGEND



Note: The minus Datums reflect the Pipe Strap Diff of 32' Found after Drill Time

Note: The minus Datums reflect the Pipe Strap with a 32' correction 13ft of Pipe added and not accounted for

Note: The minus Datums are 32' Lower reflecting the accurate Strap.

CONTRACTOR _____ LOCATION _____
LEASE _____ IP _____ SEC _____ TWP _____ RNG _____
ELEVATION _____ RTD. _____ COUNTY _____ STATE _____