

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

COMPANY: CASTLE RESOURCES INC.

LEASE: KENNEDY #2

FIELD: _____

LOCATION: 750-FSL 1100-FWL

SEC: 32 TWP: 8S RGE: 27W

COUNTY: SHERIDAN STATE: KS

CONTRACTOR: WHITE KNIGHT DRLG.

SPUD: 6-12-24 COMP: 6-18-24

RTD: 3990 LTD

MUD UP: 3300 TYPE MUD: CHEM.

SAMPLES SAVED FROM: 3300'

DRILLING TIME KEPT FROM: 3300'

SAMPLES EXAMINED FROM: 3300'

GEOLOGICAL SUPERVISION FROM: 3300'

GEOLOGIST ON WELL: 3000'

FORMATION TOPS

ANHY. 2204 370 2204 370

HEEBNER 3687-1113 3674-1100

TORONTO 3709-1135 3696-1122

LKC. 3727-1153 3720-1146

BKC. 3948-1374 3944-1370

ELEVATIONS

KB 2574

DF _____

GL 2569

Measurements Are All From KB.

CASING SURFACE @ 210

PRODUCTION _____

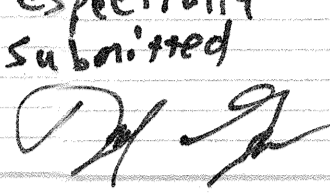
ELECTRICAL SURVEYS _____

STACK MICRO _____

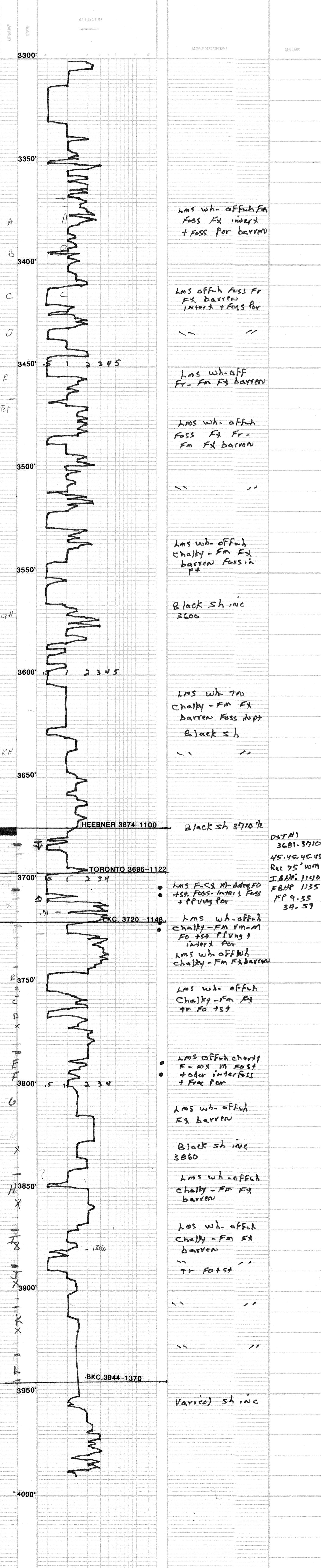
REMARKS

All partial recommended that this well be plugged

respectfully submitted



LEGEND





Company: Castle Resources, Inc
Lease: Kennedy #2

SEC: 32 TWN: 8S RNG: 27W
 County: SHERIDAN
 State: Kansas
 Drilling Contractor: White Knight Drilling, LLC - Rig 1
 Elevation: 2576 EGL
 Field Name: Farber East Ext
 Pool: WILDCAT
 Job Number: 739
 API #: 15-179-21506

Operation:
 Test Complete

DATE
 June
17
 2024

DST #1 **Formation: Toronto** **Test Interval: 3681 - 3710'** **Total Depth: 3710'**
 Time On: 07:40 06/17 Time Off: 14:54 06/17
 Time On Bottom: 10:11 06/17 Time Off Bottom: 13:11 06/17

Down Hole Makeup

Heads Up: 20.08 FT	Packer 1: 3676 FT
Drill Pipe: 3675.92 FT <i>ID-3 1/2</i>	Packer 2: 3681 FT
Weight Pipe: FT <i>ID-2 7/8</i>	Top Recorder: 3668 FT
Collars: FT <i>ID-2 1/4</i>	Bottom Recorder: 1 FT
Test Tool: 26.16 FT <i>ID-3 1/2-FH</i>	Well Bore Size: 7 7/8
Total Anchor: 29	Surface Choke: 1"
	Bottom Choke: 5/8"

Anchor Makeup

Packer Sub: 1 FT

Perforations: (top): FT
4 1/2-FH

Change Over: FT

Drill Pipe: (in anchor): FT
ID-3 1/2

Change Over: FT

Perforations: (below): 28 FT
4 1/2-FH



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BUCKET MEASUREMENT:

1st Open: WSB built to 4.4" in 45 min
1st Close: No Blowback
2nd Open: WSB built to 3.1" in 45 min
2nd Close: No Blowback

REMARKS:

Tool Sample: 0% Gas 0% Oil 100% Water 0% Mud
Chlorides: 17200 ppm



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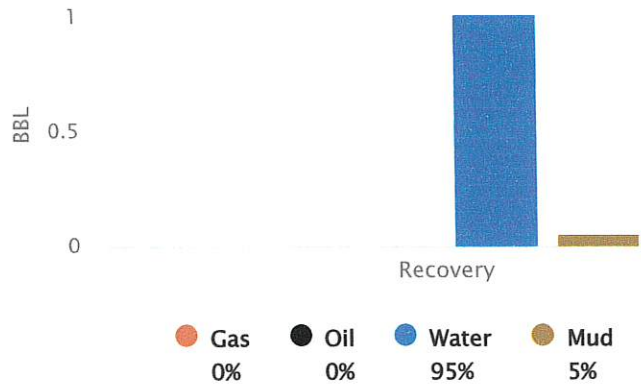
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<u>Recovered</u>		<u>Description of Fluid</u>	<u>Gas %</u>	<u>Oil %</u>	<u>Water %</u>	<u>Mud %</u>
<u>Foot</u>	<u>BBLs</u>					
75	1.06725	SLMCW	0	0	95	5

Total Recovered: 75 ft
 Total Barrels Recovered: 1.06725

Reversed Out
 NO

Recovery at a glance



Initial Hydrostatic Pressure	1865	PSI
Initial Flow	9 to 33	PSI
Initial Closed in Pressure	1140	PSI
Final Flow Pressure	34 to 59	PSI
Final Closed in Pressure	1135	PSI
Final Hydrostatic Pressure	1774	PSI
Temperature	122	°F

Pressure Change Initial Close / Final Close 0.4 %

GIP cubic foot volume: 0



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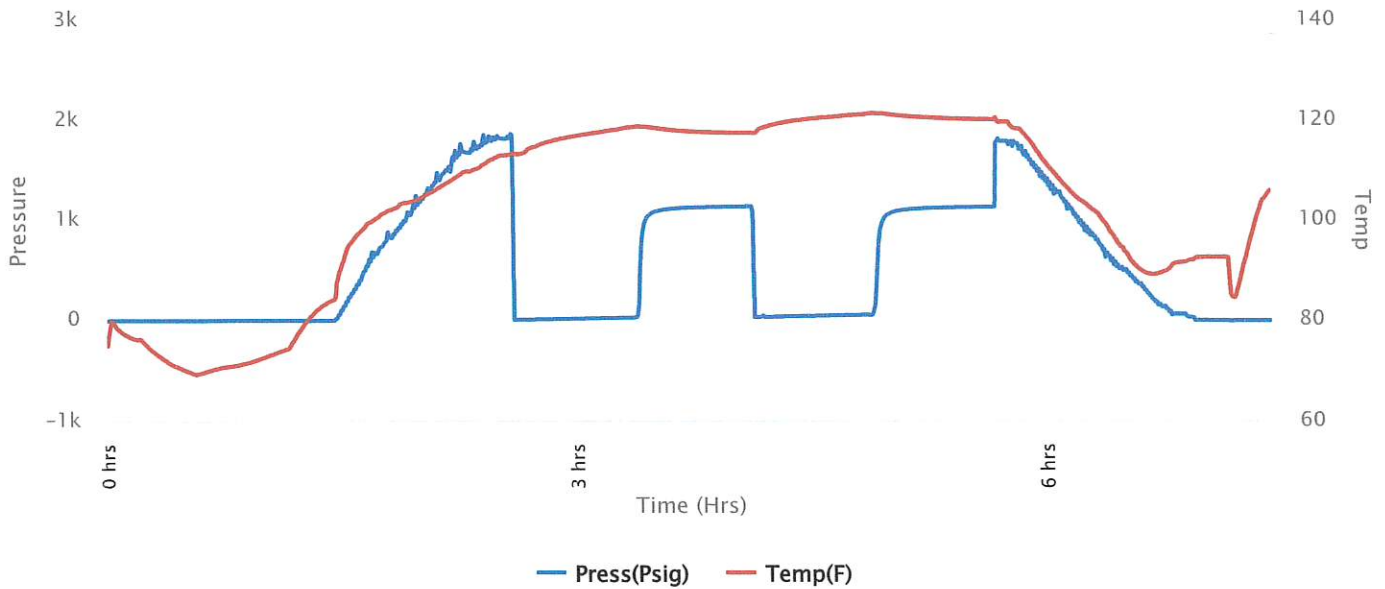
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Electronic Volume Estimate:
74'

<u>1st Open</u>	1st Close	<u>2nd Open</u>	2nd Close
Minutes: 45	Minutes: 45	Minutes: 45	Minutes: 45
Current Reading: 4.4" at 45 min	Current Reading: 0" at 45 min	Current Reading: 3.1" at 45 min	Current Reading: 0" at 45 min
Max Reading: 4.4"	Max Reading: 0"	Max Reading: 3.1"	Max Reading: 0"

Inside Recorder





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Mud Properties

Mud Type: Chem **Weight:** 8.7 **Viscosity:** 40 **Filtrate:** 14.0 **Chlorides:** 2000 ppm

