KOLAR Document ID: 1779029

Confiden	tiality Re	quested:
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

		DECODIDEIO		
WELL	HISTORY	- DESCRIPTIO	N OF WELL	& LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD □ Gas □ DH □ EOR	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	Logation of fluid dispagal if hould offaite:
□ 5000 Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	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:

KOLAR Document ID: 1779029

Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

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.

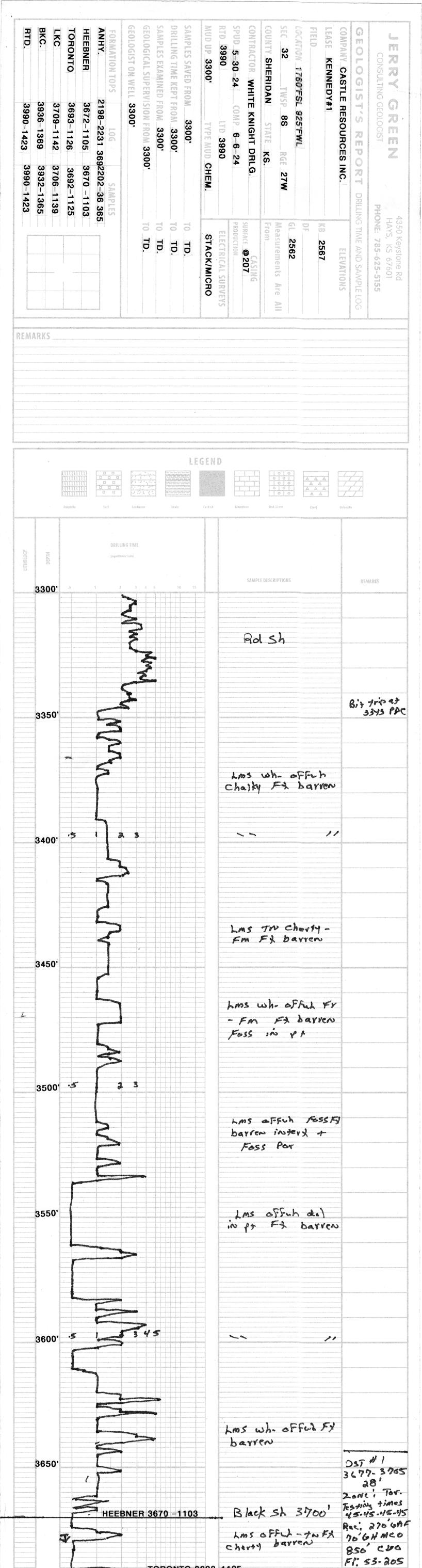
Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c] Ne	w Used rmediate, productio	on. etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Perforate Protect Casing	Depth Top Bottom	Туре	e of Cement	# Sacks Use	d		Type and	Percent Additives	
Plug Back TD 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 questions 2 and 3) 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, skip question 3)									
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold (If vented, Subn	Used on Lease		Open Hole		-	·	nit ACO-4)	юр	Bollom
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	JUENEMANN A 1
Doc ID	1779029

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	28	209	common		2%CC 3% Gel
Production	7.88	4.5	10.5	3715	60/40	475	2% Gel



TORONTO 3692-1125 213- 333 LMS Wh-OFFLA FX BH8 1065-345 ۲ m- Adeg FOS+ + oder 3700' 1055 instern Foss + colitie . 2 1 LKC 3706-1139 Por some chalky with Prung for DST# 2 Lms who offul chally 3702- 3720 A 1 Zone'. "A" - FM +V FO 1St INTers Por Testing times . X 30.30 Rec: 15 Mud BX1 with ailscan LMS VM FO +St Interoolic toolitic FP: 29-36 + inter & Par 3750' BHP: 1144 LMS OFFUL FXUM-C M Fotst intert + Foss Por htodor DST #3 Ø 3846 - 87 Zones, IJ × Testing times. Las office FX m Ē 30-30 Adeg FO St todar Rec: 15'mud Intereolitic Foss X FP: 32-39 SIP 1250265 Frees + Pf ung Por 3800. 3 4 567 3800' '5 LAS who offich mostly barren inter & Por 6 has, who offich challey to Fan tr Fotst X LMS who offich H Ft barren 3850' X P -Los offen M For St intert Foss Por 2345 3900 -۲ - -K X Lms who offich F& barren BKC. 3932-1365 ş Varico) sh 3950 ~ ~ 20 RTD. 3990-1423

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ELEVATIONRTD			

FRANKS Oilfield Service ♦ 815 Main Street Victoria, KS 67671 ♦ 24 Hour Phone (785) 639-7269

TICKET NUMBER

Office Phone (785) 639-3949

Email: franksoilfield@yahoo.com

LOCATION Hove FOREMAN Pesto

FIELD TICKET & TREATMENT REPORT

			CEMEN	Т			
DATE	CUSTOMER #	WELL NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
5-15-24		Suenemen +1		29	3		
CUSTOMER	010		1			24	Denton
MAILING ADDR	Castle Re	Source	4	TRUCK #	DRIVER	TRUCK #	DRIVER
				103	Jahr		
CITY		STATE ZIP CODE	-	201	Chris K		
				203	Connor D		
JOB TYPE		HOLE SIZE 7715	_ HOLE DEPTH	3715	CASING SIZE & WE	EIGHT 4/12	10.5
CASING DEPTH		DRILL PIPE	_TUBING	and the second		OTHER	
SLURRY WEIGH	SLURRY WEIGHT 11:7 14.8 SLURRY VOL WATER gal/sk CEMENT LEFT in CASING						
DISPLACEMENT 67.3 Bbb DISPLACEMENT PSI 1400* MIX PSI Level 2200° RATE Le Comment Lerrin Casing REMARKS: Streng meeting, Rig up on White Knight. Bun posing. Circulere to condition hold.							
REMARKS: Sol	cety meeti	R. Ric ip on W	hite Kaid	+ Rue part	Circle	Q	
Phy rethol	EWI 30 50	actus, Mix 300 s	teches of	40/40 8%	J. 4. 6 O	the to conch	the hole.
& dulling	miel. mi				U. C. CI	eel. Rap	SeBols
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		aparts as Fize.	-heret jo	the W/ 20	ce - he let	Lelecsi ho	.61
				~			

ACCOUNT				
CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
Prosil		PUMP CHARGE	\$250000	\$ 250000
masi	48	MILEAGE	\$ 6,50	431200
maoz	2394/ tons	To mless obligen	\$1723 68	\$1723 48
CROZI	330 sectis	40/40 Striger 1/4 Closed	\$17 95	\$5,92350
CBOIR	175 sectos	60140 26 101	\$15-60	+2,730 co
CPOOT	330 sects 175 sects 875	albonite.	\$ 50	\$437 50
CPOOL	64	flosed	\$ 3.00	\$/32.00
CPOOS	875"	Solt	\$ 50	\$437 50
FGOIR	5	4'z' terbolizer	\$ 88 00	\$44000
FEOZI	3	4'Ebrahat	\$30000	\$90000
FE 101	3	4"2" linit Clenp	\$35-00	\$105 00
FL-038	1	442" AFU quiete shoe	\$ 550 00	\$550 00
FG-648	ľ	4 12: lotch down Dhey as.	\$40000	\$ 600 00
		7 5		
			s total	\$14,791 18
		<i>le</i> .	se Stoclise	\$ 839 55
			abtotel	\$15,951 63
				· · · · · · · · · · · · · · · · · · ·
	10		SALES TAX	844.10
	403/1		ESTIMATED TOTAL	16795.73
UTHORIZATION	1 00-1	TITLE	DATE	L

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.

1232

FRANKS Oilfield Service ♦ 815 Main Street Victoria, KS 67671 ♦ 24 Hour Phone (785) 639-7269

◆ Office Phone (785) 639-3949

A

Email: franksoilfield@yahoo.com

TICKET NUMBER

LOCATION Hove

FOREMAN Restor

FIELD	TICKET	&	TREATMENT REPOR	Т
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CEMENT

DATE CUSTOMER # WELL NAME & NUMPER											
		WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY			
CUSTOMER	CUSTOMER				29	3	24	Norton			
1	Cette Re										
MAILING ADDRESS					TRUCK #	DRIVER	TRUCK #	DRIVER			
					103	Sech T					
CITY STATE ZIP C					201	Chisk					
		SIAIE	ZIP CODE		203	Conor D					
			-04g								
JOB TYPE		HOLE SIZE	7/18	HOLE DEPTH	3715	CASING SIZE & WI	EIGHT LI 12"	1053			
CASING DEPTH DRILL PIPE			TUBING								
SLURRY WEIGHT	1 1 1 1 1 - B	SLURRY VOL									
DISPLACEMENT	The second second	DISPLACEMENT			1 A mar L						
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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
Front		PUMP CHARGE		TOTAL	
mmi	48	MILEAGE			
man	23.94/ times	Ton m lease delivery			
CPOZI	330 sichs	40/40 Street 14" Speed	++		
CBAIZ	1715 sectis	6014026rcl			
CPGOT	875	alsonite			
CPOOL	614 8	floser			
07-205	875°	Solt			
F6017	5	4 2 tishulices			
FE021	3	4 thecher			
FLIDI		al'z" linit clonp			
FEASO	1	4/2 AFU que shoe			
FLOUR	1	4 12 Jacob daya Dha cos			
			++		
	1		SALES TAX		
	topp		ESTIMATED TOTAL		
UTHORIZATION	E V		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.