

3535

COPY

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 9860
Name: Castle Resources, Inc.
Address 1200 E. 27, Suite C
City/State/Zip Hays, KS 67601-2120
Purchaser: _____
Operator Contact Person: Jerry Green
Phone (913) 625-5155
Contractor: Name: Emphasis Oil Operations
License: 8241
Wellsite Geologist: Jerry Green
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
7/17/91 7/25/91 7/25/91
Spud Date Date Reached TD Completion Date

API NO. 15- 063-21,398
County Gove
W/2 NE NE Sec. 9 Twp. 15s Rge. 28 E
4620 Feet from S (circle one) Line of Section
990 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Roberts Well # 1
Field Name _____
Producing Formation _____
Elevation: Ground 2504' KB 2509'
Total Depth 4300' PBTD _____
Amount of Surface Pipe Set and Cemented at 253 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 Air-Dr DTP
(Data must be collected from the Reserve Pit)
Chloride content 1500 ppm Fluid volume 120 bbls
Dewatering method used allowed to dry - backfill
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W _____
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature Robert D. McFarland
Title Chief Operating Officer Date 1/3/92
Subscribed and sworn to before me this 3rd day of January, 1992.
Notary Public Laura Hertel
Date Commission Expires 7-2-95

K.C.C. OFFICE USE ONLY
Letter of Confidentiality Attached
Wireline Log Received
Geologist Report Received
Distribution
KCC _____ SWD/Rep _____ NGPA _____
KGS 1992 _____ Plug _____ Other _____
(Specify)

LAURA HERTEL
NOTARY PUBLIC-STATE OF KANSAS
My Appt. Exp. 7-2-95

Operator Name Castle Resources, Inc Lease Name Roberts Well # 1
 Sec. 9 Twp. 15s Rge. 28 East County Gove West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:

Name	Formation (Top), Depth and Datum		Sample
	Top	Datum	
Anhydrite	1931 - 64		
Heebner	3629 - 1120		
L-KC	3666 - 1157		
Stark Shale	3915 - 1406		
B-KC	3979 - 1470		
Fort Scott	4172 - 1663		
Mississippi	4284 - 1775		

CASING RECORD

New 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
Surface	12 1/4"	8 5/8"	19	253'	60/40 Poz	150	2% gel, 3% cc

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate					
<input type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back TD					
<input type="checkbox"/> Plug Off Zone					

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Expl)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas:

Vented Sold Used on Lease
 (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

Production Interval _____