

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. 27th. Suite 'C'

City/State/Zip Hays, KS 67601

Purchaser:

Operator Contact Person: Terry Williamson

Phone (913) 625-5155

Contractor: Name: Allied Cementing

License: NA

Wellsite Geologist:

Designate Type of Completion

New Well Re-Entry ☒ Workover

☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.
☐ Gas ☐ ENHR ☐ SIGW
☐ Dry ☒ Other (Core, WSW, Expl., Cathodic, etc)

Plug & Abandon

If Workover/Re-Entry: old well info as follows:

Operator: Castle Resources, Inc

Well Name: Lockwood

Comp. Date Old Total Depth 4428

☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/SWD
☒ Plug Back Plug & Abandon
☐ Commingled Docket No.
☐ Dual Completion Docket No.
☐ Other (SWD or Inj?) Docket No.

Spud Date 5-26-93
Date Reached TD Completion Date

API NO. 15- 063-21,146

County Gove

C - NE - NE - SE Sec. 11 Twp. 11s Rge. 31 X E

2310 Feet from S_{1/4} (circle one) Line of Section330 Feet from E_{1/4} (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Lockwood Well # 1

Field Name

Producing Formation Lansing

Elevation: Ground 2950 KB 2957

Total Depth 4498 PBTD 4428

Amount of Surface Pipe Set and Cemented at 225 Feet

Multiple Stage Cementing Collar Used? ☒ Yes ☐ No

If yes, show depth set 2470 Feet

If Alternate II completion, cement circulated from 2470

feet depth to Surface w/ 550 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume NA bbls

Dewatering method used NA

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.

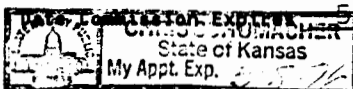
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature

Title Production Superintendent Date 6-14-93

Subscribed and sworn to before me this 14th day of June 1993.

Notary Public



K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution

KCC SWD/Rep NGPA
KGS Plug Other (Specify)

RECEIVED
STATE CORPORATION COMMISSION
1993
Wichita, Kansas

Operator Name Castle Resources, IncLease Name LockwoodWell # 1

C-NE-NE-SE

☐ EastCounty GoveSec. 11 Twp. 11 Rge. 31☒ West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests including 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:

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum

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

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (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 <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gr ty

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