

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

COPY

Or -ator: License # 9860

7652

Name: Castle Resources, Inc.

Address 1200 E. 27th St., Suite C

City/State/Zip Hays, KS 67601

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 SLOW 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 PBT
Commingled Docket No.
Dual Completion Docket No.
Other (SWD or Inj?) Docket No.

10/3/92 10/9/92 10-10-92
Spud Date Date Reached TD Completion Date

API NO. 15- 063-21441

County Gove E

C SW NE NE Sec. 1 Twp. 15S Rge. 30 XW

4290 Feet from SN (circle one) Line of Section

990 Feet from EW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE, SE NW or SW (circle one)

Lease Name Zie Well # 1

Field Name Lundgren

Producing Formation _____

Elevation: Ground 2645' KB 2650'

Total Depth 4335' PBT

Amount of Surface Pipe Set and Cemented at 214 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/ _____ sq cmt.

Drilling Fluid Management Plan 12-1 P-T-11
(Date must be collected from the Reserve Pit)

Chloride content 8200 ppm Fluid volume 220 bbls

Dewatering method used Air 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 Jay F. Williams

Title Production Superintendent Date 12-2-92

Subscribed and sworn to before me this 2nd day of December,
19 92.

My Public Chris Schumacher

Date Commission Expires 5-8-96

K.C.C. OFFICE USE ONLY	
<input type="checkbox"/> F	Letter of Confidentiality Attached
<input type="checkbox"/> C	Wireline Log Received
<input type="checkbox"/> C	Geologist Report Received
Distribution	
<input checked="" type="checkbox"/> KCC	SWD/Rep
<input type="checkbox"/> KGS	Plug
Other (Specify)	
COMMISSION	
DEC 3 1992	



CHRIS SCHUMACHER
State of Kansas
My Appt. Exp. 5/8/96

Operator Name Castle Resources, Inc.Lease Name ZieWell # 1Sec. 1 Twp. 15S Rge. 30 East WestCounty Gove

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
(Attach Additional Sheets.) Yes No Log Formation (Top), Depth and Datums Sample

Samples Sent to Geological Survey

 Yes No

Name

Top

Datum

Cores Taken

 Yes No

Anhydrite

2054

- 83

Electric Log Run
(Submit Copy.) Yes No

Heebner

3663

-1013

List All E.Logs Run: Radiation Guard Log

Lansing

3702

-1052

Stark Shale

3943

-1293

Base Kansas City

4014

-1364

Pawnee

4136

-1486

Myrich Station

4172

-1522

Fort Scott

4196

-1546

Mississippi Lime

4300

-1650

Warsaw

4316

-1666

RTD

4331

-1681

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	20#	216'	60/40 Poz	140	2% Gel, 3% DC

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate	Top			
Protect Casing	Bottom			
Plug Back TD				
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	Gravity

Disposition of Gas:	METHOD OF COMPLETION	Production Interval

<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	
	<input type="checkbox"/> Other (Specify) _____	