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15-071-20,436

Greeley

C.....SE.....SE.....Sec. 27.....Twp. 16S.....Rge. 42.....East
.....X.....West

.....520..... Ft North from Southeast Corner of Section
.....520..... Ft West from Southeast Corner of Section

(Note: Locate well in section plat below)

Lease Name.....Young.....Well #..1.....

Field Name.....

Producing Formation.....

Elevation: Ground.....3827'.....KB.....3832'.....

Section Plat

WATER SUPPLY INFORMATION

Disposition of Produced Water:	Disposal
Docket #	Repressuring

Questions on this portion of the ACO-1 call:

Water Resources Board (913) 296-3717

Source of Water: _____
Division of Water Resources Permit #.....

Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Sec Twp Rge East West

S Surface Water. 50...Ft North from Southeast Corner
(Stream, pond etc) 50...Ft West from Southeast Corner
Sec 24 Twp 16S Rge 42 XXX West

Other (explain).....
(purchased from city, R.W.D. #)

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

Operator: License # 9860
Name Castle Resources
Address RR. #1 Box 90
City/State/Zip Hays, KS 67601

Purchaser

Operator Contact Person Jerry Green
Phone 913-625-5155

Contractor: License #8241.....
Name ...Emphasis Oil Operations.....

Wellsite Geologist....Jerry Green.....
Phone.....913-625-5155.....

Designate Type of Completion

☒ New Well	☐ Re-Entry	☐ Workover
☐ Oil	☐ SWD	☐ Temp. Abd
☐ Gas	☐ Inj	☐ Delayed Comp.
☒ Dry	☐ Other (Core, Water Supply etc.)	

If **OWO**: old well Info as follows:

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if OMWFO: old well info as follows:
    Operator .....
    Well Name .....
    Comp. Date .....Old Total Depth.....

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WELL HISTORY

Drilling Method: ☒ Mud Rotary ☐ Air Rotary ☐ Cable

...3-09-87.	...3-19-87....	..3-19-87....
Spud Date	Date Reached TD	Completion Date

5250 RTD
.....
Total Depth PBTD

Amount of Surface Pipe Set and Cemented at 313 feet
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated
from.....feet depth to.....w/.....SX cmt
Cement Company Name
Invoice #

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 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 drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

SIDE TWO

Operator Name Castle Resources Lease Name Young Well # 1Sec. 27 Twp. 16S Rge. 42 ☐ East ☒ West County Greeley

WELL LOG

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
 Samples Sent to Geological Survey ☒ Yes ☐ No
 Cores Taken ☐ Yes ☐ No

Formation Description
☒ Log ☐ Sample

Name Top Bottom

DST #1 5014 - 5114
 Testing times: 45-45-45-45
 Zone tested: Morrow
 Rec: 120' w m oil spks on top of
 tool
 IBHP: 857
 FBHP: 846
 FP: 76-76 97-97

Topok 3890 - 58
 Heebner 4100 - 268
 Lansing - KC 4204 - 372
 Lansing - KC base 4534 - 702
 Marmaton 4608 - 776
 Ft Scott 4680 - 848
 Cherokee 4723 - 891
 Atoka 4858 - 1026
 Morrow sh 5024 - 1192
 Mississippi 5198 - 1366
 RTD 5250 - 1418

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	313	60/40 poz	185	2% gel, 3% c.c.

PERFORATION RECORD

Shots Per Foot 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

☐ Yes ☐ No

Date of First Production

Producing Method

☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (explain).....