

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 9860
Name: Castle Resources Inc.
Address: PO Box 87
City/State/Zip: Schoenchen, KS 67667
Purchaser: Eott
Operator Contact Person: Jerry Green
Phone: (785) 625-5155
Contractor: Name: Anderson Drilling
License: 30076
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: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

<u>11-20-02</u>	<u>12-1-02</u>	<u>12-1-02</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 165217460000
County: Rush
NE NW SW _____ Sec. 6 Twp. 17 S. R. 19 East West
2850 feet from S (circle one) Line of Section
980 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Baldwin-Littler Well #: 1

Field Name: Hampton

Producing Formation: Arbuckle

Elevation: Ground: 2067 Kelly Bushing: 2072

Total Depth: 4154 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 203'@210 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from TD

feet depth to surface w/ 385 sx cmt.

Drilling Fluid Management Plan AK 11 Col 3.14.03
(Data must be collected from the Reserve Pit)

Chloride content 6000 ppm Fluid volume 300 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. R. _____ East West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 of 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: President Date: 3/11/03

Subscribed and sworn to before me this 11th day of March

to 2003

Notary Public: Katherine Bray

Date Commission Expires: 7-3-04

KCC Office Use ONLY

NO Letter of Confidentiality Attached

If Denied, Yes Date: _____

YES Wireline Log Received

YES Geologist Report Received

____ UIC Distribution

Operator Name: Castle Resources Inc. Lease Name: Baldwin-Littler Well #: 1

Sec. 6 Twp. 17 S. R. 19 East West County: Rush

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes No Cores Taken <input type="checkbox"/> Yes No Electric Log Run <input checked="" type="checkbox"/> Yes No <i>(Submit Copy)</i> List All E. Logs Run:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Log</th> <th style="text-align: left;">Formation (Top), Depth and Datum</th> <th style="text-align: left;">Sample</th> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Top Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1288 - 784</td> <td></td> </tr> <tr> <td>Heebner</td> <td>3382</td> <td style="text-align: right;">-1310</td> </tr> <tr> <td>Toronto</td> <td>3400</td> <td style="text-align: right;">-1328</td> </tr> <tr> <td>Lansing-KC</td> <td>3425</td> <td style="text-align: right;">-1353</td> </tr> <tr> <td>LKC Base</td> <td>3688</td> <td style="text-align: right;">-1616</td> </tr> <tr> <td>Arbuckle</td> <td>3792</td> <td style="text-align: right;">-1720</td> </tr> <tr> <td>Reagan Sand</td> <td>4032</td> <td style="text-align: right;">-1960</td> </tr> <tr> <td>Granite Wash</td> <td>4113</td> <td style="text-align: right;">-2041</td> </tr> <tr> <td>RTD</td> <td>4154</td> <td></td> </tr> </table>	Log	Formation (Top), Depth and Datum	Sample			Top Datum	Anhydrite	1288 - 784		Heebner	3382	-1310	Toronto	3400	-1328	Lansing-KC	3425	-1353	LKC Base	3688	-1616	Arbuckle	3792	-1720	Reagan Sand	4032	-1960	Granite Wash	4113	-2041	RTD	4154	
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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		8 5/8"		210'	60/40poz	150	
production		5 1/2"	14#	4153'		385	

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				N/A

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	3794.5 - 3797.5	natural	

TUBING RECORD	Liner Run
Size <u>2 7/8"</u> Set At <u>@ 4100'</u> Packer At _____	Yes No

Date of First, Resumed Production, SWD or Enhr.	Producing Method			
	Flowing	Pumping	Gas Lift	Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
	100	—	—	

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Sumit ACO-18.) Other (Specify) _____