

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

Operator: License # 9860

Name: Castle Resources, Inc.

Address P.O. Box 87

City/State/Zip Schoenchen, KS 67667-0087

Purchaser: _____

Operator Contact Person: Jerry Green

Phone (785) 625-5155

Contractor: Name: Vonfeldt Drilling, Inc.

License: 9431

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:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back P8TD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

5-22-00 5-27-00 5-27-00
Spud Date Date Reached TD Completion Date

API NO. 15- 065-227960000

County Graham
80° E & 120° N

E/2 - NW - NW Sec. 24 Twp. 9S Rge. 24 X X W

4740 Feet from SN (circle one) Line of Section

4210 Feet from EW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name College Well # 24-2

Field Name Colen Dale

Producing Formation _____

Elevation: Ground 2407 KB 2412

Total Depth 3999 P8TD _____

Amount of Surface Pipe Set and Cemented at 218 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
(Data must be collected from the Reserve Pit)

Chloride content 8000 ppm Fluid volume 300 bbls

Dewatering method used Allow to dry and backfill

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

RECEIVED
STATE CORPORATION COMMISSION
JUN 8 2000
WICHITA, KANSAS

me

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 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.

I certify that the 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 6/7/00

Subscribed and sworn to before me this 7th day of June,
2000

Notary Public Katherine Bray

Date Commission Expires 6-19-00

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)

KATHERINE BRAY
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 6-19-00

Operator Name Castle Resources Inc. Lease Name College Well # _____

Sec. 24 Twp. 9 Rge. 24 East West County Graham

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	Top	Datum
Anhydrite	2046-81	+366
Topeka	3494	-1082
Heebner	3710	-1298
Toronto	3735	-1323
Lansing KC	3750	-1338
Base KC	3968	-1556
RTD	3993	-1581

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> 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"	20#	218'	60/40 ppz 6%gel, 3%cc	200	

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		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, S&D 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: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____