

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

Operator: License # 9860Name: Castle Resources, Inc.Address P.O. Box 87City/State/Zip Schoenchen, KS 67667

Purchaser: _____

Operator Contact Person: Jerry GreenPhone (785) 625-5155Contractor: Name: Vonfeldt Drilling, Inc.License: 9431Wellsite 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 PBT
 Casing Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

5-30-00 6-4-00 6-4-00
 Spud Date Date Reached TD Completion Date

API NO. 15- 065-22797-0000County Graham

80°N & 10'E

- N/2 SW-NE Sec. 27 Twp. 9S Rge. 24 E

3710 Feet from SW (circle one) Line of Section1970 Feet from EW (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name D. Nickelson Well # 1-27

Field Name _____

Producing Formation _____

Elevation: Ground 2525 KB 2530Total Depth 4125 PBTAmount of Surface Pipe Set and Cemented at 209 FeetMultiple 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 12,000 ppm Fluid volume 300 bblsDewatering method used Allow to dry & backfill

Location of fluid disposal if hauled offsite: _____

Operator Name _____

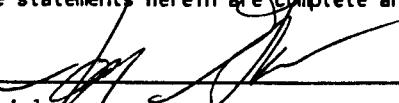
Lease Name _____ License No. _____

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, 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.

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 9/19/00Subscribed and sworn to before me this 19th day of September, 2000.Notary Public KATHERINE BRAYDate Commission Expires 7-3-04

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) _____



Operator Name Castle Resources Inc.Lease Name D. Nickelson Well # 1-27Sec. 27 Twp. 9S Rge. 24 EastCounty Graham West

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

Samples Sent to Geological Survey

 Yes No

Cores Taken

 Yes NoElectric Log Run
(Submit Copy.) Yes No

List All E.Logs Run:

<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input checked="" type="checkbox"/> Sample
Name	Top	Datum
Anhydrite	2184-2219	+346
Topeka	3628	-1098
Heebner	3847	-1317
Toronto	3872	-1342
Lansing KC	3887	-1357
Base KC	4112	-1582
RTD	4125	-1595

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	20#	209	60/40 poz 2% gel 3%cc	150	

ADDITIONAL CEMENTING/SQUEEZE RECORD

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

<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	Production Interval
	<input type="checkbox"/> Other (Specify) _____	_____