

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator License # 9860
 Name: Castle Resources Inc.
 Address: PO Box 87
 City/State/Zip: Schoenchen, KS 67667
 Purchaser: _____
 Operator Contact Person: Jerry Green
 Phone: (785) 625-5155
 Contractor Name: Murfin Drilling Company
 License: 30606
 Wellsite Geologist: Jerry Green
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas CNHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well into 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. _____
9/10/01 9/15/01
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 039-20919-0000
 County: Decatur
 N/2 SE NE Sec. 34 Twp. 2 S. R. 27 East West
3630 feet from N (circle one) Line of Section
660 feet from W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Long Well #: 1
 Field Name: Wildcat
 Producing Formation: _____
 Elevation: Ground: 2673 Kelly Bushing: 2678
 Total Depth: 3850 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 257 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from n/a plugged
 feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan *PAW 10-14-03*
 (Data must be collected from the Reserve Pit)
 Chloride content 6000 ppm Fluid volume 300 bbls
 Dewatering method used allow 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 207B, 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: 10/10/01
 Subscribed and sworn to before me this 16th day of OCTOBER
2001
 Notary Public: Katherine Bray
 Date Commission Expires: 7-3-04

KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED

KATHERINE BRAY
 NOTARY PUBLIC
 STATE OF KANSAS
 MY APPT. EXPIRES 7-3-04

OCT 18 2001
 10-18-2001
 KCC WICHITA

X

Slide Two

Operator Name: Castle Resources Inc. Lease Name: Long Well #: 1
Sec. 34 Twp. 2 S. R. 27 East West County: Decatur

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 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	Formation (Top), Depth and Datum		Sample
	Top	Datum	
Anhydrite	2274 +404		
Topeka	3474	-796	
Heebner	3590	-912	
Toronto	3622	-944	
Lansing KC	3632	-954	
Lansing KC Base	3831	-1153	
RID	3851	-1173	

CASING RECORD Now 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#	257		175	60/40 poz

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	2290' to surface	60/40	200	60/40 poz

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
(Amount and Kind of Material Used)

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 Yes No

Date of First Resumed Production, BWD or Enhr. _____ Producing Method _____
 Flowing Pumping Gas Lift Other (Explain) _____
Estimated Production Per 24 Hours: Oil _____ bbls. Gas _____ Mct Water _____ bbls. Gas-Oil Ratio _____ Gravity _____

Disposition of Gas _____ **METHOD OF COMPLETION** _____ **Production Interval** _____

Ventured Solid Used on Lease (If ventured, Submit ACO 18.)
 Open Hole Perf. Dually Comp. Commingled _____
 Other (Specify) _____

ALLIED CEMENTING CO., INC.

P.O. BOX 31
 RUSSELL, KS 67665
 PH (785) 483-3887
 FAX (785) 483-5566
 FEDERAL TAX ID# [REDACTED]

 * ORIGINAL *
 * INVOICE *

Invoice Number: 085354

Invoice Date: 09/25/01

*6120
 W/O*

Sold Castle Resources, Inc.

To: P. O. Box 87
 Schoonchen, KS
 67887

Cust. I.D. : East
 P. O. Number : Long #1
 P. O. Date : 09/25/01

Inv. Date: 09/25/01
 Terms: Net 30

Item	Qty	Unit	Price	Total	Ext
Common	120.00	SKS	7.8500	942.00	E
Pozmix	80.00	SKS	3.5500	284.00	E
Gel	10.00	SKS	10.0000	100.00	E
FloSeal	50.00	LBS	1.4000	70.00	E
Handling	212.00	SKS	1.1000	233.20	E
Mileage (72)	72.00	MILE	8.4800	610.56	E
212 sks @ \$.04 per sk per mi					
Plug	1.00	JOB	630.0000	630.00	E
Mileage pmp trk	72.00	MILE	3.0000	216.00	E
Dry hole plug	1.00	EACH	23.0000	23.00	E

All Prices Are Net, Payable 30 Days Following
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$ 210.27
 ONLY if paid within 30 days from Invoice Date

Subtotal: 3108.76
 Tax: 0.00
 Payments: 0.00
 Total: 3108.76

*< 310.877
 2797.39*

*pd
 10-16-01
 ck #1393*

ALLIED CEMENTING CO., INC.

PO BOX 31
 NUSSELL, KS 67665
 PH (785) 483-3887
 FAX (785) 483-5566
 FEDERAL TAX ID# [REDACTED]

*** ORIGINAL ***
 * INVOICE *

RECEIVED
 OCT 18 2001
 KCC WICHITA

Invoice Number: 085319

Invoice Date: 09/13/01

*6120
 CON*

Sold Castle Resources, Inc.
 To: P. O. Box 87
 Schoenchen, KS
 67667

Cust I.D.....: Cast
 P.O. Number..: Long #1
 P.O. Date....: 09/13/01

Due Date.: 10/13/01
 Terms....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	175.00	SKS	7.8500	1373.75	E
Gel	3.00	SKS	10.0000	30.00	E
Chloride	5.00	SKS	30.0000	150.00	E
Handling	183.00	SKS	1.1000	201.30	E
Mileage (72)	72.00	MILE	7.3200	527.04	E
183 sks @\$.04 per sk per mi					
Surface	1.00	JOB	520.0000	520.00	E
Mileage pmp trk	72.00	MILE	3.0000	216.00	E
Surface plug	1.00	EACH	45.0000	45.00	E

All Prices Are Net, Payable 30 Days Following
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$ 306.31
 ONLY if paid within 30 days from Invoice Date

Subtotal: 3063.09
 Tax.....: 0.00
 Payments: 0.00
 Total....: 3063.09

*<3063.17
 2756.78*

*pd
 9-25-01
 cc #1296*