

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-039-20919-0000

RECEIVED

OCT 18 2001
10-18-2001
KCC WICHITA

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE NAME Long

WELL NUMBER 1

3630 Ft. from S Section Line

660 Ft. from E Section Line

SEC. 34 TWP. 2 RGE. 27 (E) or (W)

COUNTY Decatur

Date Well Completed 9/15/01

Plugging Commenced 9-15-01

Plugging Completed 9-15-01

LEASE OPERATOR Castle Resources Inc.

ADDRESS PO Box 87 Schoenchen, KS 67667

PHONE# (785) 625-5155 OPERATORS LICENSE NO. 9860

Character of Well Dry

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 9-15-01 (date)

by Herb Deines (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? _____

Producing Formation none Depth to Top _____ Bottom _____ T.D. 3850

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
		0	257	8 5/8"	257	none

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from ___ feet to ___ feet each set.
25 sks @2290' 100 sks @1473' 40 sks @310' 10 sks @40' 15 sks in rathole 10 sks in mouse hole

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing License No. none required

Address Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Castle Resources Inc.

STATE OF Kansas COUNTY OF Ellis, ss.

Jerry Green (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) _____

(Address) PO Box 87 Schoenchen, KS 67667

Subscribed AND SWORN TO before me this 16th day of October 2001



Katherine Bray
Notary Public

My Commission Expires: 7-3-04