

SIDE ONE

ORIGINAL

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

Operator: License # 9860

Name: Castle Resources

Address RR #1, Box 90

City/State/Zip Hays, KS 67601

Purchaser: _____

Operator Contact Person: Jerry Green

Phone (913)-625-5155

Contractor: Name: Emphasis Oil Operations

License: 8241

Wellsite Geologist: Jerry Green

Designate Type of Completion

New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OWMO: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

8/2/90 8/9/90 8/9/90

Spud Date Date Reached TD Completion Date

API NO. 15- 039-20,866-0080

County Decatur

SW SE NE Sec. 30 Twp. 3S Rge. 26 East West

2970 Ft. North from Southeast Corner of Section

990 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

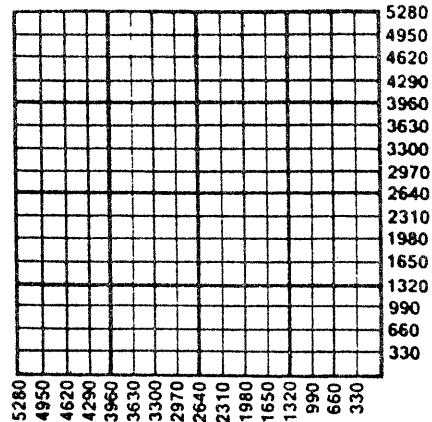
Lease Name Lund Well # 1

Field Name wildcat

Producing Formation none

Elevation: Ground 2585' KB 2590'

Total Depth 4000' PBTD _____



Amount of Surface Pipe Set and Cemented at 247 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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.

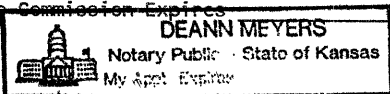
Signature Jerry Green Date 10/23/90

Title Owner

Subscribed and sworn to before me this 23 day of October, 19 90

Notary Public Deann Meyers

Date Commission Expires 9-13-94



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

SIDE TWO

Operator Name Castle Resources Lease Name Lund Well # 1
 Sec. 30 Twp. 3S Rge. 26 East County Decatur
 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 Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

DST #1 3537-3640 30-30-15
 Rec 70' osm BHP 1151 FP 56-78

DST #2 3675-3715 30-30-15 Rec 5'
 OSM

BHP 45# FP 33-33

Formation Description 2590 K.B.

Log Sample

Name	Top	Bottom
Heebner	3535	- 945
Toronto	3565	- 980
L-KC	3579	- 989
B-KC	3775	- 1185
RTD	3997	- 1407

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	13"	8 5/8	20#	247	60/40	150	sk.

Shots Per Foot	PERFORATION RECORD 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 Production Producing Method Flowing Pumping Gas Lift 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 Perforation Dually Completed Commingled Other (Specify) dry hole plugged

Production Interval _____

TICKET COST STATEMENT

DATE 8/8/90	CUSTOMER ORDER NO.	WELL NO. AND FARM 1 Lund	COUNTY Decatur	STATE KS
CHARGE TO Castle Resources		OWNER Castle Resources	CONTRACTOR Emphasis Drig.	No. B866029
MAILING ADDRESS		DELIVERED FROM Oberlin, KS	LOCATION CODE 50229 25529	PREPARED BY Lyle
CITY & STATE		DELIVERED TO SE/Oberlin, KS	TRUCK NO. 50181	RECEIVED BY <i>J. K...</i>

PRICE REFERENCE	SECONDARY REF. OR PART NO.	CODE		DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT
		L	D		QTY.	MEAS.	QTY.	MEAS.		
504-308	516.00261	1	B	Standard Cement	120	sk			6.75	810.00
506-105	516.00286	1	B	Pozmix 'A'	80	sk			3.50	280.00
506-121	516.00259	1	B	(4) Halliburton Gel Allowed 2%						N/C
507-277	516.00259	1	B	(6) Halliburton Gel Added 4%	6	sk			13.75	82.50
509-406	896.50812	1	B	Calicum Chloride	6	sk			25.75	154.50
507-210	890.50071	1	B	Flocele	25	lb.			1.30	32.50
					Returned Mileage Charge	TOTAL WEIGHT	LOADED MILES	TON MILES		
					SERVICE CHARGE ON MATERIALS RETURNED			CU. FEET.		
500-207		1	B	SERVICE CHARGE				214.	1.10	235.40
500-306		1	B	Mileage Charge	18,705		20	187.05	.75	140.29
					TOTAL WEIGHT	LOADED MILES	TON MILES			
No. B 866029		CARRY FORWARD TO INVOICE					SUB-TOTAL		1,735.19	

THIS IS NOT AN INVOICE

061 24 1990

WELL DATA

FIELD _____ LOCATION _____ COUNTY DECATUR STATE GA

SEC 30 TWP 35 RNG 20W

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS _____ FROM _____ TO _____

INITIAL PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD _____

PRESENT PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD _____

COMPLETION DATE _____ MUD TYPE _____ MUD WT _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP _____ PRESSURE _____

MISC. DATA _____ TOTAL DEPTH 4000

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<u>N</u>	<u>20</u>	<u>8 5/8</u>	<u>KB</u>	<u>247</u>	
LINER						
TUBING	<u>U</u>		<u>4 1/2</u>	<u>KB</u>	<u>2180</u>	
OPEN HOLE			<u>7 7/8</u>	<u>247</u>	<u>4000</u>	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>8-8-90</u>	DATE <u>8-8-90</u>	DATE <u>8-8-90</u>	DATE <u>8-8-90</u>
TIME <u>1637</u>	TIME <u>1900</u>	TIME <u>2115</u>	TIME <u>2400</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG <u>14-11 1 1/2</u>	<u>1 EA</u>	<u>Howco</u>
HEAD		
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>J. KENNAN</u>	<u>2541 R.C.M.</u>	<u>OBERLIN KS</u>
<u>J. ALFORD</u>		
<u>M. JONES</u>	<u>50181 B.M.</u>	<u>OBERLIN KS</u>

MATERIALS

TREAT FLUID _____ DENSITY _____ LB/GAL-API

DISEL FLUID _____ DENSITY _____ LB/GAL-API

PROP. TYPE _____ SIZE _____ LB

PROP. TYPE _____ SIZE _____ LB

ACID TYPE _____ GAL _____ %

ACID TYPE _____ GAL _____ %

ACID TYPE _____ GAL _____ %

SURFACTANT TYPE _____ GAL _____ IN

NE AGENT TYPE _____ GAL _____ IN

FLUID LOSS ADD. TYPE _____ GAL-LB _____ IN

GELLING AGENT TYPE _____ GAL-LB _____ IN

FRIC. RED. AGENT TYPE _____ GAL-LB _____ IN

BREAKER TYPE _____ GAL-LB _____ IN

BLOCKING AGENT TYPE _____ GAL-LB _____ IN

PERFAC BALLS TYPE _____ QTY _____

OTHER _____

OTHER _____

DEPARTMENT UNIT-BULK

DESCRIPTION OF JOB PTA

JOB DONE THRU TUBING CASING ANNULUS TEG. ANN.

CUSTOMER REPRESENTATIVE [Signature]

HALLIBURTON OPERATOR [Signature] COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CUFT/SK	MIXED LB/GAL
	<u>300</u>	<u>60/4000</u>	<u>STAN</u>	<u>B</u>	<u>6% AGENT, 3% ACC, 1% FLOCC</u>	<u>1.55</u>	<u>12</u>

PRESSURES IN PSI

CIRCULATING _____ DISPLACEMENT _____

BREAKDOWN _____ MAXIMUM _____

AVERAGE _____ FRACTURE GRADIENT _____

SHUT IN INSTANT _____ 5 MIN _____ 15 MIN _____

HYDRAULIC HORSEPOWER _____

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET _____ REASON Aug

SUMMARY

VOLUMES

PRESLUSH: BBL-GAL 25 TYPE 170

LOAD & BKDN: BBL-GAL _____ PAD: BBL-GAL _____

TREATMENT: BBL-GAL _____ DISPL: BBL-GAL 365

CEMENT SLURRY: BBL-GAL 35

TOTAL VOLUME: BBL-GAL 118.5

REMARKS

See Job log

Thank you

AND
TICKET CONTINUATION

FOR INVOICE AND
TICKET NO. 863584

A Division of Halliburton Company

DATE 8/2/90	CUSTOMER ORDER NO.	WELL NO. AND FARM 1 Lund	COUNTY Decatur	STATE KS
CHARGE TO Castle Resources		OWNER Castle Resources	CONTRACTOR Euphysis Drig.	No. B 866020
MAILING ADDRESS		DELIVERED FROM Oberlin, KS	LOCATION CODE 25529	PREPARED BY Lyle
CITY & STATE		DELIVERED TO N/Jennings, KS	TRUCK NO. 3846	RECEIVED BY <i>Jack Moose</i>

PRICE REFERENCE	SECONDARY REF. OR PART NO.	CODE	DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT	
				QTY.	MEAS.	QTY.	MEAS.			
504-308	516.00261	1 B	Standard Cement	96	sk			6.75	648.00	
506-105	516.00286	1 B	Pozmix 'A'	54	sk			3.50	189.00	
506-121	516.00259	1 B	(3) Halliburton Gel Allowed 2%						N/C	
509-406	890.50812	1 B	Calicum Chloride	5	sk			26.25	131.25	
THIS IS NOT AN INVOICE										
			Returned Mileage Charge							
			TOTAL WEIGHT			LOADED MILES	TON MILES			
			SERVICE CHARGE ON MATERIALS RETURNED				CU. FEET			
500-207		1 B	SERVICE CHARGE			170	CU. FEET	1.10	187.00	
500-306		1 B	Mileage Charge	14,460		20	LOADED MILES	.75	102.45	
No. B 866020			TOTAL WEIGHT				TON MILES			
								CARRY FORWARD TO INVOICE	SUB-TOTAL	1,262.70

WELL DATA

FIELD *W. Johnsons KS* SEC *30* TWP *3s* RNG *26W* COUNTY *Decatur* STATE *KS*

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS FROM _____ TO _____

INITIAL PROD. OIL _____ BPD WATER _____ BPD GAS _____ MCFD

PRESENT PROD. OIL _____ BPD WATER _____ BPD GAS _____ MCFD

COMPLETION DATE _____ MUD TYPE _____ MUD WT _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP _____ PRESSURE _____

MISC DATA _____ TOTAL DEPTH *255*

CASING	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
	<input checked="" type="checkbox"/>	<i>197</i>	<i>8 5/8</i>	<i>KB</i>	<i>250</i>	
LINER						
TUBING						
OPEN HOLE			<i>12 1/4</i>	<i>KB</i>	<i>255</i>	SHOTS/FT
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <i>8-2</i>	DATE <i>8-2</i>	DATE <i>8-2</i>	DATE <i>8-2</i>
TIME <i>1645</i>	TIME <i>1800</i>	TIME <i>2010</i>	TIME <i>2100</i>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG <i>8 5/8 LA II</i>	<i>1 CA</i>	<i>Howco</i>
HEAD		
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<i>K. Legg</i>	<i>73140</i>	<i>Oberlin KS</i>
<i>H. Berry</i>	<i>35068</i>	<i>Oberlin KS</i>
<i>J. Moore</i>	<i>34685</i>	<i>Oberlin KS</i>
	<i>3579</i>	
	<i>HT 400 R/A</i>	
	<i>3846</i>	
	<i>Bulk Tk</i>	
	<i>36655</i>	
	<i>Tout P.U.</i>	

MATERIALS

TREAT FLUID _____ DENSITY _____ LB/GAL API

DISPL. FLUID _____ DENSITY _____ LB/GAL API

PROP. TYPE _____ SIZE _____ LB

PROP. TYPE _____ SIZE _____ LB

ACID TYPE _____ GAL _____ %

ACID TYPE _____ GAL _____ %

ACID TYPE _____ GAL _____ %

SURFACTANT TYPE _____ GAL _____ IN

NE AGENT TYPE _____ GAL _____ IN

FLUID LOSS ADD. TYPE _____ GAL-LB _____ IN

GELLING AGENT TYPE _____ GAL-LB _____ IN

FRIC. RED. AGENT TYPE _____ GAL-LB _____ IN

BREAKER TYPE _____ GAL-LB _____ IN

BLOCKING AGENT TYPE _____ GAL-LB _____

PERFPAC BALLS TYPE _____ QTY _____

OTHER _____

OTHER _____

DEPARTMENT *Cement*

DESCRIPTION OF JOB *Cement Surface Using 160 SAs BU40 POC w/ 3% CC*

JOB DONE THRU: TUBING CASING ANNULUS TBS ANN

CUSTOMER REPRESENTATIVE *J. Moore*

HALLIBURTON OPERATOR *J. Moore*

COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK BAGGED	ADDITIVES	YIELD CUFT/SK	MIKED (SS/2)
	<i>160</i>	<i>BU40 POC</i>			<i>2% Gel 3% CC</i>	<i>1.28</i>	<i>IN</i>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESURUSH BBL-GAL _____ TYPE _____

BREAKDOWN _____ MAXIMUM _____ LOAD & SKDN BBL-GAL _____ PAD BBL-GAL _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT BBL-GAL _____ DISPL. BBL-GAL _____

SHUT-IN INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY BBL-GAL _____

ORDERED _____ AVAILABLE _____ USED _____ TOTAL VOLUME BBL-GAL _____

TREATING _____ CEMENT LEFT IN PIPE _____

REMARKS *See Job log*

REASON *Requested*

REMARKS *Thank you*