

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 December 2003 Type or Print on this Form Form must be Signed All blanks must be Filled

Lease Operator: Castle Resources Inc. Address: PO Box 87 Schoenchen, KS 67667 Phone: (785) 625-5155 Operator License #: 9860 Type of Well: D & A Docket #: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR) The plugging proposal was approved on: by: Is ACO-1 filed? [X] Yes [ ] No If not, is well log attached? [ ] Yes [ ] No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.

API Number: 15-051-2539-0000 Lease Name: J & A Well Number: 2 Spot Location (QQQQ): NW - NE - SE - NE 1488 Feet from [X] North / [ ] South Section Line 500 Feet from [X] East / [ ] West Section Line Sec. 23 Twp. 14 S. R. 17 [ ] East [X] West County: Ellis Date Well Completed: 6/9/06 Plugging Commenced: 6/9/06 Plugging Completed: 6/9/06

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

Table with 7 columns: Formation, Content, From, To, Size, Put In, Pulled Out. Header: Oil, Gas or Water Records / Casing Record (Surface Conductor & Production)

Describe in detail the manner in which the well is 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 depth placed from (bottom), to (top) for each plug set.

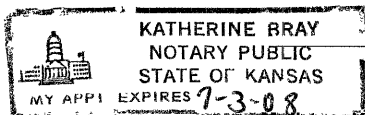
25 sacks @ 3450' 25 sacks @ 1150' 80 sacks @ 725' 40 sacks @ 300' 10 sacks @ 40' 15 sacks @ rathole rig released at 6:30 p.m. on 6/9/06

Name of Plugging Contractor: Landmark Drilling License #: 33549 Address: PO Box 162 Medicine Lodge, KS 67104 Name of Party Responsible for Plugging Fees: Castle Resources Inc. State of Kansas County, Ellis, ss. Jerry Green

(Employee of Operator) or (Operator) on 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 is as filed, and 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 30th day of November, 2006



Katherine Bray Notary Public My Commission Expires: 7-3-08

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED DEC 01 2005 KCC WICHITA