

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31021
Name: Castelli Exploration, Inc.
Address: 6908 N.W. 112th St.
City/State/Zip: Oklahoma City, OK 73162
Purchaser: _____
Operator Contact Person: Thomas Castelli
Phone: (405) 722-5511
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: Joey Hickman

API No. 15 - 033-21398-00-00
County: Comanche
NW NW Sec. 3 Twp. 33 S. R. 16 East West
660 feet from S (N) (circle one) Line of Section
660 feet from E (W) (circle one) Line of Section

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: Lenertz Well #: 1-3
Field Name: WC

If Workover/Re-entry: Old Well Info 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. _____

Producing Formation: None
Elevation: Ground: 1852' Kelly Bushing: 1865'
Total Depth: 5050' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 228' 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.
ALT I NTHM 11-27-06

5/18/04 5/28/04 5/30/04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 36000 ppm Fluid volume 80 bbls
Dewatering method used Hauled off as needed
Location of fluid disposal if hauled offsite: _____
Operator Name: Star Resources
Lease Name: Currier #2-9 License No.: 32389
Quarter 2 Sec. 20 Twp. 32 S. R. 18 East West
Comanche Docket No.: 27668

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FROM
CONFIDENTIAL

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 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: Christopher L. Guentee
Title: Explor. Geologist Date: 6-22-04
Subscribed and sworn to before me this 22nd day of June,
20 04.
Notary Public: Tisha L. Braun

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Date Commission Expires: 7/18/05
01011945

OKLAHOMA NOTARY PUBLIC
TISHA L. BRAUN
OKLAHOMA COUNTY
COMM EXP 07-18-2005

Operator Name: Castelli Exploration, Inc. Lease Name: Lenertz Well #: 1-3
 Sec. 3 Twp. 33 S. R. 16 East West County: Comanche

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> <tr> <td>Lansing</td> <td>4258</td> <td>-2393</td> </tr> <tr> <td>Drum</td> <td>4500</td> <td>-2635</td> </tr> <tr> <td>Swope</td> <td>4620</td> <td>-2755</td> </tr> <tr> <td>Pawnee</td> <td>4846</td> <td>-2987</td> </tr> <tr> <td>Missp</td> <td>4918</td> <td>-3053</td> </tr> </table>	Name	Top	Datum	Lansing	4258	-2393	Drum	4500	-2635	Swope	4620	-2755	Pawnee	4846	-2987	Missp	4918	-3053
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> 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
Conductor		20"		40'			
Surface		17 1/2"	13	3/8"	48#	228'	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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Shots Per Foot	PERFORATION RECORD - Bridge Plug, Set, TD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	N/A		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		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** Production Interval

Vented Sold Used on Lease
 Open Hole Perf. Dually Comp. Commingled _____
(If vented, Submit ACO-18.)
 Other (Specify) _____