

ORIGINAL KANSAS CORPORATION COMMISSION **CONFIDENTIAL**
 OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

Form ACO-1
 September 1999
 Form Must Be Typed

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 P. Castelli
 Phone: (405) 722-5511
 Contractor: Name: Duke Drilling Co, Inc.
 License: 5929
 Wellsite Geologist: _____
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 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. _____

<u>8/21/04</u>	<u>9/02/04</u>	<u>9/04/04</u>
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

RECEIVED
 OCT 06 2004
 KCC-WICHITA

KCC
 SEP 27 2004

CONFIDENTIAL

API No. 15 - 033-21404-00-00
 County: Comanche County, KS
S/2 NE NW Sec. 33 Twp. 31 S. R. 16 East West
990 feet from S / N (circle one) Line of Section
1930 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: CK Well #: 33-C
 Field Name: Wildcat
 Producing Formation: Mississippian
 Elevation: Ground: 1913' Kelly Bushing: 1926'
 Total Depth: 5250' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 1025 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 WITHIN 10-19-06
Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 38,000 ppm Fluid volume _____ bbls
 Dewatering method used Hauled as needed
 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 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 J. Greenlee
 Title: EXPL. GEOL. Date: 10-04-04
 Subscribed and sworn to before me this 4th day of October,
2004.
 Notary Public: Jisha L. Braun
 Date Commission Expires: 10/23/08

KCC Office Use ONLY

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

✓

Operator Name: Castelli Exploration, Inc. Lease Name: CK Well #: 33-C
 Sec. 33 Twp. 31 S. R. 16 East West County: Comanche County, KS

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 (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" 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 (Submit Copy) List All E. Logs Run: DIL/CND	<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>4259</td> <td>-2333</td> </tr> <tr> <td>Drum</td> <td>4446</td> <td>-2520</td> </tr> <tr> <td>Swope</td> <td>4543</td> <td>-2617</td> </tr> <tr> <td>Pawnee</td> <td>4780</td> <td>-2854</td> </tr> <tr> <td>Miss</td> <td>4843</td> <td>-2917</td> </tr> </table> <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED OCT 06 2004 KCC WICHITA </div>	Name	Top	Datum	Lansing	4259	-2333	Drum	4446	-2520	Swope	4543	-2617	Pawnee	4780	-2854	Miss	4843	-2917
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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		24"		60'			
Surface	17 1/2"	13 3/8"	54.5#	334'	^{60/40} A serv Lite	215 + 100	3% cc 1/4# cell flake
Intermediate		8 5/8"	28#	1025'	^{60/40}	350	3% cc 1/4# cell flake

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				

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
	N/A		
		KCC	
		SEP 27 2004	
		RELEASED FROM CONFIDENTIAL	
		CONFIDENTIAL	

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 Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____