

ORIGINAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 9860  
Name: Castle Resources Inc.  
Address: PO Box 87  
City/State/Zip: Schoenchen, KS 67667  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Jerry Green  
Phone: (785) 625-5155  
Contractor: Name: Murfin Drilling Company  
License: 30606  
Wellsite Geologist: Jerry Green

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. \_\_\_\_\_  
7/26/04 7/31/04 7/31/04  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 153-20829-00-00  
County: Rawlins  
AP SW NW NW Sec. 18 Twp. 1 S. R. 32  East  West  
1100 feet from S  (circle one) Line of Section  
400 feet from E  (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Simminger Well #: 1A  
Field Name: Wilhelm  
Producing Formation: dry  
Elevation: Ground: 2917 Kelly Bushing: 2922  
Total Depth: 4119\* Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 276 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.

Drilling Fluid Management Plan P+A KJR 6/29/07  
(Data must be collected from the Reserve Pit)  
Chloride content 2000 ppm Fluid volume 200 bbls  
Dewatering method used allow to dry & backfill  
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: [Signature]  
Title: President Date: \_\_\_\_\_  
Subscribed and sworn to before me this 22<sup>nd</sup> day of NOVEMBER  
2004  
Notary Public: CATHERINE BRAY  
Date Commission Expires: 7-3-08

CATHERINE BRAY  
NOTARY PUBLIC  
STATE OF KANSAS  
MY APPT EXPIRES 7-3-08

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

RECEIVED  
NOV 23 2004  
KCC WICHITA

ORIGINAL  
1A

Operator Name: Castle Resources Inc. Lease Name: Simminger Well #: \_\_\_\_\_  
Sec. 18 Twp. 1 S. R. 32 East West County: Rawlins

**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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes	No	Log	Formation (Top), Depth and Datum	Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	Yes	<input checked="" type="checkbox"/> No	Anhydrite	2716-54	+206
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes	No	Wabansee	3412	-490
List All E. Logs Run:			Topeka	3674	-752
			Oread	3787	-865
			Douglas	3816	-894
			Lansing-KC	3838	-916
			Base-KC	4096	-1174
			RTD	4119	-1197

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	12 1/4	8 5/8"	19#	276'	common	180	3% CC 2%gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

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

TUBING RECORD	Size	Set At	Packer At	Liner Run
				Yes No

Date of First, Resumed Production, SWD or Enhr.	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:  Ventd  Sold  Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION:  Open Hole  Perf.  Dually Comp.  Commingled

Production Interval:  Other (Specify) \_\_\_\_\_

# ALLIED CEMENTING CO., INC. 14929

~~Everett~~

EMIT TO: P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
DAKLEY

DATE <u>7-26-04</u>	SEC. <u>18</u>	TWP. <u>15</u>	RANGE <u>32 W</u>	CALLED OUT	ON LOCATION <u>9:00 AM</u>	JOB START <u>10:30 AM</u>	JOB FINISH <u>11:00 AM</u>
SIMMINGER LEASE			WELL # <u>1A</u>	LOCATION <u>Atwood 6N-SE-5N-8 ETS ENRAW/ENS</u>		COUNTY <u>RAWLINS</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR MURFEN DRILL RIG #3

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4" T.D. 276'

CASING SIZE 8 3/8" DEPTH 276'

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. 15'

PERFS. \_\_\_\_\_

DISPLACEMENT 16 1/2 BAL.

OWNER SAME

CEMENT AMOUNT ORDERED 180 SKS COM 380CC 2% GEL

COMMON	<u>180 SKS</u>	@	<u>9.10</u>	<u>1638<sup>00</sup></u>
POZMIX		@		
GEL	<u>3 SKS</u>	@	<u>11<sup>00</sup></u>	<u>33<sup>00</sup></u>
CHLORIDE	<u>6 SKS</u>	@	<u>33<sup>00</sup></u>	<u>198<sup>00</sup></u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>189 SKS</u>	@	<u>1.35</u>	<u>255<sup>15</sup></u>
MILEAGE	<u>0.54 PER SK</u>		<u>METE</u>	<u>614<sup>25</sup></u>
TOTAL				<u><del>6000</del> 2738.40</u>

**EQUIPMENT**

PUMP TRUCK CEMENTER TERRY

# 373 HELPER FUZZY

BULK TRUCK

# 377 DRIVER LONNIE

BULK TRUCK

# \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

CEMENT Old CRCL

THANK YOU

CHARGE TO: CASTLE RESOURCES INC.

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SERVICE**

DEPTH OF JOB 276'

PUMP TRUCK CHARGE 570<sup>00</sup>

EXTRA FOOTAGE @ \_\_\_\_\_

MILEAGE 65 MI @ 4<sup>00</sup> 260<sup>00</sup>

PLUG @ \_\_\_\_\_

@ \_\_\_\_\_

@ \_\_\_\_\_

TOTAL 830<sup>00</sup>

**FLOAT EQUIPMENT**

8 3/8 SURFACE @ 55<sup>00</sup>

@ \_\_\_\_\_

@ \_\_\_\_\_

@ \_\_\_\_\_

@ \_\_\_\_\_

TOTAL 55<sup>00</sup>

To Allied Cementing Co., Inc.  
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME \_\_\_\_\_

SIGNATURE Keith Van Pelt

ALLIED CEMENTING CO., INC. 14936

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
OAKLEY

DATE 7-31-04	SEC. 18	TWP. 15	RANGE 32W	CALLED OUT	ON LOCATION 1:00 PM	JOB START 1:15 PM	JOB FINISH 4:00 PM
LEASE SIMMENGER	WELL # 1A	LOCATION AT WOOD	6N-5E-5N-E5	COUNTY RAWLINS	STATE KS		
OLD OR (NEW) (Circle one)							

CONTRACTOR MURFIN DRILL RELEASERS OWNER SAME

TYPE OF JOB PTA

HOLE SIZE 7 7/8"	T.D. 4120'
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE 4 1/2"	DEPTH 2720'
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT

AMOUNT ORDERED 190 SKS 60/40 20Z 6% GEL  
1/4" FLO-SEAL

COMMON	114 SKS	@	9 1/2	1037	40
POZMIX	76 SKS	@	4 1/2	311	60
GEL	10 SKS	@	11 1/2	110	
CHLORIDE		@			
		@			
		@			
<u>FLO-SEAL 48#</u>		@	1 1/2	67	20
		@			
		@			
HANDLING	200 SKS	@	1 3/5	270	
MILEAGE	054 PER SK/MILE			650	

EQUIPMENT

PUMP TRUCK # 191	CEMENTER TERRY	HELPER WAYNE
BULK TRUCK # 218	DRIVER LARRY	
BULK TRUCK #	DRIVER	

REMARKS:

- 25 SKS AT 2720'
- 100 SKS AT 2060'
- 40 SKS AT 320'
- 10 SKS AT 40'
- 15 SKS AT HOLE

SERVICE

DEPTH OF JOB	2720'
PUMP TRUCK CHARGE	700
EXTRA FOOTAGE	@
MILEAGE	65 MI @ 4 1/2 = 260
PLUG	@
	@
	@
TOTAL	960

THANK YOU

CHARGE TO: CASTLE RESOURCES, INC.

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FLOAT EQUIPMENT

8 5/8 DRY HOLE	@	23
	@	
	@	
	@	
	@	
TOTAL		

To Allied Cementing Co., Inc.  
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE [Signature]

TAX	_____
TOTAL CHARGE	_____
DISCOUNT	_____ IF PAID IN 30 DAYS
PRINTED NAME	