

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 SIOW 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. _____
8/31/04 9/5/04 9/5/04
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 165-21767-00-00
 County: Rush
 NE SE SW SE Sec 25 Twp. 16 S. R. 20 East West
520 feet from (S) N (circle one) Line of Section
1550 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Walker Well #: 1
 Field Name: Roland SE
 Producing Formation: Arbuckle
 Elevation: Ground: 2082 Kelly Bushing: 2087
 Total Depth: 3900 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 8 5/8 @208 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 3900
 feet depth to surface w/ 300 sx cmt.
 Drilling Fluid Management Plan ALT #2 KJR 6/29/07
 (Data must be collected from the Reserve Pit)
 Chloride content 10,000 ppm Fluid volume 100 bbls
 Dewatering method used allowed 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: _____
 Title: President Date: 11-9-04
 Subscribed and sworn to before me this 9th day of November
 19 2004
 Notary Public: Katherine Bray
 Date Commission Expires: 7-3-08

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

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

RECEIVED
 NOV 10 2004
 KCC WICHITA

Operator Name: Castle Resources Inc. Lease Name: Walker Well #: 1
 Sec. 25 Twp. 16 S. R. 20 East West County: Rush

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Log Formation (Top), Depth and Datum Name Top Datum Anhydrite 1320-54 Topeka 3120 -1033 Heebner 3418 -1331 Toronto 3441 -1354 Lansing-KC 3463 -1376 Base-KC 3721 -1634 Arbuckle 3840 -1753 RTD 3902 -1815
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Electric Log Run (Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
List All E. Logs Run:		

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	28#	208'	common	150	3%CC 2%gel
production		5 1/2	17#	3900	MD	300	

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
4/ft	3847.5 - 50.5	none	

TUBING RECORD	Size <u>2 7/8</u>	Set At <u>3858</u>	Packer At	Liner Run	Yes	No
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Date of First, Resumed Production, SWD or Enhr. <u>October 6, 2004</u>	Producing Method	Flowing	<input checked="" type="checkbox"/> Pumping	Gas Lift	Other (Explain)
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Estimated Production Per 24 Hours	Oil <u>90</u> Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas _____ METHOD OF COMPLETION _____ Production Interval _____

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

ALLIED CEMENTING CO., INC. 13100

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

SERVICE POINT:
Near city

DATE <u>8-31-04</u>	SEC. <u>25</u>	TWP. <u>16</u>	RANGE <u>20</u>	CALLED OUT <u>4:00pm</u>	ON LOCATION <u>7:30pm</u>	JOB START <u>9:40pm</u>	JOB FINISH <u>10:00pm</u>
LEASE <u>Walker</u> WELL # <u>1</u>			LOCATION <u>M^cCracken 4N 4E 15 3/4 E</u>		COUNTY <u>Rush</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR Murfin Drilling #24 OWNER _____

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 206

CASING SIZE 8 5/8 DEPTH 205

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15

PERFS. _____

DISPLACEMENT 11 3/4

EQUIPMENT

PUMP TRUCK CEMENTER Mark

224 HELPER J. Wiegman

BULK TRUCK _____

342 DRIVER Steve

BULK TRUCK _____

_____ DRIVER _____

CEMENT AMOUNT ORDERED 150 Corn 3^occ 2^o Hel

COMMON <u>150</u>	@ <u>7.85</u>	<u>1177.50</u>
POZMIX _____	@ _____	_____
GEL <u>3</u>	@ <u>11.00</u>	<u>33.00</u>
CHLORIDE <u>5</u>	@ <u>33.00</u>	<u>165.00</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>158</u>	@ <u>1.35</u>	<u>213.30</u>
MILEAGE <u>40.5.158</u>		<u>316.00</u>
TOTAL		<u>1904.80</u>

REMARKS:

circ 8 5/8 cas using pump
mix cemt. disp plus w/
11 3/4 BBL. Cemt disp circ.

Thanks

SERVICE

DEPTH OF JOB <u>205</u>		
PUMP TRUCK CHARGE _____		<u>570.00</u>
EXTRA FOOTAGE _____	@ _____	_____
MILEAGE <u>40</u>	@ <u>4.00</u>	<u>160.00</u>
PLUG <u>TOPWOOD</u>	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
TOTAL		<u>730.00</u>

CHARGE TO: Castle Res. Inc.

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

<u>top wood 8 5/8</u>	@ <u>55.00</u>	<u>55.00</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
TOTAL		<u>55.00</u>

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

SIGNATURE Anthony Martin
Good Job.

Anthony Martin
PRINTED NAME



CHARGE TO: Castle Resources
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 7071

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>Hays, Ks.</u> 2. <u>Ness City, Ks.</u> 3.	WELL/PROJECT NO. <u>#1</u>	LEASE <u>Walker</u>	COUNTY/PARISH <u>Rush</u>	STATE <u>Ks</u>	CITY	DATE <u>9-5-04</u>	OWNER <u>Same</u>
	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Murfin</u>	RIG NAME/NO. <u>#24</u>	SHIPPED VIA <u>elt</u>	DELIVERED TO <u>Location</u>	ORDER NO.	
	WELL TYPE <u>oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cement L.S.</u>	WELL PERMIT NO.	WELL LOCATION		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575		1			MILEAGE	25	mi	2	50	62.50
578		1			Cement Long String	1	ea	3900	00	1200.00
281		1			Mudflush	500	gal		60	300.00
221		1			KCh Liquid	2	gal		19.00	38.00
401		1			Insert float shoe w/fill	1	ea	5 1/2	00	125.00
406		1			Latch Down Plug + Baffle	1	ea	5 1/2	00	200.00
403		1			Basket	3	ea	5 1/2	00	375.00
402		1			Centralizer	7	ea	5 1/2	00	308.00
RECEIVED NOV 10 2004 KCC WICHITA										

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X Anthony Mart
 DATE SIGNED 9-6-04 TIME SIGNED 3:00 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	2608.50
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				cont.	3824.64
WE UNDERSTOOD AND MET YOUR NEEDS?				subtotal	6433.14
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX	241.52
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	6674.66
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 7071

CUSTOMER *Castle Resources* WELL *Walker #1* DATE *9-5-04* PAGE *2* OF *2*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		UM		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY	UM	QTY	UM			
325		2				Standard Cement	100	sk			7.25	725	00
330		2				SMD Cement	200	sk			10.00	2000	00
284		2				Calseal	5	sk			25.00	125	00
283		2				Salt	500	lbs			15	75	00
286		2				Halad-1	50	lbs			5.25	262	50
276		2				Flocele	25	lbs			90	23	40
RECEIVED NOV 10 2004 KCC WICHITA													
581		2				SERVICE CHARGE							
583		2				MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	CUBIC FEET	TON MILES			
							29528	25	300 sks	369.1	1.00	300	00
											.85	313	74

CONTINUATION TOTAL 3824.64

