

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 065-22797-0000
County Graham
80' N & 10' E
N/2 SW-NE Sec. 27 Twp. 9S Rge. 24 XW
3710 feet from SN (circle one) Line of Section
1970 feet from EW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name D. Nickelson Well # 1-27
Field Name _____
Producing Formation _____
Elevation: Ground 2525 KB 2530
Total Depth 4125 PBDT _____
Amount of Surface Pipe Set and Cemented at 209 Feet
Multiple Stage Cementing Collar Used? Yes X 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 KGR 7/06/07
(Data must be collected from the Reserve Pit)
Chloride content 12,000 ppm Fluid volume 300 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 Rng. _____ E/W
County _____ Docket No. _____

Operator: License # 9860
Name: Castle Resources, Inc.
Address P.O. Box 87
City/State/Zip Schoenchen, KS 67667
Purchaser: _____
Operator Contact Person: Jerry Green
Phone (785) 625-5155
Contractor: Name: Vonfeldt Drilling, Inc.
License: 9431
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:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
5-30-00 6-4-00 6-4-00
Spud Date Date Reached TD Completion Date

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 on 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 9/19/00
Subscribed and sworn to before me this 19th day of September, 2000.
Notary Public: Katherine Bray
Date Commission Expires 7-3-04

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
Distribution
_____ KCC _____ SWD/Rep _____ NGPA
_____ KGS _____ Plug _____ Other
(Specify)

KATHERINE BRAY
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 7-3-04

ORIGINAL

SIDE TWO

Operator Name Castle Resources Inc.

Lease Name D. Nickelson Well # 1-27

Sec. 27 Twp. 9S Rge. 24

East
 West

County Graham

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets.)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
(Submit Copy.)
List All E.Logs Run:

Name	Formation (Top), Depth and Datum		<input checked="" type="checkbox"/> Sample
	Top	Datum	
Anhydrite	2184-2219	+346	
Topeka	3628	-1098	
Heebner	3847	-1317	
Toronto	3872	-1342	
Lansing KC	3887	-1357	
Base KC	4112	-1582	
RTD	4125	-1595	

CASING RECORD <input 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
surface		8 5/8	20#	209	60/40 p/z 2% zel 3% cc	150	

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<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

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		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: _____

ALLIED CEMENTING CO., INC. 3810

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

ORIGINAL
 SERVICE POINT
 Oakley

DATE: 5-30-00	SEC: 27	TWP: 9	RANGE: 24	CALLED OUT	ON LOCATION: 10:30 PM	JOB START	JOB FINISH: 11:30 PM
LEASE: D. A. Nelson	WELL #: 1-27	LOCATION: St Peter 3N-6E-1N-1/2W	COUNTY: Graham	STATE: Kan			
OLD OR NEW (Circle one)							
CONTRACTOR: Von Felbt Dely Co #1				OWNER: Same			
TYPE OF JOB: Surface							
HOLE SIZE: 12 1/4		T.D.: 212'		CEMENT:			
CASING SIZE: 8 3/4		DEPTH: 212'		AMOUNT ORDERED: 150 SKS 60KOPD			
TUBING SIZE:		DEPTH:		3 1/2 CC - 2 1/2 GAL			
DRILL PIPE:		DEPTH:					
TOOL:		DEPTH:					
PRES. MAX:		MINIMUM:		COMMON @			
MEAS. LINE:		SHOE JOINT:		POZMIX @			
CEMENT LEFT IN CSG: 15'				GEL @			
PERFS:				CHLORIDE @			
DISPLACEMENT:				@			
EQUIPMENT:				@			
PUMP TRUCK # 191		CEMENTER: Walt		@			
		HELPER: Dean		@			
BULK TRUCK # 315		DRIVER: Duane		HANDLING @			
				MILEAGE @			
BULK TRUCK #		DRIVER		TOTAL			

REMARKS:
 Cement in Cellar

CHARGE TO: Ron's Oil Operations

STREET:
 CITY: STATE: ZIP:

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: Bill Owen

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____ miles

PLUG @ _____ 8 3/4 Surface

TOTAL _____

FLOAT EQUIPMENT

@ _____

@ _____

@ _____

@ _____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME: Bill Owen

