

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-179-21107-0000

LEASE NAME Patmon

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

WELL NUMBER 1

4720 Ft. from S Section Line

3300 Ft. from E Section Line

SEC. 3 TWP. 9 RGE. 29 (E) or (W)

COUNTY Sheridan

Date Well Completed _____

Plugging Commenced 1-19-02

Plugging Completed 1-19-02

LEASE OPERATOR Castle Resources Inc.

ADDRESS PO Box 87 Schoenchen, KS 67667

PHONE (785) 625-5155 OPERATORS LICENSE NO. 9860

Character of Well dry

(Oil, Gas, O&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 1-19-02 (date)

by Herb Deines (KCC District Agent's Name).

Is ACO-1 filed? yes If not, Is well log attached? _____

Producing Formation none Depth to Top _____ Bottom T.D. 4200

Show depth and thickness of all water, oil and gas formations

RECEIVED
FEB 22 2002
02-22-2002
KCC WICHITA

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
		0	259	8 5/8	259	none

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each set.
25 sks @ 2500' 100 sks @ 1300' 40 sks @ 305' 10 sks @ 40' 15 sks in rathole

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Swift Services Inc. License No. _____

Address PO Box 466 Ness City, KS 67560

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Castle Resources Inc.

STATE OF Kansas COUNTY OF Ellis, ss.

Jerry Green

(Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) _____

(Address) PO Box 87 Schoenchen, KS 67667



AND SWORN TO before me this 19th day of February 2002

Katherine Bray
Notary Public

My Commission Expires: 7-3-04