

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

API #15-193-20,615-00-00
 County Thomas

Operator: License # 9860
 Name: Castle Resources, Inc.
 Address 1200 E. 27th, Suite C

C. E/2 E/2-NW - Sec. 32 Twp. 9S Rge. 31 X W
1980 Feet from S (N) (circle one) Line of Section
2310 Feet from E (N) (circle one) Line of Section

City/State/Zip Hays, KS 67601
 Purchaser: _____

Footages Calculated from Nearest Outside Section Corner:
 NE, SE, NW or SW (circle one)

Operator Contact Person: Jerry Green
 Phone (913) -625-5155

Lease Name Dechert Well # 1
 Field Name _____

Contractor: Name: Emphasis Oil Operations
 License: 8241

Producing Formation _____
 Elevation: Ground 3036' KB 3041'

Wellsite Geologist: Jerry Green
 Designate Type of Completion
 New Well Re-Entry Workover

Total Depth 4670' PBD _____
 Amount of Surface Pipe Set and Cemented at 265 Feet

Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet

If Workover/Re-Entry: old well info as follows:

If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

Operator: _____
 Well Name: _____
 Comp. Date _____ Old Total Depth _____

Drilling Fluid Management Plan D&A JH 2-18-94
 (Data must be collected from the Reserve Pit)

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

Chloride content 11,000 ppm Fluid volume 750 bbls
 Dewatering method used Evaporation

9/30/93 10/7/93 10-8-93
 Spud Date Date Reached TD Completion Date

Location of fluid disposal if hauled offsite: _____

Operator Name _____
 Lease Name _____ License No. _____
 _____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W
 County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 Tony Williams
 Title Production Superintendent Date 11-12-93

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
 C Wireline Log Received
 C Geologist Report Received

Distribution
 KCC SWD/Rep
 KGS Plug

Subscribed and sworn to before me this 15 day of November 19 93.
 Notary Public Chris Schumacher
 Date Commission Expires 5-8-96



RECEIVED
 STATE OF KANSAS
 OIL & GAS CONSERVATION DIVISION
 11-18-1993
 COMMISSIONER ALAN R. HUBBARD
 WASHINGTON, MISSOURI

Operator Name Castle Resources, Inc. Lease Name Dechert Well # 1

Sec. 32 Twp. 9S Rge. 31 East West
 County Thomas

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.) Radiation Guard w/SP
 List All E.Logs Run:

Name	Formation (Top), Depth and Datum		Sample
	Top	Datum	
Anhydrite	2615	+ 426	
Base Anhydrite	2647	+ 394	
Heebner	4045	-1004	
Lansing	4083	-1042	
Stark	4294	-1253	
Pawnee	4476	-1435	
Ft. Scott	4540	-1499	
Mississippi	4650	-1609	
RTD	4670	-1629	
LTD	4673	-1632	

CASING RECORD <input type="checkbox"/> New <input checked="" 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	12 1/4	8 5/8	20	258'	60/40 Poz	180	2% Gel, 3% CC

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		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	<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

Production Interval: _____

3-2627, Russell, Kansas

15-193-20615-00-00

Phone Plainville 913-434-2812

16-793-5861, Great Bend, Kansas

ORIGINAL

Phone Ness City 913-798-3843

ALLIED CEMENTING CO., INC.

5148

Home Office P. O. Box 31

Russell, Kansas 67665

New

Date	9-30-93	Sec.	32	Twp.	9 S	Range	31 W	Called Out	7:00 PM	On Location	8:45 PM	Job Start	10:15 PM	Finish	10:45 PM
Lease	Dechart	Well No.	1	Location				F-70483-34-3 1/2 E-S. into		County	Thomas	State	KS		

Contractor	Emphasis Only #8	
Type Job	Surface	
Hole Size	12 1/2	T.D. 265
Csg.	8 5/8 20 #	Depth
Tbg. Size		Depth
Drill Pipe		Depth
Tool		Depth
Cement Left in Csg.	15 ft	Shoe Joint 15 ft
Press Max.		Minimum
Meas Line	No	Displace 16.6 bbls
Perf.		

Owner Castle Resources, Inc.
 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 listed.

Charge To Castle Resources, Inc.
 Street 1200 E. 27th Suite C
 City Hays State Kansas 67601
 The above was done to satisfaction and supervision of owner agent or contractor.

Purchase Order No.
 X Jack D. Fox

CEMENT

Amount Ordered	180 SK, 60/40 3 to cu + 2 to gal		
Consisting of			
Common	108 SKs @ 6.85	739.80	
Poz. Mix	72 SKs @ 3.00	216.00	
Gel.	3 SKs @ 7.00	21.00	
Chloride	6 SKs @ 25.00	150.00	
Quickset			
Sales Tax			

EQUIPMENT		
No.	Cementor	Ken Fitz
Pumptrk 300	Helper	
No.	Cementor	Steve
Pumptrk	Helper	
	Driver	
Bulktrk 212	Driver	

Handling	1.00 per SK	180.00
Mileage	4¢ per SK/mile	72.00
	10 miles	
Sub Total		1,357.80
Total		

DEPTH of Job	265
Reference:	Pump Truck
	2.25 per mile
	No Plus
Sub Total	430.00
Tax	22.50
Total	452.50

Remarks:
 Cement did circulate into pit
 Thank you, Ken & crew

RECEIVED
 STATE CORPORATION COMMISSION
 NOV 18 1993
 CONSERVATION DIVISION
 Topeka, Kansas

Phone 913-483-2627, Russell, Kansas
 Phone 316-793-5861, Great Bend, Kansas

Phone Plainville 913-434-2812
 Phone Ness City 913-798-3843

ORIGINAL

ALLIED CEMENTING CO., INC. 4924

Home Office P. O. Box 31 Russell, Kansas 67665

NRW

Date	10-7-93	Sec.	32	Twp.	9	Range	31	Called Out	12:00am	On Location	2:00am	Job Start	3:00am	Finish	6:00am	
Lease	Decheert	Well No.	1	Location				Oakley 8N-3'E-Ninto	County	Thomas	State	KS				

Contractor *Emphasis Only #*

Type Job *PTA*

Hole Size *7 7/8* T.D. *4670*

Csg. Depth

Tbg. Size Depth

Drill Pipe *4 1/2 16.6* Depth *2625*

Tool Depth

Cement Left in Csg. Shoe Joint

Press Max. Minimum

Meas Line Displace

Perf.

Owner *Coastal Resources*

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 listed.

Charge To *Coastal Resources*

Street

City State

The above was done to satisfaction and supervision of owner agent or contractor.

Purchase Order No.

X *Check 15.00*

EQUIPMENT

Pumptrk	No.	Cementor	<i>Fitz</i>
	300	Helper	
Pumptrk	No.	Cementor	
		Helper	
		Driver	<i>Steve</i>
Bulktrk	<i>305</i>		
Bulktrk		Driver	

CEMENT

Amount Ordered *190 sk 60/40 6% Gel 1/4" Celloflake*

Consisting of

Common	<i>114 sk</i>
Poz. Mix	<i>76 sk</i>
Gel.	<i>10 sk</i>
Chloride	
Quickset	
<i>Celloflake</i>	<i>2 sk</i>

Sales Tax

DEPTH of Job *2625*

Reference: *Pump Trk*

1 Dry Hole Plug

Sub Total	
Tax	
Total	

Handling

Mileage

Sub Total

Total

Floating Equipment

Remarks:

25 sk @ 2625

100 sk @ 1500

40 sk @ 315

10 sk @ 40

15 sk in R. Hole

RECEIVED
 STATE CORPORATIONS COMMISSION
 NOV 18 1993
 CONSERVATION DIVISION
 Wichita, Kansas