

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

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: Landmark Drilling
License: 33549
Wellsite Geologist: Chris Bean
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. _____
4/24/06 _____ 5/5/06 _____ 6/5/06 _____
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

API No. 15 - 051-25505-00-00
County: Ellis
30'S W/2 SW SE Sec. 26 Twp. 12 S. R. 17 East West
630 feet from S N (circle one) Line of Section
2310 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Huffman Trust Well #: 1
Field Name: wildcat
Producing Formation: Arbuckle
Elevation: Ground: 2123 Kelly Bushing: 2130
Total Depth: 3724 Plug Back Total Depth: 3706
Amount of Surface Pipe Set and Cemented at 212' @221' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from TD
feet depth to surface w/ 260 sx cmt.

Drilling Fluid Management Plan ALT II W/H
(Data must be collected from the Reserve Pit) 12-11-07
Chloride content 20,000 ppm Fluid volume 550 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: 1/9/07
Subscribed and sworn to before me this 9th day of January
2007
Notary Public: Katherine Bray

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
_____ Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
JAN 12 2007

Date Commission Expires: _____
KATHERINE BRAY
NOTARY PUBLIC
STATE OF KANSAS
MY APPT EXPIRES 7-3-08

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Castle Resources Inc. Lease Name: Huffman Trust Well #: 1
 Sec. 26 Twp. 12 S. R. 17 East West County: Ellis

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1304-1348</td> <td>+826</td> </tr> <tr> <td>Topeka</td> <td>3099</td> <td>-969</td> </tr> <tr> <td>Heebner</td> <td>3342</td> <td>-1212</td> </tr> <tr> <td>Toronto</td> <td>3362</td> <td>-1232</td> </tr> <tr> <td>Lansing-KC</td> <td>3389</td> <td>-1259</td> </tr> <tr> <td>Arbuckle</td> <td>3657</td> <td>-1527</td> </tr> </table>	Name	Top	Datum	Anhydrite	1304-1348	+826	Topeka	3099	-969	Heebner	3342	-1212	Toronto	3362	-1232	Lansing-KC	3389	-1259	Arbuckle	3657	-1527
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CASING RECORD <input checked="" 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	12 1/4	8 5/8"		221'	COM	150	3% CC 2% gel
production		5 1/2"	14#	3724	Midcon	260	

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	3669.5-3673.5 Arbuckle	750 gallons 15% MCA	
4	3563 - 67 "J"	1000 gallons 20% HCL	

TUBING RECORD		Size <u>2 7/8"</u>	Set At <u>3700</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. <u>15</u>	Gas Mcf	Water Bbls. <u>100</u>	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

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WICHITA, KS



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KANSAS CORPORATION COMMISSION

JAN 12 2007

CONSERVATION DIVISION
WICHITA, KS

TICKET
N^o 10215

PAGE 1 OF 2

CHARGE TO: CASTLE RESOURCES
 ADDRESS:
 CITY, STATE, ZIP CODE:

SERVICE LOCATIONS 1. <u>NESS CITY, KS</u>	WELL/PROJECT NO. # <u>1</u>	LEASE <u>HOFFMAN</u>	COUNTY/PARISH <u>ELLIS</u>	STATE <u>Ks</u>	CITY	DATE <u>5-6-06</u>	OWNER <u>SAME</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>LANDMARK DRILLING</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOCARDON</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>5 1/2" HOPESTRONG</u>	WELL PERMIT NO.	WELL LOCATION <u>CATHERINE, KS - 2E, 3W, 1/2 E, NS</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT
		LOC	ACCT	DF								
575		1			MILEAGE # 105	40		ME		4.00		160.00
578		1			PUMP SERVICE	1		JOB	3730 FT	1250.00		1250.00
221		1			REPAIRS VLL	2		GAL		26.00		52.00
281		1			MUD FLUSH	500		GAL		.75		375.00
402		1			CONTRACTORS	4		EA	5 1/2"	60.00		240.00
403		1			CSMWT BASKETS	1		EA		230.00		230.00
406		1			LATCH DOWN PLUG - BAFFLE	1		EA		210.00		210.00
407		1			DISCOT FLOAT SHADE W/ AUTO FILL	1		EA		250.00		250.00
419		1			ROTATING HEAD RENTAL	1		JOB		250.00		250.00

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

DATE SIGNED 5-6-06 TIME SIGNED 1930

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
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL #1	3017.00
#2	4069.35
subtotal	7086.35
TAX Ellis 5.3%	258.23
TOTAL	7344.58

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR
Wade Watson

APPROVAL _____

Thank You!

CUSTOMER CASTLE RESOURCES WELL NO. #1 LEASE HOFFMAN JOB TYPE 5 1/2" LONGERDUG TICKET NO. 10215

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1930							ON LOCATION
	1930							START 5 1/2" CASING IN WELL
								TD-3730 SET# 3728
								TP-3740 5 1/2" #14
								ST-13.21
								CONCRETES - 1, 3, 6, 58
								MTI BSMS-58
	2115							DROP BALL - COMPLETE
	2155	6	10		✓		400	PUMP 10 BBLs KCL-H2O
	2200		4					PLUG RH
	2205	5 1/2	97		✓		300	PUMP 175 SPS SMD CEMENT = 11.2 PPG
	2224	6	70		✓		250	PUMP 70 BBLs MUD
	2235	5	10		✓		350	PUMP 10 BBLs KCL-H2O
	2237	5	12		✓		350	PUMP 500 GAL MUD/WASH
	2247	4 1/2	22		✓		300	PUMP 85 SPS SMD CEMENT = 14.0 PPG
	2255							WASH OUT PUMP - LEWIS
	2256							RELEASE LATCH DOWN PLUG
	2258	6 1/2	0		✓			REPLACE PLUG
	2312	6	90.9				1500	PLUG DOWN - PSE UP WATCHING PLUG
	2315						OK	RELEASE PSE - HELD
								CIRCULATED 15 SPS CEMENT TO POT
								WASH UP TRUCK
	2400							JOB COMPLETE

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 12 2007

CONSERVATION DIVISION
WICHITA, KS

THANK YOU

WARREN BLAKE ROE

ALLIED CEMENTING CO., INC. 25519

Federal Tax I.D.

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT Russell

DATE <u>4-24-06</u>	SEC <u>26</u>	TWP <u>12</u>	RANGE <u>17</u>	CALLED OUT <u>4:00 PM</u>	ON LOCATION <u>6:00 PM</u>	JOB START	JOB FINISH <u>7:30 AM</u>
LEASE <u>Hoffman TRUST</u>	WELL #	LOCATION <u>Cathey 1E 3N 4E</u>			COUNTY <u>CLK</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR Landmark

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 228'

CASING SIZE 8 1/2 DEPTH 2'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15

PERFS.

DISPLACEMENT 133 bbls

EQUIPMENT

PUMP TRUCK CEMENTER Bill

366 HELPER Mark

BULK TRUCK

396 DRIVER Bob

BULK TRUCK

DRIVER

REMARKS:

Ran 5 hrs at 227

Cent w/ 150 gal

pump plus w/ 133 bbl

Cent did Circ.

CHARGE TO: Castle #2

STREET

CITY STATE ZIP

OWNER

CEMENT

AMOUNT ORDERED 150 sk Com 3-2

COMMON	<u>150</u>	@	<u>9.60</u>	<u>1440.00</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>15.00</u>	<u>45.00</u>
CHLORIDE	<u>5</u>	@	<u>42.00</u>	<u>210.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>158</u>	@	<u>1.70</u>	<u>268.60</u>
MILEAGE	<u>72/SK/MILE</u>			<u>276.50</u>
TOTAL				<u>2240.10</u>

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE 735.00

EXTRA FOOTAGE @

MILEAGE 25 @ 5.00 125.00

MANIFOLD @

@

@

TOTAL 860.00

PLUG & FLOAT EQUIPMENT

1 1/2" x 10' WOOD @ 55.00

@

@

@

TOTAL 55.00

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 [Signature]

Lyle Casow
PRINTED NAME