

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: Anderson Drilling  
License: 33237  
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/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. \_\_\_\_\_

<u>8/29/06</u>	<u>9/4/06</u>	<u>9/4/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 141-20363-00-00  
County: Osborne  
SW SW Sec. 25 Twp. 9 S. R. 15  East  West  
515 feet from S N (circle one) Line of Section  
570 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Shelley Well #: 1  
Field Name: wildcat

Producing Formation: \_\_\_\_\_  
Elevation: Ground: 1975 Kelly Bushing: \_\_\_\_\_  
Total Depth: 3708 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 219 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from \_\_\_\_\_  
feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit) *ACT II with 12-11-07*  
Chloride content 20,000 ppm Fluid volume 0 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: 1/17/07

Subscribed and sworn to before me this 17th day of January, 2007.

Notary Public: Katherine Bray  
Date Commission Expires: 7-3-08



**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 18 2007

CONSERVATION DIVISION  
WICHITA, KS

Operator Name: Castle Resources Inc. Lease Name: Shelley Well #: 1  
 Sec. 25 Twp. 9 S. R. 15  East  West County: Osborne

**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:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1200</td> <td>+785</td> </tr> <tr> <td>Topeka</td> <td>2918</td> <td>-933</td> </tr> <tr> <td>Heebner</td> <td>3158</td> <td>-1173</td> </tr> <tr> <td>Lansing-KC</td> <td>3208</td> <td>-1223</td> </tr> <tr> <td>Base-KC</td> <td>3477</td> <td>-1492</td> </tr> <tr> <td>Conglomerate Sand</td> <td>3612</td> <td>-1627</td> </tr> <tr> <td>LTD</td> <td>3708</td> <td>-1723</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Anhydrite	1200	+785	Topeka	2918	-933	Heebner	3158	-1173	Lansing-KC	3208	-1223	Base-KC	3477	-1492	Conglomerate Sand	3612	-1627	LTD	3708	-1723
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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	12 1/4	8 5/8"	20#	219	COM	150	3% CC 2% gel

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

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			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 <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval
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**RECEIVED**  
**KANSAS CORPORATION COMMISSION**  
**JAN 18 2007**  
**CONSERVATION DIVISION**  
**WICHITA, KS**

# ALLIED CEMENTING CO., INC.

Federal Tax I.D.#

ATTN: P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT: 26026  
Russell

DATE <u>9-4-06</u>	SEC. <u>25</u>	TWP. <u>9</u>	RANGE <u>15</u>	CALLED OUT <u>7:00 PM</u>	ON LOCATION <u>8:15 AM</u>	JOB START <u>8:30 AM</u>	JOB FINISH <u>10:30 PM</u>
LEASE <u>S Helly</u>	WELL # <u>1</u>	LOCATION <u>NA Toma E. EDGE</u>			COUNTY <u>OSBORNE</u>	STATE <u>KANSAS</u>	
OLD OR <u>NEW</u> (Circle one)			<u>4 N 3 E 1 S 1/4 E INTO</u>				

CONTRACTOR A EA DRUG RIG #1

TYPE OF JOB ROTARY PLUG

HOLE SIZE 7 7/8 T.D. 3650

CASING SIZE 8 5/8 SURFACE DEPTH 224

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE 4 1/2 X-N DEPTH @ 1200

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. \_\_\_\_\_

PERFS. \_\_\_\_\_

DISPLACEMENT \_\_\_\_\_

OWNER \_\_\_\_\_

CEMENT AMOUNT ORDERED 190 SK <sup>60</sup>/<sub>70</sub> 6% GEL

1/4 # F10- SEAL

PER SK

COMMON	<u>114</u>	@	<u>1165</u>	<u>1214 40</u>
POZMIX	<u>76</u>	@	<u>582</u>	<u>440 80</u>
GEL	<u>13</u>	@	<u>1665</u>	<u>216 45</u>
CHLORIDE		@		
ASC		@		
<u>FloSeal</u>	<u>48 #</u>	@	<u>200</u>	<u>96 00</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>203</u>	@	<u>190</u>	<u>385 70</u>
MILEAGE	<u>37 Ton Mile</u>			<u>675 99</u>
				TOTAL <u>3029 09</u>

**EQUIPMENT**

PUMP TRUCK CEMENTER Glenn

# 398 HELPER GIARY

BULK TRUCK

# 378 DRIVER DOUG

BULK TRUCK

# \_\_\_\_\_ DRIVER \_\_\_\_\_

**REMARKS:**

25 SK @ 1200

100 SK @ 750

40 SK @ 275

10 SK @ 40' + wiper Plug

15 SK @ Rat Hole

THANK'S

CHARGE TO: Castle Resources Inc.

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SERVICE**

DEPTH OF JOB	_____		
PUMP TRUCK CHARGE			<u>815 00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>37</u>	@	<u>600</u> <u>222 00</u>
MANIFOLD		@	

RECEIVED  
KANSAS CORPORATION COMMISSION

JAN 18 2007

TOTAL 1037 00

CONSERVATION DIVISION  
WICHITA, KS  
PLUG & FLOAT EQUIPMENT

8 5/8 Dry Hole Plug 35 00

		@	
		@	
		@	
		@	
		@	

TOTAL 35 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 Jim Munnis

PRINTED NAME

# ALLIED CEMENTING CO., INC.

Federal Tax I.D.# \_\_\_\_\_

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

SERVICE POINT: 26005  
*Russell*

DATE <u>8-30-06</u>	SEC. <u>25</u>	TWP. <u>9</u>	RANGE <u>15</u>	CALLED OUT	ON LOCATION	JOB START <u>12:45pm</u>	JOB FINISH <u>1:00pm</u>
LEASE <u>Shelly</u>	WELL # <u>1</u>	LOCATION <u>Nickema 1E 4N 3E 25</u>		COUNTY <u>Osborne</u>	STATE <u>Kansas</u>		
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR A&A Drilling Rig #1

TYPE OF JOB Surface

HOLE SIZE 6 7/8" T.D. 224

CASING SIZE 8 5/8" 20lb DEPTH 224

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. \_\_\_\_\_

PERFS. \_\_\_\_\_

DISPLACEMENT 132 Bbl

OWNER \_\_\_\_\_

CEMENT AMOUNT ORDERED 150 312

COMMON	<u>150</u>	@	<u>1045</u>	<u>156750</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>1665</u>	<u>4995</u>
CHLORIDE	<u>5</u>	@	<u>4640</u>	<u>23200</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>158</u>	@	<u>190</u>	<u>30020</u>
MILEAGE	<u>94/56 / mile</u>			<u>46926</u>
TOTAL				<u>264991</u>

EQUIPMENT

PUMP TRUCK CEMENTER Steve

# 409 HELPER Craig

BULK TRUCK

# 345 DRIVER Doug

BULK TRUCK

# \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

Cement did Circulate

*Thank You*

CHARGE TO: Castle Resources, Inc.

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB \_\_\_\_\_

PUMP TRUCK CHARGE \_\_\_\_\_ 815.00

EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE 33 @ 600 198.00

MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL 1013.00

PLUG & FLOAT EQUIPMENT

8 5/8 Plug @ \_\_\_\_\_ 60.00

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

RECEIVED

KANSAS CORPORATION COMMISSION

JAN 18 2007

CONSERVATION DIVISION

TAX WICHITA, KS

TOTAL 60.00

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.

SIGNATURE Jim Morris

PRINTED NAME \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS