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AUG 31 2005

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

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: Petromark Drilling LLC
License: 33323
Wellsite Geologist: Jerry Green

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____

7/25/05 8/2/05 8/2/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 165-21786-00-00
County: Rush
approx. S/2 N/2 SE Sec. 30 Twp. 17 S. R. 20 East West
1720 feet from S N (circle one) Line of Section
1260 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Legleiter Well #: 1
Field Name: unknown
Producing Formation: _____
Elevation: Ground: 2201 Kelly Bushing: 2206
Total Depth: 4225 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 206' w/150 sks 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 WITHIN
12-11-07
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
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: 8/29/05
Subscribed and sworn to before me this 29th day of August
2005.
Notary Public: Katherine Bray

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

KCC Office Use ONLY
NO Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Castle Resources Inc. Lease Name: Legleiter Well #: 1
 Sec. 30 Twp. 17 S. R. 20 East West County: Rush

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: dual induction compensated density/neutron	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heebner</td> <td>3612</td> <td>-1406</td> </tr> <tr> <td>Lansing-KC</td> <td>3682</td> <td>-1446</td> </tr> <tr> <td>Base-KC</td> <td>3928</td> <td>-1722</td> </tr> <tr> <td>Pawnee</td> <td>4030</td> <td>-1824</td> </tr> <tr> <td>Cherokee</td> <td>4114</td> <td>-1908</td> </tr> <tr> <td>Mississippi</td> <td>4170</td> <td>-1964</td> </tr> <tr> <td>RTD</td> <td>4227</td> <td>-2021</td> </tr> </table>	Name	Top	Datum	Heebner	3612	-1406	Lansing-KC	3682	-1446	Base-KC	3928	-1722	Pawnee	4030	-1824	Cherokee	4114	-1908	Mississippi	4170	-1964	RTD	4227	-2021
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RTD	4227	-2021																							

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"	23#	212.06	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 <i>(Amount and Kind of Material Used)</i>	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 Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval

RECEIVED
 AUG 31 2005
 KCC WICHITA



Services, Inc.

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

RECEIVED
 AUG 31 2005

TICKET
 No 8860

PAGE 1 OF 1

ORIGIN 4

SERVICE LOCATIONS 1. NESS CO, Ks	WELL/PROJECT NO. #1	LEASE LEGLETER	COUNTY/PARISH RUSH	STATE Ks	CITY KCC WICHITA	DATE 7-25-05	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR PETROMARK #1	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOLAID	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 8 5/8" SURFACE	WELL PERMIT NO.	WELL LOCATION MCCOOK, Ks - 35, W 010		
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 # 104	30		ME		4.00	120.00
576s		1			PUMP SERVICE	1	212		FT	650.00	650.00
410		1			TOP PLUG	1		KA	8 5/8"	80.00	80.00
325		1			STANDARD CUMT	150		SKS		8.25	1237.50
278		1			CALCIUM CHLORIDE	4		SKS		25.00	100.00
279		1			RETINER GEL	3		SKS		12.00	36.00
581		1			SERVICE CHARGE CUMT	150		SKS		1.10	165.00
583		1			DRAPAGE	14720	185		220.8 TM	1.00	220.80

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

DATE SIGNED: **7-25-05** TIME SIGNED: **2230**
 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	PAGE TOTAL	2609.30
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				TOTAL	2686.34

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

SWIFT OPERATOR
Wayne Watson

APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc. ORIGINAL

DATE 7-25-05 PAGE NO.

CUSTOMER CASTLE RESOURCES WELL NO. #1 LEASE LEGLESTER JOB TYPE 8 5/8" SURFACE TICKET NO. 8860

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2200							ON LOCATION
								TD - 212' SETe 202'
								TP - 212' 8 5/8 - 28 #/ft
								ST - 15' CMT LEFT IN ADP
	0120							BREAK CIRCULATION
	0135	5	36		✓		200	MIX CEMENT - 150 SKS STANDARD 2% GEL, 3% CC
	0151							RELEASE PLUG
	0153	6 1/2	0		✓			DISPLACE PLUG
	0155		12.3				250	PLUG DOWN - CIRCULATION 15 SKS TO POST
	0157							SHUT IN
								WASH UP MUCK
	0230							JOB COMPLETE
								THAT IS
								WAVE, DUSTY SHAPE

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