

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: Anderson Drilling
License: 33237
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. _____

4/16/05 4/22/05 4-22-05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 163-23451-00-00
County: Rooks
C SW NE NW Sec. 13 Twp. 7 S. R. 20 East West
990 feet from S (circle one) Line of Section
1650 feet from E (circle one) Line of Section

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

Field Name: Wildcat
Producing Formation: D & A
Elevation: Ground: 2036 Kelly Bushing: 2041
Total Depth: 3565 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 213 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 935' - plugged
feet depth to surface w/ 140 sx cmt.

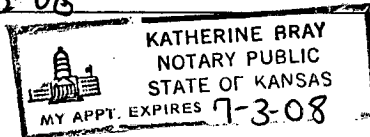
Drilling Fluid Management Plan A1+ II NCR 8-11-08
(Data must be collected from the Reserve Pit)
Chloride content 10,000 ppm Fluid volume 500 bbls
Dewatering method used allowed to dry - backfilled

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: 7/13/05
Subscribed and sworn to before me this 13th day of July,
2005.
Notary Public: KATHERINE BRAY
Date Commission 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

ORIGINAL

Operator Name: Castle Resources Inc. Lease Name: McComb Well #: 1
 Sec. 13 Twp. 7 S. R. 20 East West County: Rooks

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;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Topeka</td> <td>3024</td> <td>-983</td> </tr> <tr> <td>Heebner</td> <td>3226</td> <td>-1185</td> </tr> <tr> <td>Kansas City</td> <td>3264</td> <td>-1223</td> </tr> <tr> <td>Arbuckle</td> <td>3498</td> <td>-1457</td> </tr> <tr> <td>RTD</td> <td>3563</td> <td>-1532</td> </tr> </tbody> </table>	Name	Top	Datum	Topeka	3024	-983	Heebner	3226	-1185	Kansas City	3264	-1223	Arbuckle	3498	-1457	RTD	3563	-1532
Name	Top	Datum																	
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RTD	3563	-1532																	

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"	20#	213'	common	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	3563 -	common	215	60/40 poz- 1/4 lb floseal
surface				

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
	N/A	D & A	

RECEIVED
KANSAS CORPORATION COMMISSION
JUL 15 2005
CONSERVATION DIVISION
WICHITA, KS

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 _____

Production Interval Other (Specify) _____

ALLIED CEMENTING CO., INC. ORIGINAL

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

SERVICE POINT: R

DATE <u>4-21-05</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>8:45 AM</u>	JOB FINISH <u>12:15 PM</u>
LEASE <u>McComb</u>	WELL # <u>1</u>	LOCATION <u>WEBSTER DAM 1N14W</u>			COUNTY <u>ROCKS</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)				<u>IN</u>			

CONTRACTOR AFA

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D.

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT

AMOUNT ORDERED 215 60/40 6.2% CEL

14 LB PROSEAL / SK

COMMON	<u>129</u>	@	<u>870</u>	<u>1122 30</u>
POZMIX	<u>86</u>	@	<u>470</u>	<u>404 20</u>
GEL	<u>11</u>	@	<u>14 00</u>	<u>154 00</u>
CHLORIDE		@		
ASC		@		
<u>FLOSEAL</u>	<u>54 #</u>	@	<u>170</u>	<u>91 80</u>
RECEIVED		@		
KANSAS CORPORATION COMMISSION		@		
JUL 15 2005		@		
CONSERVATION DIVISION		@		
WICHITA, KS		@		
HANDLING	<u>226</u>	@	<u>160</u>	<u>361 40</u>
MILEAGE	<u>64/54 MILE</u>			<u>962 76</u>
TOTAL				<u>3096 66</u>

EQUIPMENT

PUMP TRUCK CEMENTER MARK

345 HELPER BILL

BULK TRUCK

_____ DRIVER CRAIG

BULK TRUCK

_____ DRIVER _____

REMARKS:

25 SK C 3600

25 SK C 1600

100 SK C 935

40 SK C 267

10 SK C 40

15 SK C 211

CHARGE TO: CASTLE RES.

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE			<u>785 00</u>	
EXTRA FOOTAGE		@		
MILEAGE	<u>71</u>	@	<u>500</u>	
		@		
		@		
		@		
TOTAL				<u>1140 00</u>

PLUG & FLOAT EQUIPMENT

MANIFOLD		@		
<u>8 3/4 DRIFTER</u>		@	<u>35 00</u>	
		@		
		@		
TOTAL				

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 _____

PRINTED NAME _____

ALLIED CEMENTING CO., INC.

16244 ✓

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665ORIGINAL
SERVICE POINT: *or*

DATE <u>4-16-05</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>McCombs</u>	WELL # <u>1</u>	LOCATION <u>Webster Dam 1N5W</u>			COUNTY <u>Rooks</u>	STATE <u>Ks</u>	<u>11:30 PM</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<u>1N 1/2 E</u>					

CONTRACTOR <u>A + A</u>
TYPE OF JOB <u>Surface</u>
HOLE SIZE <u>12 1/4</u> T.D. <u>273</u>
CASING SIZE <u>8 1/2</u> DEPTH <u>230</u>
TUBING SIZE _____ DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. <u>10 1/2</u>
PERFS. _____
DISPLACEMENT <u>20# 13 1/2</u>

EQUIPMENT

<u>345</u> PUMP TRUCK # _____
CEMENTER <u>Dave Stone</u>
HELPER _____
BULK TRUCK # _____
DRIVER _____
BULK TRUCK # <u>213</u>
DRIVER <u>Craig</u>

REMARKS:

CHARGE TO: Castle Resources

STREET _____

CITY _____ STATE _____ ZIP _____

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 *Dave Stone*

OWNER _____
CEMENT AMOUNT ORDERED <u>160 COM 3 Y 2</u>
COMMON <u>160</u> @ <u>8⁷⁰</u> <u>1392⁰⁰</u>
POZMIX _____ @ _____
GEL <u>3</u> @ <u>14⁰⁰</u> <u>42⁰⁰</u>
CHLORIDE <u>5</u> @ <u>38⁰⁰</u> <u>190⁰⁰</u>
ASC _____ @ _____
RECEIVED _____ @ _____
KANSAS CORPORATION COMMISSION _____ @ _____
JUL 15 2005 _____ @ _____
CONSERVATION DIVISION _____ @ _____
WICHITA, KS _____ @ _____
HANDLING <u>168</u> @ <u>1⁶⁰</u> <u>268⁰⁰</u>
MILEAGE <u>69/SK/MI</u> @ _____ <u>715⁶⁸</u>
TOTAL <u>2608.48</u>

SERVICE

DEPTH OF JOB _____
PUMP TRUCK CHARGE _____ <u>670⁰⁰</u>
EXTRA FOOTAGE _____ @ _____
MILEAGE <u>71</u> @ <u>5⁰⁰</u> <u>355⁰⁰</u>
_____ @ _____
_____ @ _____
_____ @ _____

TOTAL 1025⁰⁰**PLUG & FLOAT EQUIPMENT**

<u>8 1/2 wooden</u> _____ <u>55⁰⁰</u>
MANIFOLD _____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____

TOTAL 55⁰⁰

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME