

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING REPORT
K.A.R.-82-3-117

API NUMBER 15-065-22797-0000

LEASE NAME D. Nickelson

WELL NUMBER 1-27

3710 Ft. from S Section Line

1970 Ft. from E Section Line

SEC. 27 TWP. 9S RGE. 24 (E) or (W)

COUNTY Graham

Date Well Completed 6-4-00

Plugging Commenced 6-4-00

Plugging Completed 6-4-00

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE OPERATOR Castle Resources, Inc.

ADDRESS P.O. Box 87, Schoenchen, KS 67667-0087

PHONE (785) 625-5155 OPERATORS LICENSE NO. 9860

Character of Well D&A

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 6-4-00 (date)

by Richard Williams (Hays) (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. _____

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

SEP 20 2000
9-20-00

Formation	Content	From	To	Size	Put In	Pulled out
		0	209	8 5/8	209	none

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from ___ feet to ___ feet each section.

Plugged with 200 sacks 60/40 Poz., 6% Gel., 1/4# flocele. 1st. plug - 25 sacks @ 2200', 2nd. plug - 100 sacks @ 1050', 3rd. plug - 40 sacks @ 259', woodplug - 10 sacks @ 40' to surface, rathole - 15 sacks, mousehole - 10 sacks.

Name of Plugging Contractor Allied Cementing Company, Inc. License No. _____

Address P.O. Box 31, Russell, Kansas 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Castle Resources Inc.

STATE OF Kansas COUNTY OF Ellis, ss.

Jerry Green (Employee of Operator) or (Operator)
above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed thereon and the same are true and correct, so help me God.

(Signature) _____

(Address) PO Box 87 Schoenchen, KS 67667



SUBSCRIBED AND SWORN TO before me this 19th day of September, 2000.

KATHERINE BRAY
Notary Public

My Commission Expires: 7-3-04

USE ONLY ONE SIDE OF EACH FORM