

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

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

API NUMBER 051-25055-0000

LEASE NAME BILLINGER

WELL NUMBER 1

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

2660 Ft. from S/N Line of Section (circle one)

5130 Ft. from E/W Line of Section (circle one)

LEASE OPERATOR Castle Resources, Inc.

SPOT LOCATION SW - SW - SW - NW

ADDRESS Box 87

SEC. 1 TWP. 11 S. RGE 19 (S) or (N)

CITY, STATE, ZIP Schoenchen KS 67667

COUNTY ELLIS

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

Date Well Completed 9-26-00

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

Date Plugging Commenced 9-26-00

Date Plugging Completed 9-27-00

The plugging proposal was approved on 9-26-00 (date)

by Herb Deines - Hays Office (KCC District Agent's Name)

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

Producing Formation(s) _____ Depth to Top _____ Bottom _____ T.D. _____

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

OIL, GAS OR WATER RECORDS

CASING RECORD

FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PULL OUT
				8 5/8	211	0

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 plugs were used, state the character of same and depth placed, from _____ feet to _____ feet each set.

Mixed 25 sacks at 3650'; mixed 25 sacks at 1475'; mixed 100 sacks at 775';

mixed 40 sacks at 260'; mixed 10 sacks at 40'; mixed 15 sacks for rat hole;

Total of 215 sacks of 60/40 Poz 6% Gel 1/4 lb. flo seat

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor A & A PRODUCTION

License No. 30076

Address PO BOX 100 HILL CITY KS 67642

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

STATE OF Kansas COUNTY OF Ellis, ss.

Jerry Green (Employee of Operator or (Operator) of above-described well, being fir

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 that 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 10th day of October, 19 2000

Katherine Bray
Notary Public

My Commission Expires: 7-3-04

RECEIVED
STATE CORPORATION COMMISSION
10-13-2000
OCT 13 2000
CONSERVATION DIVISION
Wichita, Kansas

KATHERINE BRAY
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 7-3-04
Form CP-6
Revised 12-