

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2072
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-62-3-117

API NUMBER 15-179-20,414-00-00

LEASE NAME McFadden

WELL NUMBER: A #2

990 Ft. from S Section Line

1320 Ft. from E Section Line

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

COUNTY Sheridan

Date Well Completed 1/27/76

Plugging Commenced 4/14/03

Plugging Completed 4/14/03

RECEIVED
7-10-03
JUL 10 2003
KCC WICHITA

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

LEASE OPERATOR Castle Resources Inc.

ADDRESS PO Box 87 Schoenchen, KS 67667

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

Character of Well _____

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

The plugging proposal was approved on January 2003 (date)

by Herb Deines (KCC District Agent's Name).

Is ACO-1 filed? yes if not, is well log attached? _____

Producing Formation Toronto-LKC Depth to Top 3850 Bottom 4040 T.D. 4150

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	Pulled out
			327	8 5/8		
			4149	4 1/2		

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 set

perforated 2 holes at 1500' and 2350' filled up hole top to bottom with 275 sks 60/40 poz. Placed 75 sks on the backside.

Name of Plugging Contractor Allied Cementing License No. 99996

Address PO Box 31 Russell, KS 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) of 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 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 8th day of July ~~19~~ 2003

Katherine Bray
Notary Public

My Commission Expires: 7-3-04

Form CP-1
Revised 03-88

