

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 9860

Name: Castle Resources Inc.

Address 1: PO Box 87

Address 2: _____

City: Schoenchen State: KS Zip: 67667 + _____

Contact Person: Jerry Green

Phone: (785) 625-5155

CONTRACTOR: License # 33237

Name: Anderson Drilling

Wellsite Geologist: Jerry Green

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil SWD SLOW
- Gas ENHR SIGW
- CM (Coal Bed Methane) Temp. Abd.
- 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. Conv. to SWD

Plug Back: _____ Plug Back Total Depth _____

Commingled Docket No.: _____

Dual Completion Docket No.: _____

Other (SWD or Enhr.?) Docket No.: _____

12-17-08 01-02-09 2/14/09

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 179-21216-00-00

Spot Description: _____

NE SW NE Sec. 34 Twp. 8 S. R. 29 East West

2040 Feet from North / South Line of Section

2140 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Sheridan

Lease Name: Steinshouer Well #: 2

Field Name: Hoxie West

Producing Formation: L-KC

Elevation: Ground: 2826 Kelly Bushing: _____

Total Depth: 4220 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 266 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 AH II NR 3-11-09
(Data must be collected from the Reserve Pit)

Chloride content: 30,000 ppm Fluid volume: 550 bbls

Dewatering method used: Allowed to dry & backfill

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 on 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: _____

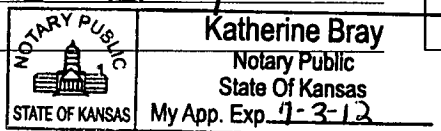
Title: President Date: 02/10/2009

Subscribed and sworn to before me this 10th day of FEBRUARY

20 09

Notary Public: Katherine Bray

Date Commission Expires: 7-3-12



KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Castle Resources Inc. Lease Name: Steinshouer Well #: 2
 Sec. 34 Twp. 8 S. R. 29 East West County: Sheridan

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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	2438-75	393
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Howard	3596	-764
List All E. Logs Run: <i>need 3 logs w/ ACO-1; DIL; RADIATION GUARD LOG; COMPRESS. DENSITY/NEUTRON LOG</i>		Heebner	3889	-1058
		Toronto	3912	-1081
		LKC	3928	-1098
		BKC	4168	-1337
		RTD	4217	-1386

2/2/09

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"	28	266	COM	180	3% CC; 2% GEL
Long Strings	7 7/8"	5 1/2"	14	4220	Multidensity	500	Common

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				

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 CONSERVATION DIVISION
 WICHITA, KS

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
4	4043-47	1,000 gallons 15% acid	

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>4030</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr. <u>02/14/09</u> Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>
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Estimated Production Per 24 Hours	Oil Bbls. <u>40</u>	Gas Mcf	Water Bbls. <u>40</u>	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>4043-47</u>
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REMIT TO
RR 1 BOX 90 D
HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

305

DATE <i>12/14</i> SEC. <i>34</i>	RANGE/TWP. <i>8/29</i>	CALLED OUT	LOCATION	JOB START	JOB FINISH
LEASE <i>Steinshorn</i>			WELL# <i>2</i>		
			COUNTY <i>54</i>	STATE <i>5</i>	

CONTRACTOR <i>AAZ</i>	OWNER <i>Casey Row</i>		
TYPE OF JOB <i>Surf</i>			
HOLE SIZE <i>12 1/2</i>	T.D. <i>779</i>	CEMENT	
CASING SIZE <i>8 3/4</i>	DEPTH	AMOUNT ORDERED	
TUBING SIZE	DEPTH		
DRILL PIPE	DEPTH		
TOOL	DEPTH		
PRES. MAX	MINIMUM	COMMON <i>180</i>	@ <i>14.00</i>
DISPLACEMENT <i>15.75 bbl</i>	SHOE JOINT	POZMIX	@
CEMENT LEFT IN CSG. <i>15-20SL</i>		GEL <i>KANSAS CO.</i>	@
PERFS		CHLORIDE <i>FEB 12 71</i>	@ <i>5.00</i>
		ASC	@
EQUIPMENT			@
			@
PUMP TRUCK			@
# <i>David</i>			@
BULK TRUCK			@
# <i>Dave</i>			@
BULK TRUCK			@
#			@
			@
		HANDLING <i>190</i>	@ <i>1.93</i>
		MILEAGE <i>min</i>	@ <i>2.15</i> <i>2.85</i>
			TOTAL

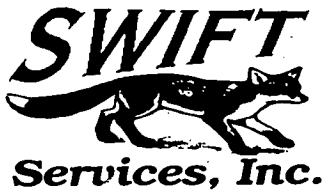
REMARKS	SERVICE <i>Surf</i>		
<i>Plug Down @ 1:45 AM</i>	DEPT OF JOB	@	
	PUMP TRUCK CHARGE	@	<i>950</i>
	EXTRA FOOTAGE	@	
	MILEAGE	@	
<i>Line to Pit</i>	MANIFOLD	@	<i>100</i>
		@	
		TOTAL	

CHARGE TO: <i>C. H. H.</i>	
STREET	STATE
CITY	ZIP

To: Schippers Oil Field Service LLC
You are hereby requested to rent cementing equipment and furnish staff 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.

PLUG & FLOAT EQUIPMENT	
<i>8 3/8</i>	@ <i>69</i>
	@
	@
	@
	@
	TOTAL
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

SIGNATURE *Don Anderson* PRINTED NAME *Don Anderson*



CHARGE TO: *Castle Resources*

ADDRESS:

CITY, STATE, ZIP CODE:

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FEB 12 2009
CONSERVATION DIVISION
WICHITA, KS

TICKET

No. 15241

PAGE 1 OF 2

SERVICE LOCATIONS: 1. <i>Hays Ks</i>	WELL/PROJECT NO. #2	LEASE <i>Steinhour</i>	COUNTY/PARISH <i>Sheldahl</i>	STATE <i>Ks</i>	CITY <i>KANSAS CORPORATION COMM.</i>	DATE <i>1-3-09</i>	OWNER <i>Scum</i>
2. <i>Ness City Ks</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>A4A #2</i>	RIG NAME/NO.	SHIPPED VIA <i>CH</i>	DELIVERED TO <i>Location</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Connect to existing</i>	WELL PERMIT NO.	WELL LOCATION		
4.	INVOICE INSTRUCTIONS						
REFERRAL LOCATION							

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575		1			MILEAGE #	90	mi	7.00		630.00
578		1			Pump Churns (long string)	1	ea	1400.00		1400.00
221		1			Liquid KEL	2	gal	26.00		52.00
281		1			Mud Flush	500	gal	1.00		500.00
290		1			D-Air	4	gal	35.00		140.00
402		1			Fertilizers	6	ea	110.00		660.00
463		1			Baskets	3	ea	300.00		900.00
406		1			L.D. Plant Bottle	1	ea	260.00		260.00
467		1			Treat Plant Skewer fill	1	ea	375.00		375.00

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

X
DATE SIGNED: *1-3-09* TIME SIGNED: *1800* 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
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			

PAGE TOTAL	<i>4807</i>
TAX	<i>15682</i>
TOTAL	<i>20489</i>

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

SWIFT OPERATOR: *[Signature]* APPROVAL: *[Signature]*

Thank You!