

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

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: Landmark Drilling
 License: 33549
 Wellsite Geologist: Chris Bean/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. _____
 4/13/06 4/20/06
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 051-25506-00-00
 County: Ellis
 SE SE SE Sec. 10 Twp. 11 S. R. 18 East West
330 feet from S N (circle one) Line of Section
330 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Marianna Well #: 1
 Field Name: wildcat
 Producing Formation: Arbuckle
 Elevation: Ground: 1881 Kelly Bushing: _____
 Total Depth: 3463 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 211 @ 221 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from TD
 feet depth to surface w/ 525 sx cmt.
Checked by Dist 4 Rich Williams cement in surface
Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit) Art II NHG-19-08
 Chloride content 20,000 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 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: [Signature]
 Title: President Date: 1/17/07
 Subscribed and sworn to before me this 17th day of January
20 07
 Notary Public: Katherine Bray
 Date Commission Expires: 7-3-08

KATHERINE BRAY
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 7.3.08

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 18 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Castle Resources Inc. Lease Name: Marianna Well #: 1
 Sec. 10 Twp. 11 S. R. 18 East West County: Ellis

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	1182	+706
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Topeka	2853	-965
List All E. Logs Run:		Heebner	3082	-1194
		Toronto	3101	-1213
		Lansing-KC	3125	-1237
		Base-KC	3353	-1465
		Simpson Sand	3446	-1558
		Arbuckle	3463	-1575

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#	221'	COM	150	3% CC 2% gel
production		5 1/2"	14#	3536'	ALHD	525	ALHD

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				

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	3464.5-3466.5	500 15% HCL	

TUBING RECORD	Size <u>2 7/8"</u>	Set At <u>3500</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <u>6/106</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. <u>35</u>	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____

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KANSAS CORPORATION COMMISSION
JAN 18 2007
CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., INC. 25809

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

SERVICE POINT:

Russell
4-14-06

DATE <u>4-13-06</u>	SEC. <u>10</u>	TWP. <u>11</u>	RANGE <u>18</u>	CALLED OUT <u>6:45 PM</u>	ON LOCATION <u>7:00 PM</u>	JOB START <u>5:30 AM</u>	JOB FINISH <u>6:00 AM</u>
LEASE <u>MARIANNA</u> WELL # <u>1</u>			LOCATION <u>Hay's No To Rvr Rd.</u>		COUNTY <u>Ellis</u>	STATE <u>KANSAS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>1/2 E 1/4 N INTO</u>				

CONTRACTOR LANDMARK DRG. OWNER _____

TYPE OF JOB _____	CEMENT AMOUNT ORDERED <u>150 SK Com.</u>
HOLE SIZE <u>12 1/4</u> T.D. <u>228</u>	<u>2% GEL</u>
CASING SIZE <u>8 5/8</u> DEPTH <u>221</u>	<u>3% ee</u>
TUBING SIZE _____ DEPTH _____	
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	
MEAS. LINE _____ SHOE JOINT _____	
CEMENT LEFT IN CSG. <u>15'</u>	
PERFS. _____	
DISPLACEMENT <u>13 1/4 BBL</u>	

COMMON	<u>150</u>	@	<u>960</u>	<u>1440.00</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>15.00</u>	<u>45.00</u>
CHLORIDE	<u>5</u>	@	<u>42.00</u>	<u>210.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>158</u>	@	<u>170</u>	<u>269.60</u>
MILEAGE	<u>74 SK/MILE</u>			<u>442.40</u>
TOTAL				<u>2406.00</u>

EQUIPMENT

PUMP TRUCK # <u>398</u>	CEMENTER <u>Glean</u>
BULK TRUCK # <u>410</u>	HELPER <u>GARY</u>
BULK TRUCK # _____	DRIVER <u>Jody</u>
BULK TRUCK # _____	DRIVER _____

REMARKS:

Cement CIRCULATED

SERVICE

DEPTH OF JOB	<u>735.00</u>
PUMP TRUCK CHARGE	
EXTRA FOOTAGE	@ _____
MILEAGE	<u>40</u> @ <u>5.00</u> <u>200.00</u>
MANIFOLD	@ _____
<u>Waiting Time 5 hrs</u>	@ <u>155.00</u> <u>775.00</u>
	@ _____
TOTAL <u>1710.00</u>	

CHARGE TO: Castle Resources Inc.
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>8 5/8 Wiper Plug</u>	<u>55.00</u>
	@ _____
	@ _____
	@ _____
TOTAL <u>55.00</u>	

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KANSAS CORPORATION COMMISSION

JAN 18 2007

CONSERVATION DIVISION
WICHITA, KS

TAX _____
TOTAL CHARGE _____
DISCOUNT _____ IF PAID IN 30 DAYS

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 Lyle Cason

Lyle Cason
PRINTED NAME

ALLIED CEMENTING CO., INC. 25820

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

SERVICE POINT:

Russell 422/06

SE SE SE

DATE <u>4-21-06</u>	SEC. <u>10</u>	TWP. <u>11</u>	RANGE <u>18</u>	CALLED OUT <u>3:45pm</u>	ON LOCATION <u>5:00pm</u>	JOB START <u>12:00pm</u>	JOB FINISH <u>1:15am</u>
LEASE <u>MARIANNA</u>	WELL # <u>1</u>	LOCATION <u>HAYS N. RVR. RD. 3/4 E 1/4 N</u>			COUNTY <u>ELLIS</u>	STATE <u>KANSAS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR LAND MARK Daly. Rig#

TYPE OF JOB PRODUCTION STRING

HOLE SIZE 7 7/8 RTD T.D. 3550

CASING SIZE 5 1/2 DEPTH 3536'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL AFU INSERT @ DEPTH 3519'

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 17.42

CEMENT LEFT IN CSG 17.42

PERFS. _____

DISPLACEMENT 83.87/BBL

OWNER _____

CEMENT AMOUNT ORDERED 525 SK AL HD

COMMON _____	@ _____		
POZMIX _____	@ _____		
GEL _____	@ _____		
CHLORIDE _____	@ _____		
ASC _____	@ _____		
<u>ALHD 525</u>	@ <u>16.25</u>	<u>8505.00</u>	
	@ _____		
	@ _____		
	@ _____		
	@ _____		
	@ _____		
	@ _____		
HANDLING <u>525</u>	@ <u>1.70</u>	<u>892.50</u>	
MILEAGE <u>45 Ton Mile</u>		<u>1653.75</u>	
TOTAL		<u>11,051.25</u>	

EQUIPMENT

PUMP TRUCK CEMENTER Alexis

398 HELPER GARY

BULK TRUCK # 345 DRIVER Doug

BULK TRUCK # 396 DRIVER Bob

CSG. HAD TO BE LOADED FROM TOP / WAS FLOATING IN HOLE @ 600TS IN. (PLUGGED-OFF)

REMARKS: INSAT

Plug Land @ 1500# - Float did NOT HOLD. Shut in @ 800#

Lost Circ - Cement did NOT Circulate (STATE REP. ON LOC. REC. RICH WILLIAMS)

15 SK @ RATADE

Thanks

CHARGE TO: CASTLE RESOURCES INC.

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 Alexandra Soto

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 1450.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 45 @ 5.00 225.00

MANIFOLD _____ @ _____

TOTAL 1675.00

5 1/2 CSG.

PLUG & FLOAT EQUIPMENT

<u>Guide Shoe</u>		<u>160.00</u>
<u>AFU INSERT</u>	@	<u>235.00</u>
<u>3 BASKETS</u>	@ <u>140.00</u>	<u>420.00</u>
<u>2-CENTRALIZERS</u>	@ <u>50.00</u>	<u>350.00</u>
<u>1-5 1/2 RUBBER AUG</u>	@	<u>60.00</u>
RECEIVED		
KANSAS CORPORATION COMMISSION		
JAN 18 2007		TOTAL <u>1225.00</u>

TAX _____ CONSERVATION DIVISION WICHITA, KS

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____