

ORIGINAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: Warren Drilling  
License: 33724  
Wellsite Geologist: 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. \_\_\_\_\_  

<u>2/11/06</u>	<u>2/19/06</u>	<u>2/19/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 163-23517-00-00  
County: Rooks  
SE SE SW Sec. 5 Twp. 8 S. R. 16  East  West  
330 feet from S / N (circle one) Line of Section  
2310 feet from E / W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Kollman Well #: 1  
Field Name: wildcat  
Producing Formation: \_\_\_\_\_  
Elevation: Ground: 1885 Kelly Bushing: \_\_\_\_\_  
Total Depth: 3315 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 209' @ 211' 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/ 550 sx cmt.

Drilling Fluid Management Plan AH II NHG 79-08  
(Data must be collected from the Reserve Pit)  
Chloride content 20,000 ppm Fluid volume 500 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: \_\_\_\_\_  
Title: President Date: 1/17/07  
Subscribed and sworn to before me this 17<sup>th</sup> day of January 2007.  
20 \_\_\_\_\_  
Notary Public: Katherine Bray  
Date Commission Expires: \_\_\_\_\_  

KATHERINE BRAY NOTARY PUBLIC STATE OF KANSAS MY APPL. EXPIRES <u>7-3-08</u>
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**KCC Office Use ONLY**

N 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: Kollman Well #: 1  
 Sec. 5 Twp. 8 S. R. 16  East  West County: Rooks

**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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	<input checked="" type="checkbox"/> Log    Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1122-55</td> <td>+674</td> </tr> <tr> <td>Topeka</td> <td>2684</td> <td>-888</td> </tr> <tr> <td>Heebner</td> <td>2902</td> <td>-1106</td> </tr> <tr> <td>Toronto</td> <td>2922</td> <td>-1126</td> </tr> <tr> <td>Lansing-KC</td> <td>2946</td> <td>-1150</td> </tr> <tr> <td>Base-KC</td> <td>3188</td> <td>-1392</td> </tr> <tr> <td>RTD</td> <td>3315</td> <td>-1519</td> </tr> </table>	Name	Top	Datum	Anhydrite	1122-55	+674	Topeka	2684	-888	Heebner	2902	-1106	Toronto	2922	-1126	Lansing-KC	2946	-1150	Base-KC	3188	-1392	RTD	3315	-1519
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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#	220'	COM	150	3% CC 2% gel
production		5 1/2"	15.5#	3313	ALHD	550	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 (Amount and Kind of Material Used)	Depth
1	3242, 3180, 3152	1500 plug over	
4	3035-37	500 plug over	
4	2714-16	3000	

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>3100</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. <u>15</u>	Gas Mcf	Water Bbls.	Gas-Oil Ratio      Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval	
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>RECEIVED</b> <b>KANSAS CORPORATION COMMISSION</b> <b>JAN 18 2007</b>



# ALLIED CEMENTING CO., INC. 25064

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

SERVICE POINT: Russell

DATE <u>2/20/06</u>	SEC. <u>5</u>	TWP. <u>8</u>	RANGE <u>16</u>	CALLED OUT <u>10:00 a.m.</u>	ON LOCATION <u>12:30 a.m.</u>	JOB START	JOB FINISH <u>9:30 a.m.</u>
LEASE <u>Kollman</u>			WELL # <u>1</u>	LOCATION <u>Natoma 6 W to Rd 26</u>		COUNTY <u>Rooks</u>	STATE <u>Ks</u>
<input checked="" type="radio"/> OLD OR NEW (Circle one)			<u>13 N</u>				

CONTRACTOR Warren Drilling Rig #8  
 TYPE OF JOB Production String  
 HOLE SIZE 7 7/8 T.D. 3315  
 CASING SIZE 5 1/2 15%\* DEPTH 3313  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT 41.62  
 CEMENT LEFT IN CSG. 41.62  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 78 661

OWNER \_\_\_\_\_  
 CEMENT AMOUNT ORDERED 550 ALHD  
 COMMON \_\_\_\_\_ @ \_\_\_\_\_  
 POZMIX \_\_\_\_\_ @ \_\_\_\_\_  
 GEL \_\_\_\_\_ @ \_\_\_\_\_  
 CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_  
 ASC \_\_\_\_\_ @ \_\_\_\_\_  
ALHD 550 @ 16.20 8910.00  
 HANDLING 550 @ 1.70 935.00  
 MILEAGE 74/sk/mile 1732.50  
 TOTAL 11577.50

**EQUIPMENT**

PUMP TRUCK CEMENTER Shane  
 # 398 HELPER Gary  
 BULK TRUCK \_\_\_\_\_  
 # \_\_\_\_\_ DRIVER Ken  
 BULK TRUCK \_\_\_\_\_  
 # \_\_\_\_\_ DRIVER Brian

**REMARKS:**

Rat Hole 15 sks  
Mouse Hole 10 sks  
Pipe set @  
landed Plug @ did not count  
Float Held 1  
Cement Circulated

**SERVICE**

DEPTH OF JOB \_\_\_\_\_  
 PUMP TRUCK CHARGE \_\_\_\_\_ 1450.00  
 EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE 45 @ 5.00 225.00  
 MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_  
 TOTAL 1675.00

CHARGE TO: Castle Resources Inc.  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

Guide Shoe 150.00  
AFU Insert @ 235.00  
7 Cents @ 50.00 350.00  
3 Baskets @ 140.00 420.00  
5 1/2 Rubber Plug @ 60.00  
 TOTAL 1215.00

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.

Thanks!  
 John Paul Coates

SIGNATURE John Paul Coates

TAX \_\_\_\_\_  
 TOTAL CHARGE \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
 PRINTED NAME \_\_\_\_\_