

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

Form CP-1
March 2009
This Form must be Typed
Form must be Signed
All blanks must be Filled

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

API No. 15 - 055-21581-00-01
If pre 1967, supply original completion date: _____
Spot Description: _____
NW-NE-NW Sec. 18 Twp. 26 S. R. 33 East West
330 Feet from North / South Line of Section
1,650 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Finney
Lease Name: 3-18 Stone SWD Well #: 3-18

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: D27,537 ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8 5/8" Set at: 1915 Cemented with: 850 Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

1415-1500'

Elevation: 2910 (G.L. / K.B.) T.D.: 5300 P.B.T.D.: 1724 Anhydrite Depth: _____ (Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____ (Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

according to KCC District #1 field office

KANSAS CORPORATION COMMISSION
MAY 01 2009
RECEIVED

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: Jerry Green

Address: PO Box 87 City: Schoenchen State: KS Zip: 67667 + _____

Phone: (785) 625-5155

Plugging Contractor License #: _____ Name: Allied Cementing Company Inc.

Address 1: PO Box 31 Address 2: _____

City: Russell State: KS Zip: 67665 + _____

Phone: (785) 483-2627

Proposed Date of Plugging (if known): 4/23/09 4/28/09 100PM

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 4-21-09 Authorized Operator / Agent: _____ (Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

*Well plugged. KCC PKT

Dist 1
PKT