

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 065-227960000

County Graham

80 E. & 120 N.
- E/2 - NW - NW Sec. 24 Twp. 9S Rge. 24 X W

Operator: License # 9860

4740 Feet from SN (circle one) Line of Section

Name: Castle Resources, Inc.

4210 Feet from EW (circle one) Line of Section

Address P.O. Box 87

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

City/State/Zip Schoenchen, KS 67667-0087

Lease Name College Well # 24-2

Purchaser: _____

Field Name Colen Dale

Operator Contact Person: Jerry Green

Producing Formation NONE

Phone (785) 625-5155

Elevation: Ground 2407 KB 2412

Contractor: Name: Vonfeldt Drilling, Inc.

Total Depth 3999 PBTD _____

License: 9431

Amount of Surface Pipe Set and Cemented at 218 Feet

Wellsite Geologist: Jerry Green

Multiple Stage Cementing Collar Used? _____ Yes X No

Designate Type of Completion

X New Well _____ Re-Entry _____ Workover _____

_____ Oil _____ SWD _____ S10W _____ Temp. Abd.

_____ Gas _____ ENHR _____ SIGW _____

X Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If yes show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan P4-A, 8-2-'00 W.C.
(Data must be collected from the Reserve Pit)

If Workover:

Operator: _____

Chloride content 8000 ppm Fluid volume 300 bbls

Well Name: _____

Dewatering method used Allow to dry and backfill

Comp. Date _____ Old Total Depth _____

Location of fluid disposal if hauled offsite: _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD

_____ Plug Back _____ PBTD

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

_____ Other (SWD or Inj?) _____ Docket No. _____

Operator Name _____

Lease Name _____ License No. _____

5-22-00 5-27-00 5-27-00

Spud Date Date Reached TD Completion Date

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

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 6/7/00

Subscribed and sworn to before me this 7th day of June,
2000

Notary Public Katherine Bray

Date Commission Expires 6-19-00

K.C.C. OFFICE USE ONLY		
F	Letter of Confidentiality Attached	
C	Wireline Log Received - <u>copy</u>	
C	Geologist Report Received	
Distribution		
<input checked="" type="checkbox"/>	KCC	_____ SWD/Rep
_____	KGS	_____ Plug
_____		_____ NGPA
_____		_____ Other
_____		(Specify)

KATHERINE BRAY
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 6-19-00

X

Operator Name Castle Resources Inc. Lease Name College Well # _____
 Sec. 24 Twp. 9 Rge. 24 East West
 County Graham

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:

Name	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample	
	Top	Datum
Anhydrite	2046-81	+366
Topeka	3494	-1082
Heebner	3710	-1298
Toronto	3735	-1323
Lansing KC	3750	-1338
Base KC	3968	-1556
RTD	3993	-1581

Radiation Guard Log

CASING RECORD <input type="checkbox"/> New <input checked="" 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		8 5/8"	20#	218'	60/40 PGZ 6%gel, 3%cc	200	

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

P&A

N-A

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 _____

ALLIED CEMENTING CO., INC. 1349

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

SERVICE POINT:
Kennel

DATE <i>5-22-04</i>	SEC <i>24</i>	TWP. <i>9</i>	RANGE <i>24</i>	CALLED OUT <i>1:00 PM</i>	ON LOCATION <i>3:45 PM</i>	JOB START	JOB FINISH <i>4:15 PM</i>
LEASE <i>College</i>		WELL # <i>24-2</i>		LOCATION <i>Penedor SS 1 1/2</i>		COUNTY <i>Greene</i>	STATE <i>Kan</i>
OLD OR NEW (Circle one) <input checked="" type="radio"/> OLD <input type="radio"/> NEW							

CONTRACTOR <i>Worrell</i>	OWNER
TYPE OF JOB <i>SURFACE</i>	CEMENT
HOLE SIZE <i>12 1/2</i> TD. <i>220</i>	AMOUNT ORDERED <i>150 of 60/40 3-2</i>
CASING SIZE <i>8 1/2</i> DEPTH	COMMON _____ @ _____
TUBING SIZE DEPTH	POZMIX _____ @ _____
DRILL PIPE DEPTH	GEL _____ @ _____
TOOL DEPTH	CHLORIDE _____ @ _____
PRES. MAX MINIMUM	_____ @ _____
MEAS. LINE SHOE JOINT	_____ @ _____
CEMENT LEFT IN CSG.	_____ @ _____
PERFS.	_____ @ _____
DISPLACEMENT	_____ @ _____

EQUIPMENT			
PUMP TRUCK # <i>153</i>	CEMENTER <i>Bill</i>	HANDLING _____ @ _____	
	HELPER <i>Jason</i>	MILEAGE _____ @ _____	
BULK TRUCK # <i>213</i>	DRIVER <i>for</i>		
BULK TRUCK # _____	DRIVER _____		TOTAL _____

REMARKS:	SERVICE
<i>Cement 150 of 60/40 3-2</i>	DEPTH OF JOB _____
<i>Cemented pipe.</i>	PUMP TRUCK CHARGE _____
	EXTRA FOOTAGE _____ @ _____
	MILEAGE _____ @ _____
	PLUG <i>1-8 1/2 wood</i> _____ @ _____
	_____ @ _____
	_____ @ _____
	TOTAL _____

CHARGE TO: <i>Castle Resources</i>	FLOAT EQUIPMENT
STREET _____	_____ @ _____
CITY _____ STATE _____ ZIP _____	_____ @ _____
	_____ @ _____
	_____ @ _____
	_____ @ _____
	TOTAL _____

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 <i>Bill Worrell</i>	TAX _____
	TOTAL CHARGE _____
	DISCOUNT _____ IF PAID IN 30 DAY
	PRINTED NAME _____

ALLIED CEMENTING CO., INC. 3593

ORIGINAL
SERVICE POINT: R

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

DATE <u>5-26-00</u>	SEC. <u>24</u>	TWP. <u>9</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION	JOB START <u>2:15 PM</u>	JOB FINISH <u>5:00 AM</u>
LEASE <u>College</u>	WELL # <u>24-2</u>	LOCATION <u>Red Line HW 2 N 3/4 W</u>	COUNTY <u>Graham</u>	STATE <u>Ks</u>			
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Vonfeldt Drly

TYPE OF JOB 4" plug

HOLE SIZE 4" T.D. T.D. 3999

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 200 bcs 40 6% gel

1/2 lb flour seal per sk

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

EQUIPMENT

153

PUMP TRUCK # _____ CEMENTER Dave Paul

HELPER _____

BULK TRUCK # _____ DRIVER _____

BULK TRUCK # 160 DRIVER Glen

TOTAL _____

RECEIVED

CONSTRUCTION COMMISSION

SERVICE

JUN 8 2000

REMARKS:

25 sk 2045

100 sk 930

40 sk 260

10" 40 WF plug

15 Rat hole

10 mouse hole

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG Dry Hole plug @ _____

_____ @ _____

_____ @ _____

CHARGE TO: Castle Resources

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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.

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Bill Owen

Bill Owen

PRINTED NAME