

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

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

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: Anderson Drilling
License: 33237
Wellsite Geologist: Jerry Green

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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>11/23/06</u>	<u>11/28/06</u>	<u>11/29/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 051-25586-0000
County: Ellis
SW NE NE Sec. 22 Twp. 12 S. R. 20 East West
995 feet from S / N (circle one) Line of Section
735 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Armbrister Well #: 1
Field Name: wildcat
Producing Formation: Marmaton- LKC
Elevation: Ground: 2257 Kelly Bushing: _____
Total Depth: 3973 Plug Back Total Depth: 3897
Amount of Surface Pipe Set and Cemented at 8 5/8" @ 224 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/ 350 sx cmt.

Drilling Fluid Management Plan Air II NH 7-18-08
(Data must be collected from the Reserve Pit)
Chloride content 12,000 ppm Fluid volume 600 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: 8/24/07
Subscribed and sworn to before me this 24th day of AUGUST
2007
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

N Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received **RECEIVED**

Geologist Report Received **KANSAS CORPORATION COMMISSION**

UIC Distribution **SEP 13 2007**

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Castle Resources Inc. Lease Name: Armbrister Well #: 1
 Sec. 22 Twp. 12 S. R. 20 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 <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>Topeka</td> <td>3307</td> <td>-1044</td> </tr> <tr> <td>Heebner</td> <td>3536</td> <td>-1273</td> </tr> <tr> <td>Lansing-KC</td> <td>3578</td> <td>-1315</td> </tr> <tr> <td>Base-KC</td> <td>3823</td> <td>-1510</td> </tr> <tr> <td>Marmaton</td> <td>3872</td> <td>-1609</td> </tr> <tr> <td>Conglomerate</td> <td>3924</td> <td>-1661</td> </tr> <tr> <td>RTD</td> <td>3971</td> <td>-1708</td> </tr> </table>	Name	Top	Datum	Topeka	3307	-1044	Heebner	3536	-1273	Lansing-KC	3578	-1315	Base-KC	3823	-1510	Marmaton	3872	-1609	Conglomerate	3924	-1661	RTD	3971	-1708
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RTD	3971	-1708																							

CASING RECORD <input 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#	224'	common	150	3% CC 2% gel
production		5 1/2"	14#	3945'	Midcon	350	

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
3884.5 - 3890.5		3500 gallons 15% acid	
3650-3653		500 gallons 15% acid	
3628-3631		1000 gallons 15% NE acid	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8"	3890'		<input type="checkbox"/> Yes <input 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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	65		40		

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	SEP 13 2007 CONSERVATION DIVISION

RECEIVED
KANSAS CORPORATION COMMISSION

ALLIED CEMENTING CO., INC.

33436

Federal Tax I.D.

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

SERVICE POINT:

Russell

DATE <u>11-22-06</u>	SEC. <u>22</u>	TWP. <u>12</u>	RANGE <u>20</u>	CALLED OUT <u>5:30 PM</u>	ON LOCATION <u>6:30 PM</u>	JOB START <u>8:00 AM</u>	JOB FINISH <u>8:30 AM</u>
LEASE <u>ARMBRISTER</u>		WELL # <u>1</u>	LOCATION <u>ELLIS N. TO BUCKEY RD</u>		COUNTY <u>ELLIS</u>	STATE <u>KANSAS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>1E 1/2 S 1/2 W INTO</u>				

CONTRACTOR A + A DALGI. Rig # /

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 219

CASING SIZE 8 5/8 DEPTH 219

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 130L

OWNER _____

CEMENT AMOUNT ORDERED 150 SK Com

370 cc

270 gel

COMMON	<u>150</u>	@	<u>10.65</u>	<u>1547.50</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>16.65</u>	<u>49.95</u>
CHLORIDE	<u>5</u>	@	<u>46.00</u>	<u>233.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>158 Total SK</u>	@	<u>1.90</u>	<u>300.20</u>
MILEAGE	<u>53 TRV M.R.</u>		<u>10.94</u>	<u>753.66</u>
TOTAL				<u>2914.31</u>

EQUIPMENT

PUMP TRUCK # 398 CEMENTER GARY

BULK TRUCK # 345 DRIVER DOUG

BULK TRUCK # _____ DRIVER _____

REMARKS:

Cement Circulated

THANKS

CHARGE TO: CASTHE Resources

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 815.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 53 @ 6.00 318.00

MANIFOLD _____ @ _____

TOTAL 1133.00

PLUG & FLOAT EQUIPMENT

~~_____~~ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

PRINTED NAME _____



CHARGE TO: Castle Resources
 ADDRESS:
 CITY, STATE, ZIP CODE:

RECEIVED
 KANSAS CORPORATION COMMISSION

SEP 13 2007

TICKET No 10785

CONSERVATION DIVISION
 WICHITA, KS

PAGE	OF
1	2

SERVICE LOCATIONS 1. <u>HAYS</u>	WELL/PROJECT NO. <u>1</u>	LEASE <u>Armbriester</u>	COUNTY/PARISH <u>Ellis</u>	STATE <u>Ks</u>	CITY	DATE <u>11-29-06</u>	OWNER
2. <u>Ness</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>Anderson Drls 1</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>Sw. 12 1/2 Sec. W. 1/2 Sec. E. 11, 12, 13, 14</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Develop</u>	JOB PURPOSE <u>5 1/2 Constricting</u>	WELL PERMIT NO. <u>KS-051-25586</u>	WELL LOCATION <u>S22, T12, R20 W</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #105	40	mi			4.00	160.00
578		1			Pump Service	1	cs			1250.00	1250.00
221		1			Liquid HCL	4	gal			26.00	104.00
281		1			Mud Flush	500	gal			.75	375.00
290		1			D-A:n	3	gal			32.00	96.00
402		1			Controlizer	7	cs	5 1/2 in		80.00	560.00
403		1			CMT Basket	2	cs	5 1/2 in		280.00	560.00
406		1			Catch Down Plug & Baffle	1	cs	5 1/2 in		235.00	235.00
407		1			Insert Flood Shoe w/ Auto Fill	1	cs	5 1/2 in		310.00	310.00

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 11-29-06 TIME SIGNED 0830
 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	Pg 1 PAGE TOTAL	3650.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				Pg 2	6201.58
WE UNDERSTOOD AND MET YOUR NEEDS?				sub Total	9851.58
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				ELLIS TAX 5.3%	389.23
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	10,240.81
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR DAVE BTH APPROVAL

Thank You!



PO Box 466
 Ness City, KS 67560
 Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 10785

CUSTOMER Castle Resources WELL #1, Armbrister DATE 11-29-06 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			QTY	U/M	QTY	U/M	
325		2				EA-2	150	SK		11.00	1650.00
330		2				SmD	200	SK		13.50	2700.00
276		2				Flocele	88	Lb		1.25	110.00
283		2				Selt	750	Lb		.20	150.00
284		2				Calseal	7	SK		30.00	210.00
285		2				CFR	71	Lb		4.00	284.00
581		2				Service Chg	350	SK		1.10	385.00
583		2				Drayage	712.58	TM		1.00	712.58
						SERVICE CHARGE				CUBIC FEET	
						MILEAGE CHARGE	TOTAL WEIGHT		LOADED MILES	TON MILES	

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 KANSAS CORPORATION COMMISSION
 SEP 13 2007
 CONSERVATION DIVISION
 WYANDOTT, MO

CONTINUATION TOTAL 6201.58

JOB LOG

SWIFT Services, Inc.

DATE 11-29-06 PAGE NO. 1

CUSTOMER Castle Resources WELL NO. 1 LEASE Ann b riston JOB TYPE 5 1/2 Longstris TICKET NO. 10785

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0830							ONLOCATION DISCUSS TOB, Laying down O.P. Tally CS6, 5 1/2 14 1/2 csg RTD 3973, L70 3970, Sota, STD 1.45, Insert 200SKS SMD Lead, 150SKS EA-2 70'
	1025							
	1125							Start CS6 & Flood EOV
	1315							Tag Bottom - Drop Ball Hookup -
	1400							Break Circ - Rig Frozen!, Wait on Water
	1440							Plug RH
	1445	5.0	0		✓		200	Start HCL
			20		✓			
		50	0		✓		200	St. SMD CMT
			110		✓			end CMT
		50	0		✓		200	St mud
			45		✓			end mud
		50	0		✓		200	St HCL
			20		✓		200	St Mud Flush
			32		✓			end Flushes
		50	0		✓		200	St. EA-2 CMT
			37		✓			end CMT
								Wash PL Drop Plug
	1545	5.5	0		✓		100	St. Dip
			40		-		200	
			50		-		300	
			60		-		500	
			70		-		600	
		5.5	88		-		700	Circ CMT 15SKS top it
	1600	4.5	963		-		1500	Lead Plug
								Release ps: Wash up Book up Tickets
	1645							Job Complete - Thank You! DAVE, BLEANE, SHANE, JEFF

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