

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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: Wallace Reclaiming
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. _____

| | | |
|-----------------------------------|-----------------|---|
| 4/5/06 | 4/10/06 | 9-17-07 |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 163-23522-0000
County: Rooks
SW NE NW Sec. 13 Twp. 7 S. R. 20 East West
525 feet from S (circle one) Line of Section
2300 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: McComb Well #: 2
Field Name: wildcat

Producing Formation: LKC-Toronto
Elevation: Ground: 2056 Kelly Bushing: _____
Total Depth: 3575 Plug Back Total Depth: 3543
Amount of Surface Pipe Set and Cemented at 8 5/8" @ 222 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/ 455 sx cmt.

Drilling Fluid Management Plan Pl. RPT. W/ 1-21-08
(Data must be collected from the Reserve Pit)
Chloride content 10,000 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: 9/11/07
Subscribed and sworn to before me this 11th day of SEPTEMBER
2007
Notary Public: Katherine Bray
Date Commission Expires: 7-3-08

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received **RECEIVED**
 UIC Distribution **KANSAS CORPORATION COMMISSION**
SEP 14 2007

Operator Name: Castle Resources Inc. Lease Name: McComb Well #: 2
 Sec. 13 Twp. 7 S. R. 20 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 type="checkbox"/> Yes <input checked="" 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>1600-1633</td> <td>+463</td> </tr> <tr> <td>Topeka</td> <td>3033</td> <td>-970</td> </tr> <tr> <td>Heebner</td> <td>3236</td> <td>-1173</td> </tr> <tr> <td>Lansing-KC</td> <td>3273</td> <td>-1210</td> </tr> <tr> <td>Arbuckle</td> <td>3507</td> <td>-1444</td> </tr> </table> | Name | Top | Datum | Anhydrite | 1600-1633 | +463 | Topeka | 3033 | -970 | Heebner | 3236 | -1173 | Lansing-KC | 3273 | -1210 | Arbuckle | 3507 | -1444 |
| Name | Top | Datum | | | | | | | | | | | | | | | | | |
| Anhydrite | 1600-1633 | +463 | | | | | | | | | | | | | | | | | |
| Topeka | 3033 | -970 | | | | | | | | | | | | | | | | | |
| Heebner | 3236 | -1173 | | | | | | | | | | | | | | | | | |
| Lansing-KC | 3273 | -1210 | | | | | | | | | | | | | | | | | |
| Arbuckle | 3507 | -1444 | | | | | | | | | | | | | | | | | |

| 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" | 24# | 222 | common | 160 | 3% CC 2% gel |
| longstring | 7 7/8 | 5 1/2 | 14# | 3563 | midcon | 470 | |
| | | | | | | | |

| 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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone | 3470 | | | |
| | | | | |

| 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 |
|----------------|---|---|-------|
| 3511-3515 | 4 holes per foot | 250 gallons 15% HCL | |
| 3367 | | 333 gallons 15% HCL | |
| 3368 | | 333 gallons 15% HCL | |
| 3260 | | 333 gallons 15% HCL | |

| | | | | |
|--|----------------|--|-------------------|--|
| TUBING RECORD | Size n/a | Set At | Packer At | Liner Run <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. 1 | Gas Mcf | Water Bbls. 30 | Gas-Oil Ratio Gravity |

| | | | |
|--|---|---------------------|--------------------------------------|
| Disposition of Gas | METHOD OF COMPLETION | Production Interval | RECEIVED |
| <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) _____ | | KANSAS CORPORATION COMMISSION |

SEP 14 2007



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

RECEIVED
 KANSAS CORPORATION COMMISSION

SEP 14 2007

TICKET

No 9199

PAGE 1 OF 2

| | | | | | | | |
|-------------------------------------|--|---------------------------------|--|--------------------------|--|-----------------------------|-------|
| 1. SERVICE LOCATIONS <u>HAYS</u> | WELL/PROJECT NO. <u>#2</u> | LEASE <u>McCumb</u> | COUNTY/PARISH <u>Rawl's</u> | STATE <u>Ks</u> | CITY CONSERVATION DIVISION <u>WICHITA, KS</u> | DATE <u>04-10-06</u> | OWNER |
| 2. <u>Ness City</u> | TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES | CONTRACTOR | RIG NAME/NO. <u>Landmark Drilling</u> | SHIPPED VIA <u>Co</u> | DELIVERED TO <u>5433 E. 10th W. Wichita</u> | ORDER NO. <u>1-16-16</u> | |
| 3. | WELL TYPE <u>Oil</u> | WELL CATEGORY <u>Develop</u> | JOB PURPOSE <u>CMT 5/6 casing</u> | WELL PERMIT NO. | WELL LOCATION <u>SB, T7, R20W</u> | | |
| 4. REFERRAL LOCATION | INVOICE INSTRUCTIONS | | | | | | |

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | | UNIT PRICE | | AMOUNT |
|-----------------|-------------------------------------|------------|------|----|-------------------------------|------|-----|------------|----|---------|
| | | LOC | ACCT | DF | | QTY. | UM | QTY. | UM | |
| 575 | | 1 | | | MILEAGE #105 | 10 | mi | 4 | 00 | 240 00 |
| 578 | | 1 | | | Pump Service | 1 | hrs | 1250 | 00 | 1250 00 |
| 001 | | 1 | | | Liquid M.C. | 2 | gal | 26 | 00 | 52 00 |
| 281 | | 1 | | | Mud Flush | 5 | gal | 75 | 00 | 375 00 |
| 290 | | 1 | | | D-Air | 3 | gal | 32 | 00 | 96 00 |
| 402 | | 1 | | | Centralizer | 7 | ec | 60 | 00 | 420 00 |
| 403 | | 1 | | | CMT Bristle | 3 | ec | 230 | 00 | 690 00 |
| 406 | | 1 | | | Latch Down Plug & Bristle | 1 | ec | 210 | 00 | 210 00 |
| 407 | | 1 | | | Insert Flood Shoe & Auto Fill | 1 | ec | 250 | 00 | 250 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 [Signature]
 DATE SIGNED 04-10-06 TIME SIGNED 0030 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 | | AMOUNT |
|---|-------|------------|-----------|-----------------|-----------|
| OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? | | | | Pg-1 PAGE TOTAL | 3583 00 |
| WE UNDERSTOOD AND MET YOUR NEEDS? | | | | Pg-2 | 7712 40 |
| OUR SERVICE WAS PERFORMED WITHOUT DELAY? | | | | sub Total | 11,295 40 |
| WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? | | | | Books TAX 5.3% | 417 67 |
| ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | TOTAL | 11,713 07 |
| <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 [Signature] APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 04-10-06 PAGE NO. 1

CUSTOMER Castle Resources WELL NO. # 2 LEASE McComb JOB TYPE 5 1/2 long string TICKET NO. 9199

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------|-------|---|----------------|--------|--|
| | | | | T | C | TUBING | CASING | |
| | 2030 | | | | | | | ENCLOSATION DISCOVER JOB, Laying Down DP & COLLECTORS 470SIS SIMO 1/4" / sec. 320 SIS @ 11.2", 150SIS @ 14.0" 5 1/2 14" / sec. Inverts 35 1/2 LTD 3575, R TD 3550, Pipe 3563 SJ 20.76 Cont. 1, 4, 8, 12, 16, 48, 64, Bucket 16, 48, 64 |
| | 2215 | | | | | | | Trucks on location |
| | 2310 | | | | | | | Start CSI, air float Equ. 2400 (Start Filling) |
| | 0120 | | | | | | | Tag Bottom - Drop Ball (H2O Tank) |
| | 0120 | | | | | | | Hookup |
| | 0125 | | | | | | | Break Circ. |
| | 0240 | | 41 | | | | | Plug Ref Hole 15SIS |
| | 0245 | 60 | 0 | | | 200 | | Start MF |
| | | | 12 | | | | | Start HCL Flush |
| | | | 3.2 | | | | | End Flush |
| | 0250 | 40 | 0 | | | 150 | | Start CMT 320SIS @ 11.2"/sec |
| | | 40 | 86.4 | | | 100 | | CMT in battery |
| | | 20 | 125 | | | 100 | | Slow Rate Down with pump stops! |
| | | 20 | 180 | | | 100 | | Start Mixing 135SIS @ 14.0"/sec |
| | | 2.0 | 200 | | | 100 | | |
| | 0400 | 2.0 | 218 | | | 100 | | end CMT |
| | | | | | | | | Drop Plug - Wash Pumping Lines |
| | 0405 | 2.0 | 0 | | | 50 | | Start Drop |
| | | 2.0 | 25 | | | 200 | | |
| | | 5.0 | 50 | | | 600 | | Inc. Rate water truck on location |
| | | 5.0 | 70 | | | 700 | | Circ good to CMT to pit 30SIS |
| | | 5.0 | 75 | | | 800 | | |
| | | 4.5 | 80 | | | 900 | | |
| | 0450 | 4.0 | 86.2 | | | 1600 | | Log & Plug |
| | 0455 | | | | | | | Release Float Hold & Latch down Plug |
| | 0500 | | | | | | | Wash up Reckup TS Tickets |
| | 0545 | | | | | | | Job Complete Thank You! Dave, Blaine, Rob |

RECEIVED
KANSAS CORPORATION COMMISSION

SEP 14 2007

CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., INC. 25494

Federal Tax I.D.#

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

SERVICE POINT
Russell

| | | | | | | | |
|---------------------------------------|-----------------|--------------------------------|-----------------|---------------------|----------------------------|--------------------------|---------------------------|
| DATE <u>4/4/06</u> | SEC. <u>13</u> | TWP. <u>7</u> | RANGE <u>20</u> | CALLED OUT | ON LOCATION <u>5:30 pm</u> | JOB START <u>7:30 pm</u> | JOB FINISH <u>7:50 pm</u> |
| LEASE <u>McComb</u> | WELL # <u>2</u> | LOCATION <u>Stoctor 10W 2N</u> | | COUNTY <u>Rooks</u> | STATE <u>Ks.</u> | | |
| OLD OR NEW (Circle one) <u>NEW</u> | | <u>2W 1/2 N E into</u> | | | | | |

CONTRACTOR Landmark Drilling
 TYPE OF JOB Surface Job
 HOLE SIZE 12 1/2" T.D. 225
 CASING SIZE 8 5/8" DEPTH 222.53
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 13 1/4

OWNER _____
 CEMENT AMOUNT ORDERED 160 Com 3% CC
2% Gel
2 Case Thread Lock
 COMMON 160 @ 9.60 1536.00
 POZMIX _____ @ _____
 GEL 3 @ 15.00 45.00
 CHLORIDE 5 @ 42.00 210.00
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 168 @ 1.70 285.60
 MILEAGE 7 1/2 SK/MILE 858.48
 TOTAL 2935.08

EQUIPMENT

PUMP TRUCK CEMENTER Shane
 # 409 HELPER Craig
 BULK TRUCK _____
 # 345 DRIVER Doug
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:

Capat Circ!

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

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE 735.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 73 @ 5.00 365.00
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 1100.00

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
5/8 Wood Plug @ 55.00 55.00
2- THREAD LOCK @ 30.00 60.00
 _____ @ _____
 TOTAL 115.00

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.

Thank
 SIGNATURE Lyle Cason

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS
Lyle CASON
 PRINTED NAME