

RECEIVED

AUG 31 2005

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

ORIGINAL

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. _____

7-30-05 8-5-05 8-5-05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 051-25435-00-00
County: Ellis
C SW - SE - Sec. 3 Twp. 15 S. R. 18 East West
700 feet from S N (circle one) Line of Section
2020 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Pfeifer-Wasinger Well #: 1
Field Name: Dinges Pool
Producing Formation: _____
Elevation: Ground: 2021 Kelly Bushing: 2026
Total Depth: 3700 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 208' w/150sks Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan AH 1 NCR 8-15-08
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
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: _____
Subscribed and sworn to before me this 29th day of AUGUST,
2005.
Notary Public: KATHERINE BRAY
Date Commission Expires: 7-3-08

KATHERINE BRAY
NOTARY PUBLIC
STATE OF KANSAS
MY APPL. EXPIRES 7-3-08

KCC Office Use ONLY
NO Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

ORIGINAL

Operator Name: Castle Resources Inc. Lease Name: Pfeifer-Wasinger1 Well #: _____
 Sec. 3 Twp. 15 S. R. 18 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 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: radiation guard log	<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>Heebner</td> <td>3284</td> <td>-1258</td> </tr> <tr> <td>Toronto</td> <td>3304</td> <td>-1278</td> </tr> <tr> <td>Lansing-KC</td> <td>3330</td> <td>-1304</td> </tr> <tr> <td>Base-KC</td> <td>3556</td> <td>-1530</td> </tr> <tr> <td>Arbuckle</td> <td>3650</td> <td>-1624</td> </tr> <tr> <td>RTD</td> <td>3698</td> <td>-1672</td> </tr> </table>	Name	Top	Datum	Heebner	3284	-1258	Toronto	3304	-1278	Lansing-KC	3330	-1304	Base-KC	3556	-1530	Arbuckle	3650	-1624	RTD	3698	-1672
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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	12 1/4"	8 5/8"	23#	208	com	150	3% CC 2% gel

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

TUBING RECORD		Size	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 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		

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) _____	

RECEIVED
 AUG 31 2005
 KCC WICHITA

ALLIED CEMENTING CO., INC. ORIGINAL 21600

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

SERVICE POINT:

Russell

DATE <u>7-30-05</u>	SEC.	TWP.	RANGE	CALLED OUT <u>4:20</u>	ON LOCATION <u>4:20pm</u>	JOB START <u>7:40pm</u>	JOB FINISH <u>8:00pm</u>
LEASE <u>Pfeifer</u>	WELL # <u>1</u>	LOCATION <u>Hays 6 S 3 E Winto</u>		COUNTY <u>Ellis</u>	STATE <u>Kansas</u>		
OLD OR NEW (Circle one)							

CONTRACTOR A1A Drilling

TYPE OF JOB Surface

HOLE SIZE 12 1/4" T.D. 215'

CASING SIZE 8 3/8" 28lb DEPTH 214'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 12 1/2 Bbl

EQUIPMENT

PUMP TRUCK CEMENTER Steve

345 HELPER Craig

BULK TRUCK

282 DRIVER Brian

BULK TRUCK

_____ DRIVER Doug

REMARKS:

Cement did Circulate

Thank You

CHARGE TO: Castle Resources

STREET _____

CITY _____ STATE _____ ZIP _____

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 Doug

OWNER _____

CEMENT

AMOUNT ORDERED 130.5 lbs Cem 3% CC

2% Greed

COMMON	<u>150</u>	@	<u>870</u>	<u>1,305.00</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>14.00</u>	<u>42.00</u>
CHLORIDE	<u>5</u>	@	<u>38.00</u>	<u>190.00</u>
ASC		@		

RECEIVED				
@ AUG 31 2005				
@ KCC WICHITA				
HANDLING	<u>158</u>	@	<u>1.60</u>	<u>252.80</u>
MILEAGE	<u>6 d/st/mile</u>			<u>303.36</u>
TOTAL				<u>2,093.16</u>

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>670.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>32</u>	@	<u>5.00</u>	<u>160.00</u>
MANIFOLD		@		
TOTAL				<u>830.00</u>

PLUG & FLOAT EQUIPMENT

_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
TOTAL _____			

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____

ALLIED CEMENTING CO., INC. ORIGINAL 21481

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

SERVICE POINT:

Russell

DATE <u>8-4-05</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>7:00 PM</u>	JOB START <u>8:30 PM</u>	JOB FINISH <u>11:00 PM</u>
LEASE <u>W. W. W. Co.</u>	WELL # <u>1</u>	LOCATION <u>Hays 65 SE 1/4</u>		COUNTY <u>Ellis</u>	STATE <u>Kansas</u>		

OLD OR NEW (Circle one)

CONTRACTOR ATA Drilling

TYPE OF JOB Dry Hole Plug

HOLE SIZE 7 7/8" I.D. T.D. 3700

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 16.5 sks 60/40 60%
600 1/2 Fl Seal

COMMON	<u>99</u>	@	<u>8.70</u>	<u>861.30</u>
POZMIX	<u>66</u>	@	<u>4.70</u>	<u>310.20</u>
GEL	<u>10</u>	@	<u>14.00</u>	<u>140.00</u>
CHLORIDE		@		
ASC		@		
<u>F10 SEAL</u>	<u>42 #</u>	@	<u>170</u>	<u>71.40</u>

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KCC WICHITA

HANDLING	<u>175</u>	@	<u>1.60</u>	<u>280.00</u>
MILEAGE	<u>6 #/sk/mile</u>			<u>386.00</u>
TOTAL				<u>1,998.90</u>

REMARKS:

- 1st Plug @ 3650' 25 sks
- 2nd Plug @ 1230' 25 sks
- 3rd Plug @ 550' 50 sks
- 4th Plug @ 20' 40 sks
- 5th Plug @ 40' 10 sks
- 6th Plug @ 40' 15 sks

Thank You

CHARGE TO: Castle Resources

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>785.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>32</u>	@	<u>500</u>	<u>160.00</u>
MANIFOLD		@		
TOTAL				<u>945.00</u>

PLUG & FLOAT EQUIPMENT

<u>1 Dry Hole Plug</u>	@	<u>35.00</u>
_____	@	
_____	@	
_____	@	
_____	@	
TOTAL		<u>35.00</u>

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SIGNATURE

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____