

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

CONTRACTOR: License # 30606

Name: Murfin Drilling Co.

Wellsite Geologist: Jerry Green

Purchaser: _____

Designate Type of Completion:

- New Well _____ Re-Entry _____ Workover _____
- Oil _____ SWD _____ SLOW _____
- _____ Gas _____ ENHR _____ SIGW _____
- _____ CM (Coal Bed Methane) _____ Temp. Abd. _____
- _____ 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. _____ Conv. to SWD _____

_____ Plug Back: _____ Plug Back Total Depth _____

_____ Commingled _____ Docket No.: _____

_____ Dual Completion _____ Docket No.: _____

_____ Other (SWD or Enhr.?) _____ Docket No.: _____

4/14/08 4/20/08 4/20/08

Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date _____

API No. 15 - 195-22538-0000

Spot Description: _____

NW SE SE Sec. 3 Twp. 15 S. R. 21 East West

1030 Feet from North / South Line of Section

1020 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Trego

Lease Name: Garrison Well #: 1

Field Name: Wildcat

Producing Formation: _____

Elevation: Ground: 2143 Kelly Bushing: 2148

Total Depth: 3994 Plug Back Total Depth: 3993

Amount of Surface Pipe Set and Cemented at: 225' @ 235 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 3993

feet depth to: surface w/ 440

ATTN-DG - 7/20/09

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 10,000 ppm Fluid volume: 400 bbls

Dewatering method used: Allow contents 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: 6/17/09

Subscribed and sworn to before me this 17th day of June

2009

Notary Public: KATHERINE BRAY

Date Commission Expires: 7-3-12



KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

KANSAS CORPORATION COMMISSION

JUN 19 2009
RECEIVED

Operator Name: Castle Resources Inc. Lease Name: Garrison Well #: 1
 Sec. 3 Twp. 15 S. R. 21 East West County: Trego

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 (Attach Additional Sheets) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy) List All E. Logs Run: Dual Induction Log Bond Log Dual Compensated Porosity Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>1472</td> <td>-1514</td> </tr> <tr> <td>Topeka</td> <td>3204</td> <td>-1056</td> </tr> <tr> <td>Heebner</td> <td>3464</td> <td>-1316</td> </tr> <tr> <td>LKC</td> <td>3504</td> <td>-1356</td> </tr> <tr> <td>BKC</td> <td>3774</td> <td>-1626</td> </tr> <tr> <td>Marmaton</td> <td>3838</td> <td>-1690</td> </tr> <tr> <td>RTD</td> <td>3994</td> <td>-1846</td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	1472	-1514	Topeka	3204	-1056	Heebner	3464	-1316	LKC	3504	-1356	BKC	3774	-1626	Marmaton	3838	-1690	RTD	3994	-1846
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RTD	3994	-1846																							

CASING RECORD <input checked="" 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"		235'	common	160	3%CC 2% gel
production		5 1/2"	15 1/2	3993'	SMD	425	fiocele

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
4	3906 - 3910	natural	

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TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>3880</u> Packer At: <u>N/A</u> Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First Resumed Production, SWD or Enhr. <u>6-2008</u> <u>6/15/08</u>	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 Bbbls. <u>60</u> Gas Mcf <u> </u> Water Bbbls. <u>0</u> Gas-Oil Ratio <u> </u> Gravity <u>38</u>

Run with
 7/10/09
 [Signature]

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CHARGE TO: CASTLE RESOURCES

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

KANSAS CORPORATION COMMISSION

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TICKET No 14025

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>HAS</u>	WELL/PROJECT NO. <u>1</u>	LEASE <u>GARRISON</u>	COUNTY/PARISH <u>TREGO</u>	STATE <u>KS</u>	CITY	DATE <u>042008</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>MUDFINDER # 24</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>125400 1/2 W. WINT. ELLIS</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>Develop</u>	JOB PURPOSE <u>LONGSTRING</u>	WELL PERMIT NO. <u>15195-22538</u>	WELL LOCATION <u>SJ, T15, R21</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 #125	40		MI		6.00	240	00
578		1			Pump SERVICE	1		EA		1400.00	1400	00
221		1			LIQUID VCL	1		GAL		26.00	26	00
281		1			MUD FLUSH	500		GAL		1.00	500	00
290		1			D-AIR	3		GAL		35.00	105	00
402		1			CONTRACTORS	6		EA	5 1/2 hr	100.00	600	00
403		1			CONTRACTORS	3		EA	5 1/2 hr	300.00	900	00
406		1			LATCH DOWN PULLEY BATTLE	1		EA	5 1/2 hr	235.00	235	00
407		1			THERM FOOT SHOE 1/2 AND FILL	1		EA	5 1/2 hr	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 Creech, M. D.

DATE SIGNED 042008 TIME SIGNED 0230 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		
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				Pg-1 PAGE TOTAL	4316 00
WE UNDERSTOOD AND MET YOUR NEEDS?				Pg-2	9570 62
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				sub TOTAL	13886 62
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TREGO TAX 5.8%	569 50
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	14,456 12
<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 APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 04-20-08 PAGE NO. 1

CUSTOMER CASTER RESOURCES WELL NO. 1 LEASE GARRISON JOB TYPE LONGSTRING TICKET NO. 14025

CHART NO.	TIME	RATE (BPM)	VOLUME (BBU/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0230							DECLINATION, DISCUSS JOB, CHANGE WCR CMT: 450 S/S SMO 1/4" PLO 5 1/2 15.5 #/CSG NEW RTD. 3995, SET P. REC 3993, SJ 14.32, INSERT 3978 CENT 1.3, 6.11, 64, 87, BARS 11.63, 86
	0310							START CSG @ FEATHER
	0515							TAG BOTTOM, DROP BALL HOOKUP
	0530							BREAK CIRC
	0610		3 1/2, 2 1/2					PLUG RH, MH
	0615	4.5	0			150		START MUD FLUSH
			12		✓			" VCL "
			22		✓			END FLUSHES
			0		✓			START CMT 340 S/S @ 1 1/2 #/SAL
			95		✓			CMT ON BITEM
			140		✓			
			190		✓			START MIXING 100 S/S @ 13.5 #/SAL
	0705		222		✓			END CMT DROPLATCH DRAWPLUG; WASH PUMPING LINES
	0710	4.5	0		✓	150		START DISP
			30		✓	250		
			60		✓	400		
			79.0		✓	600		CIRC CMT TO PIT! 30 S/S
			850		✓	700		
			90.0		✓	800		
	0730		94.4		✓	1500		DAVE WITNESS C. Williams, M. Co. E

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WASHUP
RAMPUP
TICKETS
JOB COMPLETE
THANK YOU!
DAVE, JOSH, JEFF
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ALLIED CEMENTING CO., LLC. 33177

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

SERVICE POINT:

Near City

DATE <u>4.14.08</u>	SEC. <u>3</u>	TWP. <u>15</u>	RANGE <u>21</u>	CALLED OUT <u>3:00 PM</u>	ON LOCATION <u>7:00 PM</u>	JOB START <u>9:00 PM</u>	JOB FINISH <u>10:00 PM</u>
LEASE <u>Harrison</u>	WELL # <u>1</u>	LOCATION <u>4+147 Jct north to cedar</u>			COUNTY <u>Trego</u>	STATE <u>Kansas</u>	
OLD OR <u>(NEW)</u> (Circle one)				<u>Bluff feeders sign, 5 east 3/4 south</u>			

CONTRACTOR Muslin # 24 OWNER Castle Resources Inc.

TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 235'
 CASING SIZE 8 3/8 DEPTH 235'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 14 BBL H²⁰

CEMENT AMOUNT ORDERED 160 ex Common
3% CC 2% Gel

EQUIPMENT
SIB.
 PUMP TRUCK CEMENTER J.P. Dreiling
 # 224 HELPER Steve Turley
 BULK TRUCK
 # 342 DRIVER Marlyn Spangenberg
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>160 ex</u>	@	<u>12.30</u>	<u>1968.00</u>
POZMIX		@		
GEL	<u>3 ex</u>	@	<u>18.40</u>	<u>55.20</u>
CHLORIDE	<u>5 ex</u>	@	<u>51.50</u>	<u>257.50</u>
ASC		@		
HANDLING	<u>168 ex</u>	@	<u>2.10</u>	<u>352.80</u>
MILEAGE	<u>168 X 3.5 X .09 =</u>			<u>529.26</u>
TOTAL				<u>3162.76</u>

REMARKS:

Ran 8 3/8 casing to Bottom
Break circulation with sig mud
Hook up to pump truck & mixed 160 ex
Common 3% cc 2% Gel. Shut down
change valves over & release 8 3/8 TWP.
Displace with 14 BBL H²⁰.
Cement did circulate to surface
Shut in manifold.

SERVICE

DEPTH OF JOB	<u>235'</u>		
PUMP TRUCK CHARGE			<u>900.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>35</u>	@	<u>7.00</u>
MANIFOLD		@	
<u>Headrental</u>		@	<u>111.00</u>
TOTAL <u>1,256.00</u>			

CHARGE TO: Castle Resources Inc.
 STREET P.O. Box 87
 CITY Schoenchen STATE Kansas ZIP 67667

PLUG & FLOAT EQUIPMENT

<u>1.8 3/8 TWP</u>	@	<u>67.00</u>	<u>67.00</u>
	@		
	@		
	@		
	@		
TOTAL <u>67.00</u>			

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME X Anthony Martin
 SIGNATURE X Anthony Martin
Good-Tab You Guys

Thank you!

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