

✓
7/31/09

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

ORIGINAL

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 # 6039

Name: L.D. Drilling Inc.

Wellsite Geologist: Jerry Green

Purchaser: _____

Designate Type of Completion:

- New Well _____ Re-Entry _____ Workover _____
- _____ Oil _____ SWD _____ SIOW
- _____ 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.: _____

5/20/09 5/27/09 PPA 5/28/09

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

API No. 15 - 179-21231-00-00

Spot Description: _____

N/2 - SW - NW - SW Sec. 5 Twp. 10 S. R. 27 East West

1540 1810 Feet from North / South Line of Section

330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Sheridan

Lease Name: Virginia Well #: 1

Field Name: Wildcat

Producing Formation: none

Elevation: Ground: 2682' Kelly Bushing: 2687'

Total Depth: 4425' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 200 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/ _____

PA-Dwg. 7/31/09 ^{sx cnt.}

KANSAS CORPORATION COMMISSION

JUL 16 2009

RECEIVED

Drilling Fluid Management Plan

(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: 7-14-09

Subscribed and sworn to before me this 14th day of July,

20 09.

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

NOTARY PUBLIC
STATE OF KANSAS
Katherine Bray
Notary Public
State Of Kansas
My App. Exp. 7-3-12

Operator Name: Castle Resources Inc. Lease Name: Virginia Well #: 1
 Sec. 5 Twp. 10 S. R. 27 East West County: Sheridan

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 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 type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: dual induction log neutron density	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="0" style="width: 100%;"> <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>3788</td> <td>-1101</td> </tr> <tr> <td>Toronto</td> <td>3807</td> <td>-1120</td> </tr> <tr> <td>LKC</td> <td>3828</td> <td>-1141</td> </tr> <tr> <td>BKC</td> <td>4068</td> <td>-1381</td> </tr> <tr> <td>Ft. Scott</td> <td>4290</td> <td>-1603</td> </tr> <tr> <td>Cherokee</td> <td>4318</td> <td>-1631</td> </tr> <tr> <td>RTD</td> <td>4415</td> <td>-1723</td> </tr> </table>	Name	Top	Datum	Heebner	3788	-1101	Toronto	3807	-1120	LKC	3828	-1141	BKC	4068	-1381	Ft. Scott	4290	-1603	Cherokee	4318	-1631	RTD	4415	-1723
Name	Top	Datum																							
Heebner	3788	-1101																							
Toronto	3807	-1120																							
LKC	3828	-1141																							
BKC	4068	-1381																							
Ft. Scott	4290	-1603																							
Cherokee	4318	-1631																							
RTD	4415	-1723																							

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"	24#	200'	Common	165	2%GEL, 3%CC

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 of Material Used)</i>	Depth
		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> KANSAS CORPORATION COMMISSION JUL 16 2009 RECEIVED </div>	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed 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 Bbbs.	Gas Mcf	Water Bbbs. Gas-Oil Ratio Gravity

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

REMIT TO
RR 1 BOX 90 D
HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

359

DATE <i>5/24/09</i> SEC. <i>5</i>	RANGE/TWP. <i>27 10</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Virigine</i>			WELL# <i>1</i>		

CONTRACTOR <i>L.D. Diller</i>	OWNER <i>Cositz</i>				
TYPE OF JOB <i>Restoration</i>					
HOLE SIZE	T.D. <i>4125</i>	CEMENT			
CASING SIZE	DEPTH	AMOUNT ORDERED	<i>205</i>		
TUBING SIZE	DEPTH				
DRILL PIPE <i>4 1/2"</i>	DEPTH				
TOOL	DEPTH				
PRES. MAX	MINIMUM	COMMON	<i>1125</i>	<i>@ 14"</i>	<i>1785"</i>
DISPLACEMENT	SHOE JOINT	POZMIX	<i>92</i>	<i>@ 8"</i>	<i>156"</i>
CEMENT LEFT IN CSG.		GEL	<i>7</i>	<i>@ 26"</i>	<i>18"</i>
PERFS		CHLORIDE		<i>@</i>	
		ASC		<i>@</i>	
EQUIPMENT				<i>@</i>	
				<i>@</i>	
PUMP TRUCK		<i>Flow Seal</i>	<i>(51.25/hr)</i>	<i>@ 22"</i>	<i>115.31</i>
<i>Special</i>				<i>@</i>	
BULK TRUCK				<i>@</i>	
<i>507</i>				<i>@</i>	
BULK TRUCK				<i>@</i>	
				<i>@</i>	
<i>Plugged</i>	<i>5:00 AM</i>			<i>@</i>	
	<i>5/28/09</i>	HANDLING	<i>205</i>	<i>@ 12"</i>	<i>397.25</i>
		MILEAGE	<i>15</i>	<i>@ 16"</i>	<i>276.25</i>
				TOTAL	

KANSAS CORPORATION COMMISSION
JUL 16 2009
RECEIVED

REMARKS	SERVICE <i>Restoration Pl</i>		
<i>1st 2250' 25.5x</i>	DEPT OF JOB	<i>@</i>	
<i>2nd 1350' 100.5x</i>	PUMP TRUCK CHARGE	<i>@</i>	<i>1350</i>
<i>3rd 250' 42.5x</i>	EXTRA FOOTAGE	<i>@</i>	
<i>4th 40' 12.5x</i>	MILEAGE <i>15</i>	<i>@ 16"</i>	<i>276.25</i>
<i>3x15' Re 1st 30.5x</i>	MANIFOLD	<i>@</i>	
		<i>@</i>	
		TOTAL	

CHARGE TO: <i>Cositz</i>	<i>Reserve</i>
STREET	STATE
CITY	ZIP

To: Schippers Oil Field Service LLC
You are hereby requested to rent cementing equipment and furnish staff 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.

PLUG & FLOAT EQUIPMENT	
<i>8 1/2" Pl</i>	<i>@ 19"</i>
	<i>@</i>
	<i>@</i>
	<i>@</i>
	<i>@</i>
	TOTAL
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

SIGNATURE *Bill Owen* PRINTED NAME *Bill Owen*

REMIT TO
RR # BOX 90 D
HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

358

DATE <i>5/27/09</i> SEC. <i>5</i>	RANGE/TWP. <i>12/24</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Virginia</i>		WELL # <i>1</i>		COUNTY <i>SD</i>	STATE <i>KS</i>

CONTRACTOR <i>LD Drilling</i>	OWNER <i>Castle</i>				
TYPE OF JOB					
HOLE SIZE <i>12 1/4</i>	T.D. <i>200</i>	CEMENT			
CASING SIZE <i>8 1/2</i>	DEPTH <i>200</i>	AMOUNT ORDERED	<i>165</i>		
TUBING SIZE	DEPTH				
DRILL PIPE <i>4 1/2</i>	DEPTH				
TOOL	DEPTH				
PRES. MAX	MINIMUM	COMMON	<i>165</i>	<i>@ 11</i>	<i>2322</i>
DISPLACEMENT <i>11/4</i>	SHOE JOINT	POZMIX		<i>@</i>	
CEMENT LEFT IN CSG. <i>15.70</i>		GEL	<i>5</i>	<i>@ 78</i>	<i>378</i>
PERFS		CHLORIDE	<i>5</i>	<i>@ 52</i>	<i>260</i>
		ASC		<i>@</i>	
EQUIPMENT				<i>@</i>	
				<i>@</i>	
PUMP TRUCK				<i>@</i>	
<i>Carrot</i>				<i>@</i>	
BULK TRUCK				<i>@</i>	
				<i>@</i>	
BULK TRUCK				<i>@</i>	
				<i>@</i>	
				<i>@</i>	
		HANDLING	<i>165</i>	<i>@ 12</i>	<i>321.75</i>
		MILEAGE	<i>15</i>	<i>@ 14.00</i>	<i>210</i>
				TOTAL	

REMARKS	SERVICE <i>50.00</i>		
<i>Plug Down 1:15 AM</i>	DEPT OF JOB	<i>@</i>	
	PUMP TRUCK CHARGE	<i>@</i>	<i>75.00</i>
	EXTRA FOOTAGE	<i>@</i>	
<i>Core Cement to Pit</i>	MILEAGE	<i>@ 14.00</i>	<i>210</i>
	MANIFOLD	<i>@</i>	<i>10</i>
		<i>@</i>	
		TOTAL	

CHARGE TO: <i>Castle</i>	STATE
STREET	ZIP
CITY	

KANSAS CORPORATION COMMISSION

JUL 16 2009
RECEIVED

To: Schippers Oil Field Service LLC
You are hereby requested to rent cementing equipment and furnish staff 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.

PLUG & FLOAT EQUIPMENT	
<i>67</i>	<i>@ 165</i>
	<i>@</i>
	<i>@</i>
	<i>@</i>
	<i>@</i>
	TOTAL
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

SIGNATURE *Bill Owen*

PRINTED NAME *Bill Owen*