

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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 # 6039

Name: L.D. Drilling Inc.

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.: _____

5/29/09 6/05/09 6/06/09

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

API No. 15 - 179-21230-00-00

Spot Description: _____

SW SE NW NE Sec. 24 Twp. 9 S. R. 28 East West

1225 Feet from North / South Line of Section

1880 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Sheridan

Lease Name: Nancy Well #: 1

Field Name: Wildcat

Producing Formation: _____

Elevation: Ground: 2750' Kelly Bushing: 2755'

Total Depth: 4450' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 256 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/ _____

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 20,000 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, 2009.

Notary Public: Katherine Bray

Date Commission Expires: 7-3-12

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

KCC Office Use ONLY

N Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

_____ UIC Distribution

KANSAS CORPORATION COMMISSION

JUL 16 2009
RECEIVED

Side Two

Operator Name: Castle Resources Inc. Lease Name: Nancy Well #: 1
 Sec. 24 Twp. 9 S. R. 28 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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	2352-86	
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	3853	-1098
List All E. Logs Run:		Toronto	3873	-1118
neutron density		LKC	3884	-1129
dual induction resistivity		BKC	4120	-1365
		Cherokee	4364	-1609
		RTD	4426	-1671

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#	256'	Common	185	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 and Kind of Material Used)</i>	Depth

KANSAS CORPORATION COMPANY
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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 Bbls.	Gas Mcf	Water Bbls.	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: _____ _____
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REMIT TO
 RR BOX 90 D
 HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

360

DATE <i>7/27/09</i> SEC. <i>24</i>	RANGE/TWP. <i>9 28</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>North</i>		WELL # <i>1</i>			

CONTRACTOR <i>LD</i>	OWNER <i>Castle</i>			
TYPE OF JOB <i>Surf</i>				
HOLE SIZE <i>1 1/4</i>	T.D. <i>259</i>	CEMENT		
CASING SIZE <i>8 7/8</i>	DEPTH	AMOUNT ORDERED		
TUBING SIZE	DEPTH			
DRILL PIPE <i>1 1/2</i>	DEPTH			
TOOL	DEPTH			
PRES. MAX	MINIMUM	COMMON	<i>118</i>	<i>@ 24 2682</i>
DISPLACEMENT <i>14.566</i>	SHOE JOINT	POZMIX		<i>@</i>
CEMENT LEFT IN CSG. <i>15</i>	<i>773</i>	GEL	<i>5</i>	<i>@ 26 135</i>
PERFS		CHLORIDE	<i>6</i>	<i>@ 52 372</i>
		ASC		<i>@</i>
EQUIPMENT				<i>@</i>
PUMP TRUCK				<i>@</i>
<i># 5017</i>				<i>@</i>
BULK TRUCK				<i>@</i>
<i># 1237</i>				<i>@</i>
BULK TRUCK				<i>@</i>
				<i>@</i>
		HANDLING	<i>185</i>	<i>@ 14 360.75</i>
		MILEAGE	<i>9</i>	<i>@ 275 2715</i>
				TOTAL

REMARKS	SERVICE <i>Surf</i>		
<i>Plug down 9:15 PM</i>	DEPT. OF JOB	<i>@</i>	
	PUMP TRUCK CHARGE	<i>@</i>	<i>950</i>
	EXTRA FOOTAGE	<i>@</i>	
<i>Give me loan to celler</i>	MILEAGE <i>9</i>	<i>@ 61</i>	<i>585</i>
	MANIFOLD	<i>@</i>	<i>150</i>
		<i>@</i>	
		<i>@</i>	
		TOTAL	

CHARGE TO: <i>Castle</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>10/10</i>	<i>@ 65</i>	
	<i>@</i>	
	<i>@</i>	
	<i>@</i>	
	<i>@</i>	
	TOTAL	
TAX		
TOTAL CHARGE		
DISCOUNT (IF PAID IN 20 DAYS)		

SIGNATURE *Don J. Margheim* PRINTED NAME *DORAN J. Margheim*

REMIT TO
RR BOX 90 D
HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

361

DATE <i>6/4/09</i>	SECT. <i>74</i>	RANGE/TWP. <i>9-28</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Nancy</i>			WELL # <i>11</i>			

CONTRACTOR <i>L D Drilling</i>	OWNER <i>Castle</i>			
TYPE OF JOB				
HOLE SIZE <i>7 1/2</i>	T.D. <i>4150</i>	CEMENT	<i>20.5</i>	
CASING SIZE	DEPTH	AMOUNT ORDERED		
TUBING SIZE	DEPTH			
DRILL PIPE <i>4 1/2</i>	DEPTH	<i>60/40/4%</i>	<i>1/4 Fl</i>	
TOOL	DEPTH			
PRES. MAX	MINIMUM	COMMON	<i>200/123 @ 14</i>	<i>1783</i>
DISPLACEMENT	SHOE JOINT	POZMIX	<i>82 @ 8</i>	<i>650</i>
CEMENT LEFT IN CSG.		GEL	<i>7 @ 26</i>	<i>180</i>
PERFS		CHLORIDE	<i>@</i>	
		ASC	<i>@</i>	
EQUIPMENT			<i>@</i>	
		<i>1 1/2 sm</i>	<i>51.6 @ 2.25</i>	<i>1142</i>
PUMP TRUCK			<i>@</i>	
<i>1/2</i>			<i>@</i>	
BULK TRUCK			<i>KANSAS COR</i>	<i>REGISTRATION COMMISSION</i>
<i>1/2</i>			<i>@</i>	
BULK TRUCK			<i>DU 5/16/2009</i>	
			RECEIVED	
			<i>@</i>	
		HANDLING	<i>205 @ 1</i>	<i>205</i>
		MILEAGE	<i>0 @ 275</i>	<i>275</i>
			TOTAL	

*plug float
3:00 AM
6/6/09
Bill Over*

REMARKS	SERVICE <i>Rolay Plus</i>		
<i>1st 2370 25sx</i>	DEPT. OF JOB	<i>@</i>	
<i>2nd 1486 100sx</i>	PUMP TRUCK CHARGE	<i>@</i>	<i>105</i>
<i>3rd 306 40sx</i>	EXTRA FOOTAGE	<i>@</i>	
<i>4th 40 10sx Wiper</i>	MILEAGE	<i>@ 7</i>	<i>525</i>
<i>5th Per Hole 30sx</i>	MANIFOLD	<i>@</i>	
		<i>@</i>	
		<i>@</i>	
		TOTAL	

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

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PLUG & FLOAT EQUIPMENT	
<i>8 7/8</i>	<i>@ 6.9</i>
	<i>@</i>
	<i>@</i>
	<i>@</i>
	<i>@</i>
	TOTAL <i>4.13</i>
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

SIGNATURE *Bill Over* PRINTED NAME *Bill Over*