

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 # 32247
Name: Crawford, Jeff dba Jeff's Oilwell Supervision
Wellsite Geologist: Jerry Green
Purchaser: MVP
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: Phillips Petroleum Co.
Well Name: An Cobs #1
Original Comp. Date: 9-19-47 Original Total Depth: 3645
____ 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.: _____
3-16-09 9-19-47 6-15-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 051-05220-00-01
Spot Description: _____
NE NE NE Sec. 26 Twp. 11 S. R. 18 East West
330 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: Ellis
Lease Name: Peavy Well #: 1
Field Name: Bemis
Producing Formation: Arbuckle
Elevation: Ground: 2100 Kelly Bushing: 2105
Total Depth: 3645 Plug Back Total Depth: 3645
Amount of Surface Pipe Set and Cemented at: 1403 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 OWWO - AIT I NR
(Data must be collected from the Reserve Pit) 10-14-09
Chloride content: Fresh ppm Fluid volume: 120 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: 9/10/09
Subscribed and sworn to before me this 10th day of September,
20 09.
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

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Operator Name: Castle Resources Inc. Lease Name: Peavy Well #: 17S
 Sec. 26 Twp. 11 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>1360</td> <td></td> </tr> <tr> <td>Lansing KC</td> <td>3327</td> <td>-1277</td> </tr> <tr> <td>Arbuckle</td> <td>3639</td> <td>-1539</td> </tr> </table>	Name	Top	Datum	Anhydrite	1360		Lansing KC	3327	-1277	Arbuckle	3639	-1539
Name	Top	Datum											
Anhydrite	1360												
Lansing KC	3327	-1277											
Arbuckle	3639	-1539											

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	1403	COM	N/A	
production		4 1/2	10.5	3635	common	300	

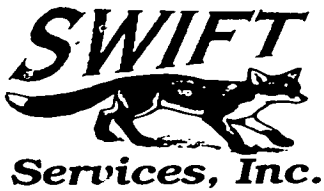
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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

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TUBING RECORD:	Size: <u>2 7/8"</u>	Set At: <u>3625'</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>6/15/09</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 Bbbs. <u>50</u>	Gas Mcf	Water Bbbs. <u>50</u>	Gas-Oil Ratio <u> </u> Gravity <u>33</u>

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 checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>3639-3644 open hole</u>
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CHARGE TO: CASTLE RESOURCES
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

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TICKET
 No 16411

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>HAYS</u>	WELL/PROJECT NO. <u>1</u>	LEASE <u>PEAVEY</u>	COUNTY/PARISH <u>ELLIS</u>	STATE <u>KS</u>	CITY	DATE <u>09-21-09</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>JEFF WELLS SERV</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>2E, 1/4S, 1/2W, KS River Rd</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>WORKOVER</u>	JOB PURPOSE <u>LINER</u>	WELL PERMIT NO.	WELL LOCATION		
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 #112	40		M		5.00	200	00
578		1			Pump Service	1		EA		1400.00	1400	00
290		1			D-AIR	2		CAL		35.00	70	00
410		1			TOPPING	1		EA	4 1/2 in	90.00	90	00
418		1			WELD ON FLUSH JOINT FWD AT SHOE	1		EA	4 1/2 in	235.00	235	00
330		2			SPD CMT	270		SH		14.00	3780	00
591		2			SERVICE CTRCMT	270		SH		1.50	405	00
583		2			DRAVAGE	537.84		Tm		1.00	537	84

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 JEFF CRAWFORD

DATE SIGNED: 09-21-09 TIME SIGNED: 1430 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	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				6,717 84
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				ELLIS TAX 5.3% 356 05
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL 7073 89
<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 BISH APPROVAL: _____

Thank You!

