

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

RECOMPLTD. ORIG. FROM OPER.
IN LIEU OF DOCKET. 0216.A201
REC'D 7/06/09.

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 # 31627
Name: Whitetail Crude Inc.
Wellsite Geologist: Jerry Green
Purchaser: Plains
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.)

KANSAS CORPORATION COMMISSION

JUL 16 2009

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If Workover/Re-entry: Old Well Info as follows:
Operator: Sunray DX & Wilcox Oil
Well Name: Miller #1
Original Comp. Date: 10/4/62 Original Total Depth: 4513
____ 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.?) 05 Docket No.: _____
8/15/07 1/08 1/5/08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 083-10248-00-01
Spot Description: _____
C NW NE Sec. 21 Twp. 22 S. R. 22 East West
660 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Hodgeman
Lease Name: Miller Well #: #1
Field Name: Hanston
Producing Formation: Mississippi
Elevation: Ground: 2208 Kelly Bushing: 2213
Total Depth: 4513 Plug Back Total Depth: 4475
Amount of Surface Pipe Set and Cemented at: 268 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: plugged and squeezed
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 20,000 ppm Fluid volume: 160 bbls
Dewatering method used: hauled off
Location of fluid disposal if hauled offsite:
Operator Name: Berexco Inc.
Lease Name: Ray Lee #4 License No.: 5363
Quarter SW Sec. 16 Twp. 22 S. R. 22 East West
County: Hodgeman Docket No.: D-14241

wo-Dig-1/25/10

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
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Castle Resources Inc. Lease Name: Miller Well #: #1
 Sec. 21 Twp. 22 S. R. 22 East West County: Hodgeman

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: <p style="margin-left: 20px;">none</p>	<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>3751</td> <td>-1538</td> </tr> <tr> <td>LKC</td> <td>3810</td> <td>-1597</td> </tr> <tr> <td>BKC</td> <td>4109</td> <td>-1896</td> </tr> <tr> <td>Mississippi</td> <td>4416</td> <td>-2203</td> </tr> </table>	Name	Top	Datum	Heebner	3751	-1538	LKC	3810	-1597	BKC	4109	-1896	Mississippi	4416	-2203
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Heebner	3751	-1538														
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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"	28	268	common	200	
long string	7 7/8"	5 1/2"	15 1/2	4513	common	175	

KANSAS CORPORATION COMMISSION

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				JUL 16 2009 RECEIVED

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	4414-40	1000 gallons	

TUBING RECORD:	Size: <u>2 7/8</u>	Set At: <u>4440</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>1/08/08</u>	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. <u>20</u>	Gas Mcf	Water Bbls. <u>300</u>	Gas-Oil Ratio <u>N/A</u>	Gravity <u>38</u>
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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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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Phone: (785) 625-5155
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(Core, WSW, Expl., Cathodic, etc.)

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 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.: _____
Spud Date or Recompletion Date: 8-15-08 / 1/08 Date Reached TD: 1/08 Completion Date or Recompletion Date: 1-5-08

Elevation: Ground: 2208 Kelly Bushing: 2213
Total Depth: 4513 Plug Back Total Depth: 4475
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KCC WICHITA
KANSAS CORPORATION COMMISSION
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RECEIVED

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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: [Signature]
Title: President Date: 7/1/09
Subscribed and sworn to before me this 1ST 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

KATHERINE BRAY
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 7-3-12

Operator Name: Castle Resources Inc. Lease Name: Miller Well #: 1
 Sec. 21 Twp. 22 S. R. 22 East West County: Hodgeman

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