

Operator Name: Castle Resources Inc. Lease Name: Miller Well #: 4
 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: none	<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>3740</td> <td>-1552</td> </tr> <tr> <td>LKC</td> <td>3798</td> <td>-1610</td> </tr> <tr> <td>BKC</td> <td>4097</td> <td>-1909</td> </tr> <tr> <td>Mississippi</td> <td>4408</td> <td>-2220</td> </tr> </table>	Name	Top	Datum	Heebner	3740	-1552	LKC	3798	-1610	BKC	4097	-1909	Mississippi	4408	-2220
Name	Top	Datum														
Heebner	3740	-1552														
LKC	3798	-1610														
BKC	4097	-1909														
Mississippi	4408	-2220														

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"	9"	28	253	common	225	
long string	7 7/8"	5 1/2"	15 1/2	4489	common	225	

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
four	4408-22	1000 gal HCL 4408-22	

KANSAS CORPORATION COMMISSION
 JUL 16 2009
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TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>4390</u> Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>108-1/03/09</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" 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 <u>N/A</u>	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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Handwritten notes:
 Run open 7/16/09
 222
 22

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

API No. 15 - 083-10251-00-02\
Spot Description: _____
C NE NE Sec. 21 Twp. 22 S. R. 22 East West
660 Feet from North / South Line of Section
660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Hodgeman
Lease Name: Miller Well #: 4
Field Name: Hanston

Producing Formation: Mississippi
Elevation: Ground: 2183 Kelly Bushing: _____
Total Depth: 4493 Plug Back Total Depth: 4450
Amount of Surface Pipe Set and Cemented at: 253 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet

_____ Date II completion, cement circulated from: plugged and squeezed
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Fluid 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

Designate Type of Completion:
 New Well Re-Entry Workover 1
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____

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If Workover/Re-entry: Old Well Info as follows:
Operator: Sunray DX Oil Co.
Well Name: Miller #4
Original Comp. Date: 11/15/62 Original Total Depth: 4493
 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 9-08-09/7/08 Date Reached TD 1005 N/A Completion Date or 7/109 7/13/09 Recompletion Date

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JUL 16 2009

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: 7/1/09
Subscribed and sworn to before me this 1ST day of July
20 09
Notary Public: Katherine Gray
Date Commission Expires: 7-3-12

KATHERINE GRAY
NOTARY PUBLIC
STATE OF KANSAS
MY APPL. EXPIRES 7-3-12

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

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