

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 Schoenchen, KS 67667
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: _____

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., Cementic, etc.)

If Workover/Re-entry: Old Well Info as follows:
Operator: Rock Island Oil
Well Name: Mickey #1
Original Comp. Date: 8/21/1968 Original Total Depth: 4525
____ 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.: Add liner

Aug 9, 2009 1-15-10
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 179-20074-00-01
Spot Description: _____
SE SE NE Sec. 34 Twp. 8 S. R. 29 East West
2970 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: Steinshouer SWI Well #: 1 SWI
Field Name: Hoxie West

Producing Formation: Topeka Injection
Elevation: Ground: 2814est Kelly Bushing: _____
Total Depth: 4244 Plug Back Total Depth: 4000
Amount of Surface Pipe Set and Cemented at: 222' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 3930
feet depth to: surface w/ 160 ^{5x cmt.}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 5,000 ppm Fluid volume: 100 bbls
Dewatering method used: hauled off
Location of fluid disposal if hauled offsite: _____
Operator Name: Petex
Lease Name: Kashka License No.: 8541
Quarter SE Sec. 1 Twp. 10 S. R. 33 East West
County: Thomas Docket No.: 25,989

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 29 2010
CONSERVATION DIVISION
WICHITA, KS

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: 1/26/10
Subscribed and sworn to before me this 26th day of January
20 10
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: Steinshouer SWI Well #: 1 SWI
 Sec. 34 Twp. 8 S. R. 29 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 type="checkbox"/> Yes <input checked="" 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 Logs Run:	<input checked="" 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>2428</td> <td>+392</td> </tr> <tr> <td>L-KC</td> <td>3916</td> <td>-1096</td> </tr> </table>	Name	Top	Datum	Anhydrite	2428	+392	L-KC	3916	-1096
Name	Top	Datum								
Anhydrite	2428	+392								
L-KC	3916	-1096								

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"	23#	222'	common	180	
4 1/2	7 7/8"	4 1/2"	10.5	4244	common	450	
3 1/2 <i>Liner</i>	3 7/8	3 1/2	7.5	3930	common	135	

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
3	3842-50		
3	3822-32		
3	3805-12		
3	3720-60		

TUBING RECORD:	Size: <u>2"</u>	Set At: <u>3700</u>	Packer At: <u>3700</u>	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>February 2010</u>		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil Bbls. <u>n/a</u>	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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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