

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: MV Purchasing
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., Catholic, etc.)

If Workover/Re-entry: Old Well Info as follows:
Operator: Gulf Oil Corporation
Well Name: Fred Cress #1
Original Comp. Date: 8/21/1937 Original Total Depth: 3295
____ 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.: _____
6-4-09 _____ 9-1-09 _____
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 051-05628-00-01
Spot Description: _____
W/2 SE SE SE Sec. 12 Twp. 11 S. R. 17 East West
330 Feet from North / South Line of Section
480 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: Fred Cress Well #: 1
Field Name: Bemis
Producing Formation: Arbuckle
Elevation: Ground: 1771 Kelly Bushing: _____
Total Depth: 3289 Plug Back Total Depth: 3289
Amount of Surface Pipe Set and Cemented at: 978 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 978
feet depth to: surface w/ _____ sx 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: Clamar
Lease Name: Dechant SWD License No.: 6509
Quarter SW Sec. 17 Twp. 14 S. R. 18 East West
County: Ellis Docket No.: 24,904

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
2010
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: Fred Cress Well #: 1
 Sec. 12 Twp. 11 S. R. 17 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 type="checkbox"/> Sample Name Top Datum Anhydrite 950 +813 Arbuckle 3285 -1514
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RECEIVED
 KANSAS CORPORATION COMMISSION
 JAN 29 2010

CONSERVATION DIVISION WICHITA, KS 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
15" surface	18"	15"	n/a	280	common	n/a	
10" surface	12"	10"	n/a	978	common	n/a	
6" LS	7 7/8"	6"	n/a	3285	common	n/a	

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

TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>3275</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>September 2009</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 Bbls. <u>30</u>	Gas Mcf _____ Water Bbls. <u>200</u> 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 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>3285-3289</u>
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