

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 # 34190
Name: Vision Oil & Gas Services
Wellsite Geologist: Jerry Green
Purchaser: MV Purchasing
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.)

API No. 15 - 051-05222-00-01
Spot Description: _____
NE NE NW Sec. 28 Twp. 11 S. R. 18 East West
330 Feet from North / South Line of Section
2970 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: Truan-Johnson Well #: 1
Field Name: Bemis
Producing Formation: Arbuckle
Elevation: Ground: 2000 Kelly Bushing: 2008
Total Depth: 3541 Plug Back Total Depth: 3541
Amount of Surface Pipe Set and Cemented at: 1300 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1300
feet depth to: surface w/ 150 sx cmt.

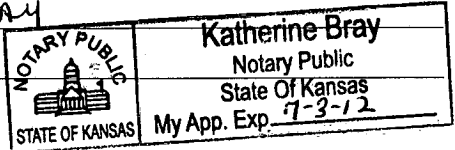
If Workover/Re-entry: Old Well Info as follows:
Operator: Gulf Oil Corporation
Well Name: #1 Truan
Original Comp. Date: 12-24-08 Original Total Depth: 3535
____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD
____ Plug Back: _____ Plug Back Total Depth
____ Commingled _____ Docket No.: _____
____ Dual Completion _____ Docket No.: _____
____ Other (SWD or Enhr.?) _____ Docket No.: _____
10-1-09 10-5-09 1-6-10
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan AH I NUR 3-1-10
(Data must be collected from the Reserve Pit)
- DWNO -
Chloride content: 10,000 ppm Fluid volume: 80 bbls
Dewatering method used: allowed to dry & backfill
Location of fluid disposal if hauled offsite:
Operator Name: Clamar
Lease Name: Dechant 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: 2/16/10
Subscribed and sworn to before me this 16th day of February,
2010.
Notary Public: Katherine Bray
Date Commission Expires: 7-3-12



KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
FEB 22 2010

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Castle Resources Inc. Lease Name: Truan-Johnson Well #: 1
 Sec. 28 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutrom	<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>Anhydrite</td> <td>1290</td> <td>+714</td> </tr> <tr> <td>Arbuckle</td> <td>3533</td> <td>-1525</td> </tr> </table>	Name	Top	Datum	Anhydrite	1290	+714	Arbuckle	3533	-1525
Name	Top	Datum								
Anhydrite	1290	+714								
Arbuckle	3533	-1525								

CASING RECORD <input checked="" 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#	1300	common	400	
production	7 7/8"	5 1/2"	14#	3532	common	150	

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
	open hole 3533-41		
	5 open hole laterals @ 3535'		

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WICHITA, KS

TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>3520</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>1-6-10</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>50</u>	Gas Mcf _____	Water Bbls. <u>20</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>3533-41</u>
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CHARGE TO: Coalt. Resources
 ADDRESS:
 CITY, STATE, ZIP CODE: Schoenchen, Ks.

TICKET No 14600

PAGE 1 OF 2

SERVICE LOCATIONS: 1. <u>Ness City, Ks</u>	WELL/PROJECT NO. <u>#1</u>	LEASE <u>Tyuan Johnson</u>	COUNTY/PARISH <u>Ellis</u>	STATE <u>Ks</u>	CITY <u>Hays, Ks</u>	DATE <u>10-24-09</u>	OWNER <u>Sure</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Vision Drly Co.</u>	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO <u>NW of Hays, Ks</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>New well - long string</u>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS <u>OWWO</u>					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE		AMOUNT
		LOC	ACCT	DF								
575		1			MILEAGE - 112	40	mi			5	20	200.00
578		1			Pump Change	1	ea			1400	00	1400.00
281		1			Mud float	500	gal			1	00	500.00
221		1			Liquid HCL	2	gal			25	00	50.00
290		1			De-ter-1	1	gal			35	00	35.00
4074		1			Insert Float shoe w/pill-up Assy	1	ea	5	1/2 in	275	00	275.00
406		1			Latch down Pkg & baffle	1	ea	5	1/2 in	228	00	228.00
		1										
										page 1		2685.00
										page 2		2848.50

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 10-24-09 TIME SIGNED 9:00

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	SUB PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					5533.50
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					
				Ellis TAX 5.3%	179.72
TOTAL					5713.22

