

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

ORIGINAL

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: Plains Marketing

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.)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

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.: _____

10/21/09 10/27/09 1/6/10

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 32629-0000
19522600000

Spot Description: _____

SE SE NW SE Sec. 3 Twp. 15 S. R. 21 East West

1470 Feet from North / South Line of Section

1620 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Trego

Lease Name: Garrison Well #: 2

Field Name: wildcat

Producing Formation: _____

Elevation: Ground: 2139 Kelly Bushing: 2147

Total Depth: 4050 Plug Back Total Depth: 4031

Amount of Surface Pipe Set and Cemented at: 216 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: TD

feet depth to: surface w/ 470 ^{6x cmt}

Alt 2 - Dlg 2/05/10

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 50,000 ppm Fluid volume: 500 bbls

Dewatering method used: allowed to dry & backfill

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.: D24904

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: _____

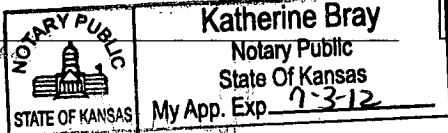
Title: President Date: 1/26/10

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

Operator Name: Castle Resources Inc. Lease Name: Garrison Well #: 2
 Sec. 3 Twp. 15 S. R. 21 East West County: Trego

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 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: Dual Induction Log Dual Compensated Porosity Log	<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>Topeka</td> <td>3202</td> <td>-1055</td> </tr> <tr> <td>Heebner</td> <td>3462</td> <td>-1315</td> </tr> <tr> <td>LKC</td> <td>3502</td> <td>-1355</td> </tr> <tr> <td>BKC</td> <td>3770</td> <td>-1623</td> </tr> <tr> <td>Cherokee Sand</td> <td>3901</td> <td>-1754</td> </tr> <tr> <td>Arbuckle</td> <td>3972</td> <td>-1825</td> </tr> <tr> <td>RTD</td> <td>4049</td> <td>-1902</td> </tr> </table>	Name	Top	Datum	Topeka	3202	-1055	Heebner	3462	-1315	LKC	3502	-1355	BKC	3770	-1623	Cherokee Sand	3901	-1754	Arbuckle	3972	-1825	RTD	4049	-1902
Name	Top	Datum																							
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Arbuckle	3972	-1825																							
RTD	4049	-1902																							

CASING RECORD <input type="checkbox"/> New <input checked="" 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	216	common	160	3% CC 2% Gel
production		5 1/2"	14#	4031	SMD	470	

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				
RECEIVED KANSAS CORPORATION COMMISSION				

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	3902-08	JAN 29 2010 CONSERVATION DIVISION WICHITA, KS	
4	3844-50		

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>3950</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>January 5, 2010</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. _____ 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 (Specify) _____	PRODUCTION INTERVAL: <u>3902-08 3844-50</u>
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PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 16757

CUSTOMER *Castle Resources* WELL #2 *Garrison* DATE *10-27-09* PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
328		2				<i>Swift Light 60/100 P2 4%</i>	50	sk			9.00	450.00
330		2				<i>S.M.D. Cement</i>	470	sk			14.00	6580.00
Fluor 276		2				<i>Fluore</i>	100	sk			1.50	150.00
581		2				SERVICE CHARGE					1.50	780.00
583		2				MILEAGE CHARGE					1.00	753.50

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

CONTINUATION TOTAL 8713.50



CHARGE TO: Castle Resources
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No **16757**
 PAGE 1 OF 2

SERVICE LOCATIONS:
 1. Hays, Ks
 2. Ness City, Ks
 3.
 4.

WELL/PROJECT NO: #2
 LEASE: Garrison
 COUNTY/PARISH: Trego
 STATE: Ks
 CITY:
 DATE: 10-27-09
 OWNER: same

TICKET TYPE:
 SERVICE
 SALES

CONTRACTOR: Vision Oil & Gas #14
 RIG NAME/NO:
 SHIPPED VIA: CH
 DELIVERED TO: Location
 ORDER NO.

WELL TYPE: oil
 WELL CATEGORY: Development
 JOB PURPOSE: Longstring
 WELL PERMIT NO.
 WELL LOCATION

REFERRAL LOCATION
 INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE <u>#111</u>	30	mi			5 ⁰⁰	150 ⁰⁰
578		1			Pump Charge (Longstring)	1	ea	4650		1400 ⁰⁰	1400 ⁰⁰
221		1			KCL	2	gal			25 ⁰⁰	50 ⁰⁰
281		1			Mudflush	500	gal			1 ⁰⁰	500 ⁰⁰
290		1			D-Air	4	gal			35 ⁰⁰	140 ⁰⁰
402		1			Centralizers	6	ea	5 1/2"		55 ⁰⁰	330 ⁰⁰
403		1			Bucket's	3	ea			180 ⁰⁰	540 ⁰⁰
406		1			L.D. Plug & Baffle	1	ea			225 ⁰⁰	225 ⁰⁰
407		1			Insert Float Shoe w/ Pill	1	ea			275 ⁰⁰	275 ⁰⁰

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 PART OF WORK OR DELIVERY OF GOODS

SIGNED: 10-27-09 TIME SIGNED: 1440
 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 TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				3610 ⁰⁰
WE UNDERSTOOD AND MET YOUR NEEDS?				8713 ⁵⁰
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				12323 ⁵⁰
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TAX
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: Mark Koebe APPROVAL: [Signature]

Thank You!

ALLIED CEMENTING CO., LLC. 036176

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Great Bend KS

DATE <u>10-21-09</u>	SEC. <u>3</u>	TWP. <u>15</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION <u>11:00 AM</u>	JOB START <u>2:30 PM</u>	JOB FINISH <u>3:00 PM</u>
LEASE <u>Garrison</u> WELL # <u>1</u>			LOCATION <u>Ellis KS South 11 miles</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)			<u>4 west</u>				

CONTRACTOR Visan 14
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 207
 CASING SIZE 8 5/8 DEPTH 217
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 100 MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15
 PERFS.
 DISPLACEMENT 12.86 BBHs fresh water

OWNER Castle Resources
 CEMENT
 AMOUNT ORDERED 150 SX 60/40 3% cc
2% Gel

EQUIPMENT
 PUMP TRUCK CEMENTER Wayne - D
 # 417 HELPER Matt - D
 BULK TRUCK
 # 410 DRIVER Alvin - R
 BULK TRUCK
 # DRIVER

COMMON	<u>90</u>	@ <u>13.50</u>	<u>1215.00</u>
POZMIX	<u>60</u>	@ <u>7.55</u>	<u>453.00</u>
GEL	<u>3</u>	@ <u>20.25</u>	<u>60.75</u>
CHLORIDE	<u>5</u>	@ <u>51.50</u>	<u>257.50</u>
ASC		@	
RECEIVED		@	
KANSAS CORPORATION COMMISSION		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>158</u>	@ <u>2.25</u>	<u>355.50</u>
MILEAGE	<u>158 x 57 x .10</u>		<u>900.60</u>
TOTAL			<u>3,242.35</u>

JAN 29 2010

CONSERVATION DIVISION
WICHITA, KS

REMARKS:

Pipe on Bottom Break Circulation
Mix 150 SX 60/40 3% cc 2% Gel
Shut Down
Release Plug Displace with
BBHs fresh water
Cement did circulate
Wash up Rig Down

SERVICE

DEPTH OF JOB	<u>217</u>		
PUMP TRUCK CHARGE			<u>991.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>57.00</u>	@ <u>7.00</u>	<u>399.00</u>
MANIFOLD		@	
		@	
		@	
TOTAL			<u>1,390.00</u>

CHARGE TO: Castle Resources
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>1 8 5/8 wooden Plug</u>	@ <u>66.00</u>	<u>66.00</u>
	@	
	@	
	@	
	@	
TOTAL		<u>66.00</u>

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES [scribble]
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____
 SIGNATURE Rolaf V. M.

JOB LOG

SWIFT Services, Inc.

DATE 10-27-09 PAGE NO. 1

CUSTOMER Castle Resources WELL NO. A 2 LEASE Garrison JOB TYPE Longstring TICKET NO. 16757

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0630							on loc w/FE
								RTD 4050'
								5 1/2" x 14# x 4031' x 15'
								Cent. 1, 3, 6, 11, 64, 87'
								Basket 11, 63, 86
								sht jt between 4-5 19'
								21' jt on top to land
	1010							start FE
	1215							Break Circ.
	1300	2.5	7					Plug RH # 112 30 sks 6 1/2" @ 2 4% gel
	1305	3.5	0			200		start Mudflash
		3.5	12/0			200		start KCL flash
		6	20/0			300		start Cement 20 sks 40' @ 2 4% gel
		6	205/0			300		raise weight 370 sks SMD @ 11.2 #
	1405		28					End Cement 100 sks SMD @ 14 #
								Wash P/L
								Drop Plug
	1408	6	0			200		start Displacement
		5	35			250		Catch Cement
	1425		98					Land Plug
								Release Pressure
								cement in cellar