

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-62-3-117

API NUMBER 15-051-25223-00-00

LEASE NAME Roberta

WELL NUMBER 1

330 Ft. from S Section Line

2500 Ft. from E Section Line

SEC. 8 TWP. 11 RGE. 16 ~~(S)~~ (W)

COUNTY Ellis

Date Well Completed 5/21/03

Plugging Commenced 5/21/03

Plugging Completed 5/21/03

RECEIVED
JUL 10 2003

KCC WICHITA

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE OPERATOR Castle Resources Inc.

ADDRESS PO Box 87 Schoenchen, KS 67667

PHONE (785) 625-5155 OPERATORS LICENSE NO. 9860

Character of Well _____

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 5-21-03 (date)

by Herb Deines (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? _____

Producing Formation D & A Depth to Top 3450 Bottom 3450 T.O. 3450

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
		0	209	8 5/8		

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from feet to feet each set

1st plug 3407' w/25sks, 2nd plug 1075' w/ 25 sks, 3rd plug 600' w/70 sks
4th plug 260' w/40 sks, 5th plug 40 w/ 10 sks, rat hole 15 sks mousehole 10sks

Name of Plugging Contractor Allied Cementing License No. 99996

Address PO Box 31 Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Castle Resources Inc.

STATE OF Kansas COUNTY OF Ellis, ss.

Jerry Green (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as filed the the same are true and correct, so help me God.

(Signature) _____

(Address) PO Box 87 Schoenchen, KS 67667

SUBSCRIBED AND SWORN TO before me this 8th day of July, 2003

Katherine Bray

Notary Public

My Commission Expires: 7-3-04

