

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL**

Form ACO-1  
June 2009  
**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

**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: \_\_\_\_\_

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**NOV 04 2010**  
**KCC WICHITA**

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SIOW  
 Gas     D&A     ENHR     SIGW  
 OG     GSW     Temp. Abd.  
 CM (Coal Bed Methane)  
 Cathodic     Other (Core, Expl., 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  
 Conv. to GSW  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: \_\_\_\_\_  
 GSW    Permit #: \_\_\_\_\_

<u>5/18/10</u>	<u>5/24/10</u>	
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 167-23630-00-00  
Spot Description: \_\_\_\_\_  
Nw NW NW SE Sec. 32 Twp. 14 S. R. 15  East  West  
2,490 Feet from  North /  South Line of Section  
2,490 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Russell  
Lease Name: Unit Well #: 1-32  
Field Name: Wildcat  
Producing Formation: D&A  
Elevation: Ground: 1911 Kelly Bushing: 1919  
Total Depth: 3431 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 8 5/8" @ 208 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: \_\_\_\_\_  
feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: 0 bbls  
Dewatering method used: dry - backfill  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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.

**AFFIDAVIT**

I am the affiant and I hereby certify that 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: 11/11/10

**KCC Office Use ONLY**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: PA DJG Date: 11/19/10

Operator Name: Castle Resources Inc. Lease Name: Unit Well #: 1-32  
 Sec. 32 Twp. 14 S. R. 15  East  West County: Russell

**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 complete copy of all Electric Wire-line 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run: <b>Radiation Guard</b> <b>Micro Resistivity</b>	<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>2860</td> <td>-942</td> </tr> <tr> <td>Heebner</td> <td>3083</td> <td>-1164</td> </tr> <tr> <td>Toronto</td> <td>3102</td> <td>-1173</td> </tr> <tr> <td>LKC</td> <td>3135</td> <td>-1216</td> </tr> <tr> <td>BKC</td> <td>3361</td> <td>-1471</td> </tr> <tr> <td>Arbuckle</td> <td>3390</td> <td>-1471</td> </tr> <tr> <td>RTD</td> <td>3427</td> <td>-1508</td> </tr> </table>	Name	Top	Datum	Topeka	2860	-942	Heebner	3083	-1164	Toronto	3102	-1173	LKC	3135	-1216	BKC	3361	-1471	Arbuckle	3390	-1471	RTD	3427	-1508
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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"	28#	208'	common	160	2%gel 3%CC

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		N/A		

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
	N/A		

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# ALLIED CEMENTING CO., LLC. 041599

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

SERVICE POINT:  
Russell KS

DATE <u>5-28-10</u>	SEC. <u>32</u>	TWP. <u>14</u>	RANGE <u>15</u>	CALLED OUT	ON LOCATION	JOB START <u>2:15am</u>	JOB FINISH <u>3:00am</u>
Unit LEASE	WELL # <u>1-32</u>		LOCATION <u>Gorham KS 5 1/2 South 1 East</u>			COUNTY <u>Russell</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)			<u>1/2 North West into</u>				

CONTRACTOR Vision Rig #14  
 TYPE OF JOB Rotary Plug  
 HOLE SIZE \_\_\_\_\_ T.D. \_\_\_\_\_  
 CASING SIZE 7 7/8 DEPTH 3430'  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE 4 1/2 XH DEPTH 2679'  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_

OWNER \_\_\_\_\_  
 CEMENT  
 AMOUNT ORDERED 165 60/40 4% Gel 1/4 #F10

COMMON	<u>99</u>	@ <u>13.50</u>	<u>1336.50</u>
POZMIX	<u>66</u>	@ <u>7.50</u>	<u>498.30</u>
GEL	<u>6</u>	@ <u>20.25</u>	<u>121.50</u>
CHLORIDE		@	
ASC		@	
<u>F10</u>	<u>41 lbs</u>	@ <u>2.45</u>	<u>700.45</u>
<b>RECEIVED</b>			
<b>NOV 04 2010</b>			
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HANDLING	<u>165</u>	@ <u>2.25</u>	<u>371.25</u>
MILEAGE	<u>54 mi</u>	@ <u>1.10</u>	<u>300.00</u>
			<b>TOTAL <u>2728.00</u></b>

**EQUIPMENT**

PUMP TRUCK CEMENTER John Roberts  
 # 417 HELPER Glenn  
 BULK TRUCK  
 # 410 DRIVER Heath  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

**REMARKS:**

25sk@ 2679'  
25sk@ 995'  
75sk@ 450'  
10sk@ 40'  
30sk Rathole

CHARGE TO: Castle Resources  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SERVICE**

DEPTH OF JOB	_____		
PUMP TRUCK CHARGE	_____		
EXTRA FOOTAGE	_____	@	<u>991.00</u>
MILEAGE	<u>10</u>	@ <u>7.00</u>	<u>70.00</u>
MANIFOLD	_____	@	
_____		@	
_____		@	
			<b>TOTAL <u>1061.00</u></b>

**PLUG & FLOAT EQUIPMENT**

<u>Dry Hole Plug</u>	@	<u>39.00</u>
_____	@	
_____	@	
_____	@	
<b>TOTAL <u>39.00</u></b>		

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 ~~\_\_\_\_\_~~  
 DISCOUNT ~~\_\_\_\_\_~~ IF PAID IN 30 DAYS

PRINTED NAME \_\_\_\_\_  
 SIGNATURE Art Albrecht Piller Rig 14

