

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: \_\_\_\_\_

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>6/15/10</u>	<u>6/22/10</u>	<u>9/1/10</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 179-21255-00-00

Spot Description: \_\_\_\_\_

NE SE SW NW Sec. 32 Twp. 8 S. R. 28  East  West

2,095 Feet from  North /  South Line of Section

1,240 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Sheridan

Lease Name: Clark Well #: 5

Field Name: Unknown

Producing Formation: L-KC

Elevation: Ground: 2747 Kelly Bushing: 2755

Total Depth: 4150 Plug Back Total Depth: 4118

Amount of Surface Pipe Set and Cemented at: 246' @ 256 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/ 520 sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 30,000 ppm Fluid volume: 80 bbls

Dewatering method used: hauled

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: Castle Resources Inc.

Lease Name: Clark License #: 9860

Quarter SW Sec. 32 Twp. 8 S. R. 28  East  West

County: Sheridan Permit #: D30561

**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: 11/2/10

**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: Dlg Date: 11/9/10

Operator Name: Castle Resources Inc. Lease Name: Clark Well #: 5  
 Sec. 32 Twp. 8 S. R. 28  East  West County: Sheridan

**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 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 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>Gamma-Ray Neutron                  Dual Receiver</b>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>Howard</td> <td>3522</td> <td>-767</td> </tr> <tr> <td>Topeka</td> <td>3609</td> <td>-854</td> </tr> <tr> <td>Heebner</td> <td>3819</td> <td>-1064</td> </tr> <tr> <td>Toronto</td> <td>3839</td> <td>-1084</td> </tr> <tr> <td>LKC</td> <td>3853</td> <td>-1098</td> </tr> <tr> <td>BKC</td> <td>4088</td> <td>-1333</td> </tr> </table>	Name	Top	Datum	Howard	3522	-767	Topeka	3609	-854	Heebner	3819	-1064	Toronto	3839	-1084	LKC	3853	-1098	BKC	4088	-1333
Name	Top	Datum																				
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BKC	4088	-1333																				

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#	256'	common	180	2%gel 3%CC
production		5 1/2"	17#	4148	midcon	550	

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
4	3986 - 88	500 gallons	
4	3894 - 98	500 gallons	
4	3853 - 55	500 gallons	
4	3842 - 45	1000 gallons	

TUBING RECORD: Size: <u>2 7/8</u> 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 checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>1/2</u>	Gas Mcf _____	Water Bbls. <u>100</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 type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 24419  
LOCATION Oakley Ks  
FOREMAN Walt Dunkel

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-15-10	3387	Clark #5	32	85	28 W	Sheridan
CUSTOMER Castle Resources Inc			TRUCK #			
MAILING ADDRESS P.O. Box 87			DRIVER		TRUCK #	
CITY Schoenchen			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 67667			DRIVER		TRUCK #	

JOB TYPE <u>Surface-O</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH	CASING SIZE & WEIGHT <u>7 7/8-24#</u>
CASING DEPTH <u>256'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>15 +/-</u>
DISPLACEMENT <u>15.0</u>	DISPLACEMENT PSI <u>250</u>	MIX PSI <u>250</u>	RATE <u>5 BPM</u>

REMARKS: Safety Meeting, Rig up to casing, mix 180 SKS conc, 3%CC-2%Gel  
@ 250# release Plug (50#), Displace 15 BPM, shot in  
Cement D.O Circ

Thank You  
Walt & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	985.00	985.00
5406	20 miles	MILEAGE	4.50	90.00
1104 S	180 SKs	Class A	16.00	2880.00
1102	507#	CaCl <sub>2</sub>	1.88	446.00
1118 B	338#	Bentonite (Gel)	1.20	63.00
5407 A	8 Ton	Delivery Charge (20 miles)	1.50	240.00
			Sub Total	4709.00
			Less w/ Discount	- 941.80
			SALES TAX	247.77
			ESTIMATED TOTAL	4015.15

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NOV 04 2010  
KCC WICHITA

Flavin 3737 AUTHORIZATION Robert W. Mickelson TITLE Tool Pusher DATE 6-15-10

234753



CHARGE TO: CASTLE RESOURCES  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

RECEIVED  
 NOV 04 2010  
 KCC WICHITA

TICKET  
 18018  
 PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>HHS</u>	WELL/PROJECT NO. <u>5</u>	LEASE <u>CCARH</u>	COUNTY/PARISH <u>SHERIDAN</u>	STATE <u>KS</u>	CITY	DATE <u>06-22-10</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>VISION 14</u>	SHIPPED VIA <u>GT.</u>	DELIVERED TO <u>351/4w HOXIE</u>	ORDER NO.	
3.	WELL TYPE <u>DK</u>	WELL CATEGORY <u>DEVELOP</u>	JOB PURPOSE <u>LONG SPRING</u>	WELL PERMIT NO. <u>15-179-21255</u>	WELL LOCATION <u>S32, T8, R28</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575		1			MILEAGE #112	10	mi	5	00	200 00
578		1			Pump Service	1	EA	1400	00	1400 00
221		1			LIOJNDULL	4	GAL	25	00	100 00
281		1			MUDFLUSH	500	GAL	1	00	500 00
290		1			DAIR	4	WT	35	00	140 00
402		1			CENTRALIZER	6	EA	56	00	336 00
403		1			CMT BRUET	3	EA	200	00	600 00
406		1			LATCH DOWN PULL #887PFC	1	EA	225	00	225 00
407		1			INSECT FEATHER SHED HANDS	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 START OF WORK OR DELIVERY OF GOODS

X  
 DATE SIGNED 06-22-10 TIME SIGNED 2:30  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	Pg-1 PAGE TOTAL	3870 00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				Pg-2	10,232 66
WE UNDERSTOOD AND MET YOUR NEEDS?				sub TOTAL	14,202 66
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Sheridan TAX 7.3%	742 05
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	14,944 71
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					



JOB LOG

SWIFT Services, Inc.

DATE 06-22-10 PAGE NO. 7

CUSTOMER CASTLE PDS WELL NO. 5 LEASE CLAY JOB TYPE LONGSTRING TICKET NO. 18018

CHART NO.	TIME	RATE (BPM)	VOLUME (GAL) (OAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
06-21	2300							ON LOCATION CMT: 500SUS 8M @ 1/4" FLOCE 500MUDFLUSH, 4MCL D-10 4151, SET PIPE 4149, SJ 2.1.65, 7.547 4127 5 1/2 17" CENT 1.4, 7.14, 41.55 BARRIS 14.41.59 CAT TRUCKS ON LOCATION
06-22	0045							START CSLU FLOAT EQU
	0305							TRK BTTRM DRIPDR
	0315							BARRIS CIRC
	0355		7					PULPH 430SUS
	0400	6.2	12		✓		300	MUDFLUSH 500CAS
			20		✓			MCL FLUSH
			0		✓			5M CMT @ 11.2, 400SUS
			220		✓			" " 14.5, 90SUS
			246		✓			END CMT
								DROPUD PLUG
		6.4	0		✓		300	START DRIP / 2% MCL IN 200M
			20		-		450	
			40		-		550	
			60		-		650	CIRC CMT TOPIT! 60SUS
			80		-		850	
			90		-		900	
	0500	4.5	95.7		-		1500	LAND PLUG
	0505							RELEASE DRY
	0600							JDB COMPLETE CAT TRUCKS OFF LOCATION

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NOV 04 2010  
KCC-WICHITA

THANK YOU!  
DAVE JOYB, BOB JOHN