

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 # 34487  
Name: E C & G, LLC  
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: Shields Oil Producers, Inc.

Well Name: Dickman #2

Original Comp. Date: 5/2/1966 Original Total Depth: 4305

Deepening     Re-perf.     Conv. to ENHR     Conv. to SWD  
 Conv. to GSW

Plug Back: 1677' Plug Back Total Depth  
 Commingled      Permit #: \_\_\_\_\_  
 Dual Completion      Permit #: \_\_\_\_\_  
 SWD      Permit #: E-30755  
 ENHR      Permit #: \_\_\_\_\_  
 GSW      Permit #: \_\_\_\_\_

<u>12/22/10</u>	<u>2/3/11</u>	<u>2/11/11</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 195-30125-00-01

Spot Description: \_\_\_\_\_  
SW SE \_\_\_\_\_ Sec. 24 Twp. 15 S. R. 22  East  West  
660 685 Feet from  North /  South Line of Section  
1,980 1944 Feet from  East /  West Line of Section  
GPS-KCC-DG  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW

County: Trego  
Lease Name: Cheryl SWD Well #: 1  
Field Name: Kutina West  
Producing Formation: \_\_\_\_\_  
Elevation: Ground: 2308 Kelly Bushing: \_\_\_\_\_  
Total Depth: 1700 Plug Back Total Depth: 1677  
Amount of Surface Pipe Set and Cemented at: 243 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 1700  
feet depth to: surface w/ 250 sx cmt.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)

Chloride content: 10,000 ppm Fluid volume: 80 bbls  
Dewatering method used: hauling

Location of fluid disposal if hauled offsite:  
Operator Name: Cla - Mor  
Lease Name: Dechant SWD License #: 6509  
Quarter \_\_\_\_\_ Sec. 17 Twp. 14 S. R. 18  East  West  
County: Trego Permit #: D-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.

**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: 2/22/11

**KCC Office Use ONLY**

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**KCC WICHITA**

Letter of Confidentiality Received  
Date: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: DG Date: 3/1/11

Operator Name: Castle Resources Inc. Lease Name: Cheryl SWD Well #: 1  
 Sec. 24 Twp. 15 S. R. 22  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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run: dual receiver cement bond log neutron porosity gamma ray	<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>Dakota</td> <td>470-760</td> <td></td> </tr> <tr> <td>Cedar Hills Sand</td> <td>1145-1370</td> <td></td> </tr> <tr> <td>Anhydrite</td> <td>1672-1704</td> <td></td> </tr> </table>	Name	Top	Datum	Dakota	470-760		Cedar Hills Sand	1145-1370		Anhydrite	1672-1704	
Name	Top	Datum											
Dakota	470-760												
Cedar Hills Sand	1145-1370												
Anhydrite	1672-1704												

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
longstring	7 7/8"	5 1/2"	17#	1677	common	250	2% flocele
surface	12 1/4"	8 5/8"	24#	243	common	175	

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
2	1240 - 1340'		

TUBING RECORD: Size: 2 7/8" Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. <u>waiting approval</u>		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <u>gravity swd</u>			
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 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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**JOB LOG**

**SWIFT Services, Inc.**

DATE 01-28-11 PAGE NO. 7

CUSTOMER CASTLE RES. WELL NO. 1 LEASE CHERYL SWD JOB TYPE SHORT-STRING LS TICKET NO. 19290

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (CMT)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1500							ON LOCATION CMT: 2SD SWD 1/4" FIDUCIAL 7 7/8 @ 1713 , 8 5/8 @ 273 5 1/2 @ 155 @ 1677 RUNNIX CSH
	1620	5.0	0					LOAD CSH 1/4" H2O
		5.0	3.50				200	LOADED, START TO CIRC
		5.0	40.0				400	
			0					START CMT 1SD SWD @ 11.2"
			85					SD SW @ 12.7"
			97					SD SW @ 14.5"
			119					END CMT 2SD SW TOTAL
								DROP TRAP PLUG WASHOUT PL
	1700	5.0	0				0	START DESP
		5.0	4.0				400	CATCH PLUG
			26				500	CIRC CMT TO PIT!
			35				600	
	1708	4.5	39.5				1000	LOAD PLUG
	1713							RELEASE DRY
								2SD SW TO PIT!
	1800							JOB COMPLETE

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THANK YOU!  
DAVE JOSH, JOE KCC WICHITA



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

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TICKET  
19290

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>HAYS</u> 2. <u>NESS</u>	WELL/PROJECT NO. /	LEASE <u>CAERYL SWD</u>	COUNTY/PARISH <u>TREGO</u>	STATE <u>KS</u>	CITY	DATE <u>01-28-11</u>	OWNER
	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>JEFFS WEL</u>	SHIPPED VIA <u>GT</u>	DELIVERED TO <u>3S 1/2 E CEDARBLUFF</u>	ORDER NO.	
	WELL TYPE <u>DISPOSAL</u>	WELL CATEGORY <u>DEVELOP</u>	JOB PURPOSE <u>CMT - SHORT STRING</u>	WELL PERMIT NO.	WELL LOCATION <u>S24.715.127</u>		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE #112	30		M		5.00	150	00
578		1			PUMP SERVICE	1		EA		1400.00	1400	00
290		1			D-AIR	2		4AL		35.00	70	00
407		1			INSERT FLOAT SHOE	1		EA	5 1/2 IN	275.00	275	00
410		1			TOPRUG	1		EA	5 1/2 IN	100.00	100	00
330		2			SMO CMT	250		SH		15.00	3750	00
276		2			FLOCELE	63		LB		1.50	94	50
581		2			SERVICE CHG CMT	250		SH		1.50	375	00
583		2			DAMAGE	374.45		TM		1.00	374	45

**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 01-28-11 TIME SIGNED 1500  A.M.  P.M.

**REMIT PAYMENT TO:**

**SWIFT SERVICES, INC.**  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

<b>SURVEY</b>	AGREE	UN-DECIDED	DIS-AGREE	<b>PAGE TOTAL</b>	<u>6588</u>	<u>25</u>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						
WE UNDERSTOOD AND MET YOUR NEEDS?						
OUR SERVICE WAS PERFORMED WITHOUT DELAY?						
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<u>11990</u>	<u>TAK</u>	<u>291</u>
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<u>6.8%</u>		<u>69</u>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				<b>TOTAL</b>	<u>6880</u>	<u>64</u>

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

SWIFT OPERATOR DAVIDSON APPROVAL

Thank You!