

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (if needed attach another sheet)

Depth to Top: _____ Bottom: _____ T.D. _____

Depth to Top: _____ Bottom: _____ T.D. _____

Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 135-25131-00-00
Spot Description: _____
E2 NE NW NE Sec. 22 Twp. 17 S. R. 21 East West
330 Feet from North / South Line of Section
1,380 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ness
Lease Name: Conner Well #: 1
Date Well Completed: 9/13/10
The plugging proposal was approved on: 9/13/10 (Date)
by: Steve Durrant (KCC District Agent's Name)
Plugging Commenced: 9/13/10
Plugging Completed: 9/13/10

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		surface	8 5/8"	215'	

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

50 sacks @ 1500' 75 sacks @ 780' 40 sacks @ 240' 20 sacks @ 60' 30 sacks @ Rathole

RECEIVED
NOV 04 2010
KCC WICHITA
DW

Plugging Contractor License #: 99996 Name: Allied Cementing Company, LLC
Address 1: PO Box 31 Address 2: _____
City: Russell State: KS Zip: 67665 + _____
Phone: (785) 483-2627
Name of Party Responsible for Plugging Fees: Castle Resources Inc.
State of Kansas County, Ellis, ss.
JERRY GREEN Employee of Operator or Operator on above-described well.
(Print Name)

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 is as filed, and the same are true and correct, so help me God.

Signature: _____