

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-051-23995-00-00

LEASE NAME Herman

WELL NUMBER 1

2310 Ft. from (S) Section Line

660 Ft. from (E) Section Line

SEC. 21 TWP. 14 RGE. 18 (E) or (W)

COUNTY Ellis

Date Well Completed _____

Plugging Commenced 9/26/01

Plugging Completed 9/26/01

LEASE OPERATOR Castle Resources Inc.

ADDRESS PO Box 87 Schoenchen, KS 67667

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

Character of Well oil

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

The plugging proposal was approved on 9-26-01 (date)

by Roger Moses (KCC District Agent's Name).

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

Producing Formation Lansing-KC Depth to Top 3302 Bottom 3532 T.D. 3650

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
<u>Lansing-KC</u>	<u>oil</u>	<u>3330</u>	<u>3454</u>	<u>8 5/8</u>	<u>244'</u>	<u>-0-</u>
				<u>4 1/2</u>	<u>3545'</u>	<u>-0-</u>

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 plugs were used, state the character of same and depth placed, from ___ feet to ___ feet each set.

pump down ann w/15 sks press to 500# shut in pump down 4 1/2 w/200 sks w/500# hulls press to 1200# shut in

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing License No. _____

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 30th day of October, 2001

Katherine Bray
Notary Public

My Commission Expires: 7-3-04