

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACG-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 9860
Name: Castle Resources Inc.
Address PO Box 87
city/State/Zip Schoenchen, KS 67667

Purchaser: _____
Operator Contact Person: Jerry Green
Phone (785) 625-5155

Contractor: Name: Plains Inc
License: 4072
Wellsite Geologist: Jerry Green

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SVD SIOV Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:
Operator: GRA
Well Name: Goodrich B
Comp. Date: 5-31-60 Old Total Depth 5427
 Deepening Re-perf. Conv. to Inj/SVD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SVD or Inj?) Docket No. _____
9-1-98 9-9-98 9-9-98
Spud Date Date Reached TD Completion Date

API NO. 15- 199000060001
County Wallace
C NW SE Sec. 9 Twp. 14S Rge. 42 X W
1980 Feet from (S)W (circle one) Line of Section
1980 Feet from (E)W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, (SE), NW or SW (circle one)
Lease Name Goodrich Well # 1
Field Name unnamed

Producing Formation _____
Elevation: Ground _____ KB 3859
Total Depth 1950 PSTD _____
Amount of Surface Pipe Set and Cemented at 441 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set N/A Feet
If Alternate II completion, cement circulated from N/A
feet depth to _____ w/ _____ sx cnt.

Drilling Fluid Management Plan P&A, 10-19-98 etc.
(Data must be collected from the Reserve Pit)

Chloride content fresh ppm Fluid volume _____ bbls
Dewatering method used allow to dry backfill
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. S Rng. E/W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 on 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.

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 10-12-98
Subscribed and sworn to before me this 12th day of October, 19 98.
Notary Public Katherine Bray
Date Commission Expires 10-19-2000

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SVD/Rep NGPA
 KGS Plug Other (Specify)

KATHERINE BRAY
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 10-19-2000

ORIGINAL

SIDE TWO

Operator Name Castle Resources Inc.

Lease Name Goodrich

Well # 1

Sec. 9 Twp. 14S Rge. 42

East
 West

County Wallace

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	2854	+1005
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing	4210	- 352
List All E.Logs Run:		Morrow Sand	5011	-1152
		Mississippi	5084	-1225
		Tops from old completion card		

CASING RECORD <input checked="" 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	23#	441	common	300	unknown

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			N/A	
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SMD or Inj.							
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	Water	Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____

ALLIED CEMENTING CO., INC.

7772

Federal Tax I.D.

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

ORIGINAL

SERVICE POINT:

OAKLEY

13-199-00006-0001

DATE <i>9-9-98</i>	SEC. <i>9</i>	TWP. <i>14S</i>	RANGE <i>42W</i>	CALLED OUT	ON LOCATION <i>5:00 PM</i>	JOB START <i>8:30 PM</i>	JOB FINISH <i>10:45 PM</i>
LEASE <i>GOODRICH</i>	WELL # <i>1</i>	LOCATION <i>WASKAN 3W-14S-12E</i>			COUNTY <i>WALLACE</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *PLAINS INC.*

TYPE OF JOB *PTA*

HOLE SIZE _____ T.D. *2000'*

CASING SIZE _____ DEPTH _____

TUBING SIZE *2 3/8"* DEPTH *1775'*

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER *SAME*

CEMENT

AMOUNT ORDERED *140 SKS 60/40, 70Z 68.6EL*

EQUIPMENT

PUMP TRUCK CEMENTER *TERRY*

300 HELPER *WAYNE*

BULK TRUCK

280 DRIVER *ANDREW*

BULK TRUCK

_____ DRIVER _____

COMMON	<i>84 SKS</i>	@	<i>755</i>	<i>634 20</i>
POZMIX	<i>56 SKS</i>	@	<i>3 25</i>	<i>182 00</i>
GEL	<i>7 SKS</i>	@	<i>9 50</i>	<i>66 50</i>
CHLORIDE		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>140 SKS</i>	@	<i>1 05</i>	<i>147 00</i>
MILEAGE	<i>49 per SK</i>			<i>380 80</i>

TOTAL *4410 50*

REMARKS:

80 SKS AT 1775'

40 SKS AT 490'

10 SKS AT 40'

10 SKS RAT HOLE

THANK YOU

SERVICE

DEPTH OF JOB	<i>1775'</i>		
PUMP TRUCK CHARGE			<i>470 00</i>
EXTRA FOOTAGE		@	
MILEAGE	<i>68 mi</i>	@	<i>2 85</i>
PLUG		@	
		@	
		@	

TOTAL *663 80*

CHARGE TO: *CASTLE RESOURCE, INC.*

STREET *Box 87*

CITY *Schoenchen* STATE *Kansas* ZIP *67667*

FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or

TOTAL _____