

ORIGINAL

SIDE ONE

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

Operator: License # 9860

Name: Castle Resources

Address RR #1, Box 90

1200 E. 27, Suite C

City/State/Zip Hays, KS 67601

Purchaser: _____

Operator Contact Person: Jerry Green

Phone (913) -625-5155

Contractor: Name: Emphasis Oil Operations

License: 8241

Wellsite Geologist: Jerry Green

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Completion

Dry Other (Core, Water Supply, etc.)

If OMO: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

11/17/90 11/24/90 11/24/90

Spud Date Date Reached TD Completion Date

API NO. 15- 171-20,417-000

County Scott

NE SE NW _____ Sec. 35 Twp. 16S Rge. 31 East West

3630 Ft. North from Southeast Corner of Section

2970 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

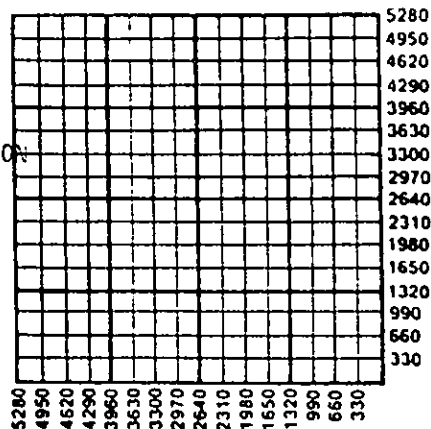
Lease Name Thon Well # 1

Field Name _____

Producing Formation _____

Elevation: Ground 2853' KB 2858'

Total Depth 4575' PBDT _____



Amount of Surface Pipe Set and Cemented at 270 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmr.

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STATE CORPORATION COMMISSION

DEC 09 1991
12-9-91
OIL & GAS CONSERVATION DIVISION
KANSAS

AITD DPO

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-111 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Galen D. M. [Signature]

Title Chief Operating Officer Date 12-6-91

Subscribed and sworn to before me this 6th day of December, 1991.

Notary Public Anne Zimmerman

Date Commission Expires July 2, 1995

ANNE ZIMMERMAN
NOTARY PUBLIC-STATE OF KANSAS
My Appt. Exp. 7-2-95

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached

C Wireline Log Received

C Drillers Timelog Received

Distribution

KCC SWD/Rep NGPA

KGS Plug Other (Specify)

SIDE TWO

Operator Name Castle Resources Lease Name Thon Well # 1
 Sec. 35 Twp. 16S Rge. 31 East West
 County Scott

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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)

Formation Description		
Name	Top	Bottom
Heebner	3882	-1024
L-KC	3924	-1066
Muncie Creek	4098	-1240
Stark Shale	4186	-1328
Pawnee	4403	-1545
Fort Scott	4453	-1595
Mississippi	4562	-1704

CASING RECORD New 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"	19	270'	60/40	170	3%cc, 2%gel

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

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First Production	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 Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

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

METHOD OF COMPLETION Open Hole Perforation Dually Completed Commingled Other (Specify) _____

Production Interval _____

TRILOBITE TESTING COMPANY

P.O. Box 362 • Hays, Kansas 67601

ORIGINAL

Drill-Stem Test Data

Well Name & No.	THON #1	Test No.	1	Date	11/22/90
Company	CASTLE RESOURCES	Zone Tested	KS CITY "H-I-J"		
Address	RR #1 BOX 90 HAYS KANSAS 67601	Elevation	2853 GL		
Co. Rep./Geo.	MR JERRY GREEN	Cont.	EMPHASIS RIG #7	Est. Ft. of Pay	0
Location: Sec.	35	Twp.	16S	Rge.	31W
		Co.	SCOTT	State	KANSAS

Interval Tested	4134-4203	Drill Pipe Size	4.5" XH			
Anchor Length	69	Top Choke - 1"	Bottom Choke - 1/4"			
Top Packer Depth	4129	Hole Size - 7 7/8"	Rubber Size - 6 3/4"			
Bottom Packer Depth	4134	Wt. Pipe I.D. - 2.7 Ft. Run	0			
Total Depth	4203	Drill Collar - 2.25 Ft. Run	0			
Mud Wt.	9.0	lb/gal.	Viscosity	58	Filtrate	10.0
Tool Open @	3:20 PM	Initial Blow	WEAK BLOW-BUILT TO 3/4"			

Final Blow NO BLOW-FLUSHED TOOL-GOT SURGE-NO BLOW

Recovery - Total Feet	30	Flush Tool?	RECEIVED STATE CORPORATION COMMISSION NOV 09 1991 REGULATORY DIVISION HAYS, KANSAS
Rec.	100	Feet of	GAS IN PIPE
Rec.	30	Feet of	GASSY DRLG MUD W/ SPECKS OF OIL
Rec.	0	Feet of	
Rec.	0	Feet of	
Rec.	0	Feet of	

BHT	112	°F Gravity		°API @	0	°F Corrected Gravity	0	°API
RW		@		°F Chlorides		ppm Recovery	2400	ppm System
(A) Initial Hydrostatic Mud	1988.7	PSI	Ak1 Recorder No.	5495	Range	4200		
(B) First Initial Flow Pressure	51.2	PSI	@ (depth)	4174	w/Clock No.	30401		
(C) First Final Flow Pressure	51.2	PSI	Ak1 Recorder No.	13337	Range	3975		
(D) Initial Shut-In Pressure	966.3	PSI	@ (depth)	4200	w/Clock No.	27566		
(E) Second Initial Flow Pressure	51.2	PSI	Ak1 Recorder No.	0	Range	0		
(F) Second Final Flow Pressure	51.2	PSI	@ (depth)	0	w/Clock No.	0		
(G) Final Shut-In Pressure	-	PSI	Initial Opening	30				
(H) Final Hydrostatic Mud	1960.5	PSI	Initial Shut-In	30				
			Final Flow	15				
			Final Shut-In	0				

MR TOM HORACEK

550

Our Representative _____

TOTAL PRICE \$ _____

Phone 913-483-2627, Russell, Kansas
 Phone 316-793-5861, Great Bend, Kansas

ORIGINAL

Phone Plainville 913-434-2812
 Phone Ness City 913-798-3843

ALLIED CEMENTING CO., INC. No. 9174

Home Office P. O. Box 31 Russell, Kansas 67665

NEW

Date	11-17-70	Sec.	35	Twp.	16	Range	31	Called Out	3:00 A.M.	On Location	7:00 A.M.	Job Start	10:00 A.M.	Finish	10:30 A.M.
Lease	Thon	Well No.	1	Location	Healy-W to col. u, 2W, 3/4N, 11W			County	Scott	State	K.S.				

Contractor	Emphasis Rig #7
Type Job	Surface
Hole Size	12 1/4"
Csg.	8 7/8"
Tbg. Size	
Drill Pipe	
Tool	
Cement Left in Csg.	15'
Press Max.	
Meas Line	
Perf.	

EQUIPMENT

#	No.	Cementer	Tim
Pumptrk	158	Helper	Carly
Pumptrk		Cementer	
		Helper	
Bulktrk	116	Driver	Yancy
Bulktrk		Driver	

DEPTH of Job

Reference:	Pumptrk Charge	
	Pumptrk Mileage	
	8 7/8 Wooden Plug	
	Sub Total	
	Tax	
	Total	

Remarks: Ran 223' of 8 7/8 csg. Mixed
 170 SRS 60/10 310. Pumped Plug
 to 258 with fresh water.
 Cement did circulate.
 Allied Cementing Co. Thanks
 By Timm Dickson

Owner	Same
To Allied Cementing Co., Inc.	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Charge To	Castle Resources
Street	
City	State
The above was done to satisfaction and supervision of owner agent or contractor.	
Purchase Order No.	
X	
	CEMENT

Amount Ordered	170 SRS 60/10 310 cc, 270 Gel,
Consisting of	
Common	
Poz. Mix	
Gel.	
Chloride	
Quickset	

Handling	SALES TAX
Mileage	
Sub Total	
Total	

Floating Equipment	

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 STATE REGISTRATION COMMISSION
 DECV03918997
 DIVISION