



KANSAS CORPORATION COMMISSION 1066106
OIL & GAS CONSERVATION DIVISION

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: BOX 87
Address 2: _____
City: SCHOENCHEN State: KS Zip: 67667 + 0087
Contact Person: Jerry Green
Phone: (785) 625-5155
CONTRACTOR: License # 34487
Name: E C & G, LLC dba dba Jeff's Oilwell Supervision
Wellsite Geologist: Jerry Green
Purchaser: United Petroleum Purchasing Co.

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 (Cora, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: Mazda Oil Corporation
Well Name: Henderson #1
Original Comp. Date: 01/09/1948 Original Total Depth: 3507
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>04/21/2011</u>	<u>08/05/2011</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 15-051-19279-00-02
Spot Description: _____
SE NW SW SW Sec. 22 Twp. 11 S. R. 18 East West
970 Feet from North / South Line of Section
360 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: Henderson B Well #: 2
Field Name: Bemis-Shutts
Producing Formation: Arbuckle
Elevation: Ground: 1964 Kelly Bushing: 1969
Total Depth: 3510 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 141 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 3507
feet depth to: 0 w/ 250 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 5000 ppm Fluid volume: 80 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Gene Karlin
Lease Name: Nuss License #: 03444
Quarter NE Sec. 5 Twp. 13 S. R. 17 East West
County: Ellis Permit #: 25,588

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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garcia Date: 10/31/2011



1066106

Operator Name: Castle Resources, Inc. Lease Name: Henderson B Well #: 2
 Sec. 22 Twp. 11 S. R. 18 East West County: Ellis

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 Wireline 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Cement Bond Log Gamma Neutron Log	<input 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>Lansing-KC</td> <td>3193</td> <td>-1228</td> </tr> <tr> <td>Arbuckle</td> <td>3496</td> <td>-1531</td> </tr> </table>	Name	Top	Datum	Lansing-KC	3193	-1228	Arbuckle	3496	-1531
Name	Top	Datum								
Lansing-KC	3193	-1228								
Arbuckle	3496	-1531								

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
surface	12.25	8.625	23	141	common	200	
long string	7.875	5.5	14	3496	common	300	
liner	4.875	3.5	8	3475	SMD	250	

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

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>3475'</u> Packer At: _____		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		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. <u>50</u>	Gas Mcf _____	Water Bbls. <u>50</u> Gas-Oil Ratio _____ Gravity <u>26</u>

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 checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Duality Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>3496-3507</u>
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CHARGE TO: Castle Resources
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
19710

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Hays, Ks.</u> 2. <u>Ness City, Ks.</u>	WELL/PROJECT NO. <u>B#2</u>	LEASE <u>Henderson</u>	COUNTY/PARISH <u>Ellis</u>	STATE <u>Ks</u>	CITY	DATE <u>5-24-11</u>	OWNER <u>Same</u>
	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA <u>CL</u>	DELIVERED TO <u>Location</u>	ORDER NO.	
	WELL TYPE <u>oil</u>	WELL CATEGORY <u>OWWO</u>	JOB PURPOSE <u>Liner</u>	WELL PERMIT NO.	WELL LOCATION		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #111	30	mi			5 ⁰⁰	150 ⁰⁰
578		1			Pump Charge (Liner)	1	ea			1400 ⁰⁰	1400 ⁰⁰
290		1			D-Air	3	gal			35 ⁰⁰	105 ⁰⁰
400		1			Top Plug	1	"	3 1/2"		90 ⁰⁰	90 ⁰⁰
330 418		2			W.O. F.S. Float Shoe	1	ea	"		225 ⁰⁰	225 ⁰⁰
330		2			SMD Cement	300	skts			15 ⁰⁰	4500 ⁰⁰
581		2			Cement Service Charge	300	skts			1 ⁵⁰	450 ⁰⁰
583		2			Drayage	440	TM			1 ⁰⁰	440 ⁰⁰

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 5-24-11 TIME SIGNED 2315 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE
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?			
ARE YOU SATISFIED WITH OUR SERVICE?			
	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	7360 ⁰⁰
Ellis TAX 6.3%	463 ⁶⁸
TOTAL	7823 ⁶⁸

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

SWIFT OPERATOR Mich Kozke APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5-24-11 PAGE NO. 1

CUSTOMER Castle Resources WELL NO. B#2 LEASE Henderson JOB TYPE Liner TICKET NO. 19710

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1715							on loc setup Trt
								3 1/2" x 5 1/2"
								3 1/2" @ 3480'
	2050	2.5	0					Load hole
		2.5	32			300		Establish Circulation SMD
	2105	2.5	0			300		Start Cement 200 sks SMD
	2150	2.5	110					raise weight 50 sks SMD
	2155		125					End Cement
								wash P&C / Drop plug
	2200	2.0	0			0		Start Displacement
	2205	2	8			200		catch Cement
	2215		31			200 / 1100		hard Plug
								Hook up to 5 1/2"
	2225	1	0			200		Start Cement 50 sks SMD
	2227		2			250		Blow connection out of Head
	2235							Replace connection
	2235	.5	2			200		Continue Cement
	2300		18			200		End Cement

Thank you
Nick, Josh F. & David