



KANSAS CORPORATION COMMISSION 1075365
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 # 34432
Name: Falcon Drilling, LLC
Wellsite Geologist: Jerry Green
Purchaser: _____

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 (Core, Expl., etc.): _____

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

Operator: _____
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- 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>08/03/2011</u>	<u>08/09/2011</u>	<u>08/09/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-163-23968-00-00

Spot Description: _____
SW NW NW NE Sec. 22 Twp. 8 S. R. 18 East West
495 Feet from North / South Line of Section
2415 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Rooks
Lease Name: Kriley Unit Well #: 1
Field Name: _____

Producing Formation: Arbuckle - LKC

Elevation: Ground: 1990 Kelly Bushing: 1998

Total Depth: 3430 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 237 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 3428

feet depth to: 0 w/ 425 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 40000 ppm Fluid volume: 240 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: Jeff's Oilwell Supervision

Lease Name: Carmichael License #: 32247

Quarter NW Sec. 15 Twp. 9 S. R. 17 East West

County: Rooks Permit #: 23,724

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 Gerriso Date: 02/29/2012



1075365

Operator Name: Castle Resources, Inc. Lease Name: Kriley Unit Well #: 1
 Sec. 22 Twp. 8 S. R. 18 East West County: Rooks

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 Wire-line 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 checked="" type="checkbox"/> Yes <input 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: Radiation Guard Log compensated neutron density log dual induction log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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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	12.25	8.625	20	237	common	150	3%CC 2% Gel
Production	7.88	5.25	14	3428	common	425	MD

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	3360-64	1000 gals 15% HCL	3360-64
4	3337-40	1000 gals 15% HCL	3337-40
4	3321-23	1000 gals 15% HCL	3321-23

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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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 type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Kriley Unit 1
Doc ID	1075365

Tops

Name	Top	Datum
Anhydrite	1362-1399	638
Topeka	2917	-912
Heebner	3126	-1126
Toronto	3148	-1148
Lansing-KC	3168	-1168
Base-KC	3386	-1386
Arbuckle	3424	-1424
RTD	3431	-1431



CHARGE TO: CASTLE RESOURCES

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TICKET
20249

PAGE 1 OF 2

SERVICE LOCATIONS 1: <u>NAVS</u>	WELL/PROJECT NO. <u>1</u>	LEASE <u>WRIELY UNIT</u>	COUNTY/PARISH <u>ROCKS</u>	STATE <u>KS</u>	CITY	DATE <u>08-08-11</u>	OWNER
2: <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>FALCON JPLC</u>	SHIPPED VIA <u>C.T.</u>	DELIVERED TO <u>S. STOCKTON</u>	ORDER NO.	
3:	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOP</u>	JOB PURPOSE <u>LOGGING</u>	WELL PERMIT NO. <u>15-163-23968</u>	WELL LOCATION <u>S 22-8 R 18</u>		
4: REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
575		1			MILEAGE #112	40	mi			6	00	240	00
578		1			Pump Service	1	EA			1500	00	1500	00
281		1			LOG INCL.	2	GM			25	00	50	00
281		1			MUD FLUSH	500	GM			1	25	625	00
290		1			D-AIR	4	GM			35	00	140	00
402		1			CENTRALIZER	6	EA	5/2	GM	70	00	420	00
403		1			BASSET	3	EA			250	00	750	00
406		1			LATCH DOWN PUMP & DAMPER	1	EA			250	00	250	00
407		1			INSERT FLOW SHOCK & AUTO FILL	1	EA			350	00	350	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: 08-08-11 TIME SIGNED: 1200 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	Page 1 TOTAL	4325	00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				Page 2	8911	10
WE UNDERSTOOD AND MET YOUR NEEDS?				Sub TOTAL	13236	10
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				ROCKS TAX @ 6.3%	617	24
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	13,853	34
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						

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

SWIFT OPERATOR: DAVE SH APPROVAL: _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 080811 PAGE NO. 1

CUSTOMER CASTLE RESOURCES WELL NO. 1 LEASE WRIELEY UNIT JOB TYPE LONGSTRINGS TICKET NO. 200249

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1100							ONLOCATION CMT: 425545 SMD 1/4" FLOCCULE
								REN 3X33, SET OF 3X31, ST 12.50, TRIPLE 3/18 5/2 14 1/4 CL. 7 7/8 HWS CENT 1, 4, 7, 11, 49, 62 BASKET 12.50, 62
	1210							START OSL & FLOAT EQ
	1345							TAG BOTTOM - D/D P BALL
	1400							BREAKING
	1530		7					PLUG RH 3055
	1535	6.0	12		-		200	MUD FLUSH
			20		-			MCL FLUSH
			0		-			315545 SMD @ 11.2
			180		-			3055 SMD @ 14.5
			200		-			END
								D/D P LUG. WASHOUT PL
	1615	6.5	0		-		300	(START DIS)
			60				150	
			70				600	CIRCUMT TO PIT!!
			80.0		-		700	<u>30 SAS</u>
	1630	4.5	83.4		-		1400	LAND PLUG RELEASE DRY!
								<i>David</i> Jeff Crawford Stephen Higin
								THANK YOU! DAVE. JESAB. DAVID

