



KANSAS CORPORATION COMMISSION 1075390
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>10/18/2011</u>	<u>10/24/2011</u>	<u>10/24/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-167-23747-00-00

Spot Description: _____

NE SE SW SE Sec. 6 Twp. 11 S. R. 15 East West
380 Feet from North / South Line of Section
1390 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Russell

Lease Name: Hachmeister Well #: 1

Field Name: _____

Producing Formation: Arbuckle

Elevation: Ground: 2055 Kelly Bushing: 2064

Total Depth: 3700 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: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 40000 ppm Fluid volume: 80 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: Dorzweiler, Leo R. dba Cattlemans Oil Operations

Lease Name: Henry Mai License #: 7064

Quarter NW Sec. 14 Twp. 11 S. R. 17 East West

County: Ellis Permit #: 15-051-03679

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 Garrison Date: 02/29/2012



1075390

Operator Name: Castle Resources, Inc. Lease Name: Hachmeister Well #: 1
 Sec. 6 Twp. 11 S. R. 15 East West County: Russell

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 checked="" type="checkbox"/> Yes <input 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: <small>dual induction dual compensated micro resistivity</small>	<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	24	242	common	150	

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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

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) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Castle Resources, Inc.
Well Name	Hachmeister 1
Doc ID	1075390

Tops

Name	Top	Datum
Anhydrite	1250	+809
Topeka	3000	-941
Heebner	3244	-1185
Toronto	3266	-1207
Lansing-KC	3294	-1235
Lansing-KC	3294	-1235
Base-KC	3542	-1483
RTD	3725	-1666

QUALITY WELL SERVICE, INC.

5313

Home Office 324 Simpson St., Pratt, KS 67124

Todd's Cell 620-388-5422
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	10-19-11	Sec.	6	Twp.	11	Range	15	County	Russell	State	Ks	On Location		Finish	7:00 PM	
Lease	HACHMEISTER			Well No.	#1			Location	FATPORT Ks SW E into							
Contractor	FALCON RIG #1							Owner	To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Type Job	SURFACE							Charge To	CASTLE RESOURCES INC							
Hole Size	12 1/4		T.D.	737			Depth	737								
Csg.	8 5/8 20'		Depth													
Tbg. Size			Depth													
Tool			Depth													
Cement Left in Csg.	15		Shoe Joint	1 1/2			The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line			Displace	14.5 Bbls			Cement Amount Ordered	150 SK Common								
EQUIPMENT												2 1/2 GEL 3% (L 1/4" CF				
Pumptrk	8	No.	7000				Common	150								
Bulktrk	7	No.	CART				Poz. Mix									
Bulktrk		No.					Gel.	3								
Pickup		No.	BRADY				Calcium	5								
JOB SERVICES & REMARKS												Hulls				
Rat Hole												Salt				
Mouse Hole												Flowseal	38			
Centralizers												Kol-Seal				
Baskets												Mud CLR 48				
D/V or Port Collar												CFL-117 or CD110 CAF 38				
Rin	5 #1's 8 5/8 20' Csg											Sand				
set	7 237											Handling	153			
												Mileage	25			
8 5/8 FLOAT EQUIPMENT																
MIX 1 Pump 150 SK Common											Guide Shoe					
2 1/2 GEL 3% (L 1/4" CF											Centralizer					
15 1/2 gals 1.36 #13											Baskets					
SHT down RELEASE WOODEN PLUG											AFU Inserts					
											Float Shoe					
DISD 14.5 Bbls total											Latch Down					
Close Valve on 6:30											1 WOODEN PLUG					
Plug down																
Down CIG thru JOB											Pumptrk Charge	SURFACE				
OTR CIG TO PIT											Mileage	25				
THANKS											Tax					
TODD CART - BRADY											Discount					
X Signature Robert W. Marshall											Total Charge					

QUALITY WELL SERVICE, INC.

5316

Home Office 324 Simpson St., Pratt, KS 67124

Todd's Cell 620-388-5422
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	10-29-11	Sec.	6	Twp.	11	Range	15	County	Russell	State	Ks	On Location		Finish	11:00
Lease	Hakumeister		Well No.		#1		Location Fairport Ks SW E into								

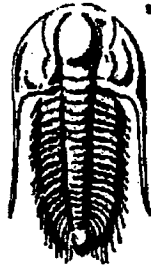
Contractor	Falcon Kcs #1	Owner	To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Type Job	PTA	Charge To	Castle Resources Inc
Hole Size	7 7/8	T.D.	
Csg.		Depth	
Tbg. Size		Depth	
Tool		Depth	
Cement Left in Csg.		Shoe Joint	
Meas Line		Displace	

EQUIPMENT			
Pumptrk	3	No.	1022
Bulktrk	4	No.	
Bulktrk		No.	
Pickup		No.	

JOB SERVICES & REMARKS		
Flat Hole	305x 60/40 4% GEL 1/4" CF	Common 123
Mouse Hole		Poz. Mix 82
Centralizers		Gel. 7
Baskets		Calcium
D/V or Port Collar		Hulls
1st Plug 1275'		Salt
255x 60/40 4% GEL 1/4" CF		Flowseal 51
DESP W/ H2O		Kol-Seal
		Mud CLR 48
		CFL-117 or CD110 CAF 38
		Sand
		Handling 212
		Mileage 25

FLOAT EQUIPMENT	
2nd Plug 730'	Guide Shoe
1005x 60/40 4% GEL 1/4" CF	Centralizer
DESP W/ H2O	Baskets
3rd Plug 290'	AFU Inserts
405x 60/40 4% GEL 1/4" CF	Float Shoe
DISP W/ H2O	Latch Down
4th Plug 40'	
105x 60/40 4% GEL 1/4" CF	

Pumptrk Charge	PTA	Tax	
Mileage	25	Discount	
Signature		Total Charge	



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Castle Resources Inc**
Box 87
Schoenchen, KS 67667

ATTN: Jerry Green

Hachmeister #1

6-11s-15w Russell,KS

Start Date: 2011.10.23 @ 15:32:00

End Date: 2011.10.23 @ 23:35:00

Job Ticket #: 44660 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2011.10.28 @ 13:27:00

Castle Resources Inc

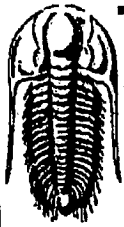
6-11s-15w Russell,KS

Hachmeister #1

DST # 1

KC "1"

2011.10.23



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Castle Resources Inc
 Box 87
 Schoenchen, KS 67667
 ATTN: Jerry Green

6-11s-15w Russell, KS

Hachmeister #1
 Job Ticket: 44660 DST#: 1
 Test Start: 2011.10.23 @ 15:32:00

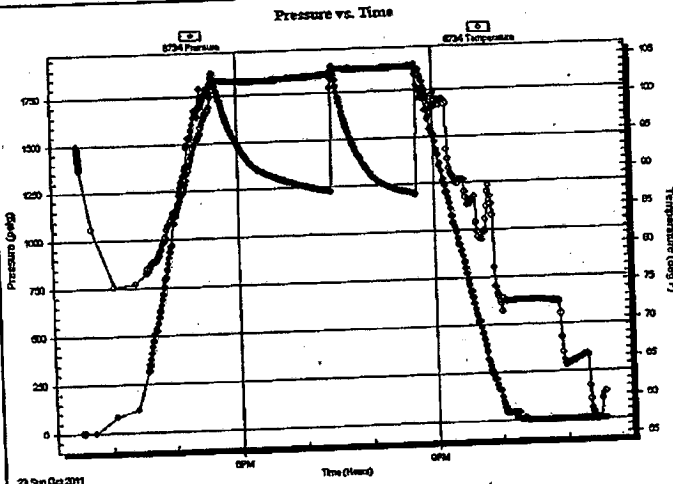
GENERAL INFORMATION:

Formation: **KC "I"**
 Deviated: **No Whipstock** ft (KB)
 Time Tool Opened: 17:41:00
 Time Test Ended: 23:35:00
 Interval: **3435.00 ft (KB) To 3478.00 ft (KB) (TVD)**
 Total Depth: **3725.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: **Good**

Test Type: **Conventional Straddle (Initial)**
 Tester: **Cody Bloedorn**
 Unit No: **41**
 Reference Elevations: **2055.00 ft (KB)**
2050.00 ft (CF)
KB to GR/CF: 5.00 ft

Serial #: 8734 Below (Straddle)
 Press@RunDepth: psig @ 3702.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2011.10.23 End Date: 2011.10.23 Last Calib.: 2011.10.23
 Start Time: 15:32:01 End Time: 23:35:00 Time On Btm: Time Off Btm

TEST COMMENT: 45 - IF- 7" blow
 45 - IS- No blow back
 45 - FF- No blow back, waited 15 Min, flushed tool, weak surface blow, Built to 1 1/4"
 45 - FS- No blow back



PRESSURE SUMMARY

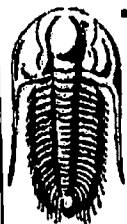
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
129.00	WM, 10%W, 90%M	1.53

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources Inc

6-11s-15w Russell, KS

Box 87
Schoenchen, KS 67667

Hachmeister #1

Job Ticket: 44660

DST#: 1

ATTN: Jerry Green

Test Start: 2011.10.23 @ 15:32:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 48.00 sec/qt
Water Loss: 5.19 in³
Resistivity: ohm.m
Salinity: 3000.00 ppm
Filter Cake: inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
129.00	WM, 10%W, 90%M	1.527

Total Length: 129.00 ft Total Volume: 1.527 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 8734

Below (Strat) Resources Inc

Hachmeister #1

DST Test Number: 1

