

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, Inc.

Address 1200 E. 27th #C

City/State/Zip Hays, Kansas 67601-2120

Purchaser: _____

Operator Contact Person: Jerry Green

Phone (913) 625-5155

Contractor: Name: Discovery Drilling

License: 31548

Wellsite Geologist: Jerry Green

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Conmingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

10/21/95 10/26/95 10/26/95
Spud Date Date Reached TD Completion Date

API NO. 15- 051-24906-0000

County Ellis

50'S-C -W/2- SW Sec. 21 Twp. 11s Rge. 19 X W

1270 Feet from S/W (circle one) Line of Section

660 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 Sessin Well # 1

Field Name Solomon

Producing Formation None

Elevation: Ground 1955 KB 1963

Total Depth 3580 PBTD _____

Amount of Surface Pipe Set and Cemented at 214.33 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 214.33

feet depth to Surface w/ 150 sx cmt.

Drilling Fluid Management Plan D&A 9/4 4-2-96
(Data must be collected from the Reserve Pit)

Chloride content 24,000 ppm Fluid volume 2200 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled off site: _____

Operator Name _____

Lease Name _____

Quarter _____ Sec. _____ Twp. _____ Rge. _____ E/W

County _____ Docket No. _____

ORIGINAL

RECEIVED
KANSAS CORPORATION
JAN 29 10:58 AM '96

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 _____

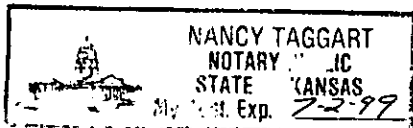
Title President Date 1-26-96

Subscribed and sworn to before me this 26th day of January, 19 96.

Notary Public Nancy Taggart

Date Commission Expires 7-2-99

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input checked="" type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep <input type="checkbox"/> NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other
(Specify)		



Operator Name Castle Resources, Inc. Lease Name Sessin Well # 1

Sec. 21 Twp. 11S Rge. 19 County Ellis

East
 West

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.)

List All E.Logs Run: RADIATION GUARD

Name	Top	Datum
Anhydrite	1286	+677
Topeka	2963	-1000
Heebner	3188	-1225
Toronto	3209	-1246
LKC	3228	-1265
BKC	3450	-1487
Conglomerate	3500	-1537
RTD in Conglomerate	3580	-1617

CASING RECORD <input type="checkbox"/> New <input checked="" 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 Pipe	12 1/4	8 5/8	20	214.33	60/40 Poz	150	2%Gel&3%CC

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		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, SWD 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 <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> 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

Production Interval: Other (Specify) _____

ALLIED CEMENTING CO., INC.

15.051-24906-0000
2386

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

ORIGINAL

SERVICE POINT:
RUSSELL

DATE <u>10-21-95</u>	SEC. <u>21</u>	TWP. <u>11 S</u>	RANGE <u>19 W</u>	CALLED OUT <u>3:00 PM</u>	ON LOCATION <u>4:30 PM</u>	JOB START <u>7:45 AM</u>	JOB FINISH <u>8:15 PM</u>
LEASE <u>SESSIN</u>	WELL # <u>1</u>	LOCATION <u>I-70 Yocemento Exit 11N</u>			COUNTY <u>EBBING</u>	STATE <u>KANSAS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)				1 W 1 S 1/4 E INTO			

CONTRACTOR Discovery Dwg. Rig #1

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 215'

CASING SIZE 8 5/8 USED TO DEPTH 214'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15' 12 3/4' / 88L

PERFS. _____

OWNER _____

CEMENT

AMOUNT ORDERED 150 SK 60% 226cl 370cc

COMMON	<u>90</u>	@	<u>6.10</u>	<u>549.00</u>
POZMIX	<u>60</u>	@	<u>3.15</u>	<u>189.00</u>
GEL	<u>2</u>	@	<u>9.50</u>	<u>19.00</u>
CHLORIDE	<u>5</u>	@	<u>28.00</u>	<u>140.00</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING		@	<u>1.05</u>	<u>157.50</u>
MILEAGE	<u>4 1/2</u>	@	<u>24.00</u>	<u>120.00</u>
TOTAL				<u>1174.50</u>

EQUIPMENT

PUMP TRUCK CEMENTER Allen

177 HELPER Will

BULK TRUCK

160 DRIVER Paul

BULK TRUCK

_____ DRIVER _____

RECEIVED
KANSAS CORP CORM
1996 JAN 29 A 5:50

REMARKS:

Cement circulator

Donker

SERVICE

DEPTH OF JOB	_____		
PUMP TRUCK CHARGE	_____		
EXTRA FOOTAGE	_____	@	<u>4.45</u>
MILEAGE	<u>20</u>	@	<u>2.35</u>
PLUG <u>1-8 5/8 WOODEN</u>	_____	@	<u>45.00</u>
		@	
TOTAL <u>537.00</u>			

CHARGE TO: CASTLE RESOURCES INC.

STREET 1200 E 27th Suite C

CITY Hayes STATE Kansas ZIP 67601

FLOAT EQUIPMENT

	_____	@	
	_____	@	
	_____	@	
	_____	@	
	_____	@	
TOTAL _____			

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 is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Tom AL

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN ADVANCE

ALLIED CEMENTING CO., INC.

2405

15-051-24906-0000
SERVICE POINT:

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

ORIGINAL

DATE <u>10-26-95</u>	SEC. <u>21</u>	TWP. <u>11</u>	RANGE <u>19</u>	CALLED OUT <u>11:00AM</u>	ON LOCATION <u>1:30PM</u>	JOB START <u>2:00PM</u>	JOB FINISH <u>4:00PM</u>
LEASE <u>Solomon</u>	WELL # <u>1</u>	LOCATION <u>Yocemento</u>	<u>10N 1W 1S</u>	COUNTY <u>Ellis</u>	STATE <u>Kansas</u>		

OLD OR NEW (Circle one)

CONTRACTOR Discovery Drilling

TYPE OF JOB Plug

HOLE SIZE 7 7/8 T.D. 3580

CASING SIZE 8 5/8 DEPTH 215

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

OWNER Same

CEMENT

AMOUNT ORDERED 190 Sbs 60/40
670 Gel 1/4#

COMMON	<u>114</u>	@	<u>610</u>	<u>695 40</u>
POZMIX	<u>76</u>	@	<u>315</u>	<u>239 40</u>
GEL	<u>10</u>	@	<u>950</u>	<u>95 00</u>
CHLORIDE		@		
<u>Fluorid</u>	<u>48#</u>	@	<u>115</u>	<u>55 20</u>
		@		
		@		
		@		
		@		
HANDLING		@	<u>105</u>	<u>199 50</u>
MILEAGE	<u>44 1/2</u>	/ Mile		<u>136 80</u>
TOTAL				<u>1421 30</u>

EQUIPMENT

PUMP TRUCK CEMENTER _____

221 HELPER R. Davis

BULK TRUCK DRIVER _____

_____ DRIVER _____

BULK TRUCK DRIVER _____

283 DRIVER B. Leibam

REMARKS:

1st Plug 20 Sbs @ 1290'

2nd Plug 100 Sbs @ 605'

3rd Plug 40 Sbs @ 265'

4th Plug 10 Sbs @ 40'

10 Sbs Average hole

15 Sbs Rat hole

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE 445 00

EXTRA FOOTAGE @ _____

MILEAGE 18 @ 235 42 30

PLUG @ 25 25 00

@ _____

@ _____

TOTAL 512 30

CHARGE TO: Castle Resources

STREET 1200 E. 27th Suite C

CITY Hays STATE Kansas ZIP _____

FLOAT EQUIPMENT

@ _____

@ _____

@ _____

@ _____

@ _____

TOTAL

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID

I, _____ of 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 is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE

Thomas A. [Signature]