

ORIGINAL

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

API NO. 15- 109-20,586

County Logan

- C - NW/4 Sec. 33 Twp. 12S Rge. 33 X ^E/_W

1320 Feet from S N (circle one) Line of Section

1320 Feet from E N (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Ahrens Well # 2

Field Name _____

Producing Formation None

Elevation: Ground 3133' KB 3138'

Total Depth 4775' PBDT 4775'

Amount of Surface Pipe Set and Cemented at 314.06 Feet

Multiple Stage Cementing Collar Used? _____ Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan D&A 87 10-18-95
(Data must be collected from the Reserve Pit)

Chloride content 10,000 ppm Fluid volume 1100 bbls

Dewatering method used Evaporization

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

Operator: License # 9860

Name: Castle Resources, Inc.

Address 1200 E 27th #C

City/State/Zip Hays, Ks. 67601-2120

Purchaser: N/A

Operator Contact Person: Jerry Green

Phone (913) 625-5155

Contractor: Name: Abercrombie RTD, Inc

License: 30684

Wellsite Geologist: Jerry Green

Designate Type of Completion
XX New Well _____ Re-Entry _____ Workover _____

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

If Workover:

Operator: N/A

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

4-16-95 4-23-95
Spud Date Date Reached TD Completion Date

KCC
87

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.

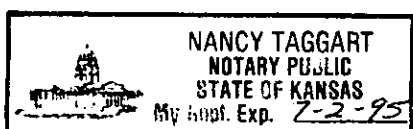
Signature _____ Title President Date 5-24-95

Subscribed and sworn to before me this 24th day of May, 19 95.

Notary Public Nancy Taggart

Date Commission Expires 7-2-95

MAY 20 1995
K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC _____ SWD/Rep _____ NGPA
 KGS _____ Plug _____ Other
(Specify)



SIDE TWO

Operator Name Castle Resources, Inc. Lease Name Ahrens Well # 2
 Sec. 33 Twp. 12S Rge. 33 East County Logan
 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: DIL
CN

Name	Top	Datum
Anhydrite	2606'	
Heebner	4046'	-908
L-/KC	4092'	-954
Stark Shale	4328'	-1190
Marmaton	4436'	-1298
Ft. Scott	4588'	-1450
Johnson	4661'	-1523
Mississippi	4750'	-1612
RTD	4776'	-1638

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	12 1/4	8 5/8"	19#	314.06'	60/40pos	190	2%gel, 3%cc

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

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	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SMD or Inj. <u>D&A</u>		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
 Other (Specify) _____
 Production Interval: _____

MAY 2 1985

TRILOBITE TESTING L.L.C.

P.O. Box 362 • Hays, Kansas 67601

Test Ticket ORIGINAL No. 7522
 API# 15-109-20586-0000

Well Name & No. <u>Ehren #2</u>		Test No. <u>1</u>	Date <u>4-21-75</u>
Company <u>Castle Resources Inc.</u>		Zone Tested <u>I</u>	
Address <u>1200 E 27th Suite #C Hays, KS 67601</u>		Elevation <u>3138 (KB) 3133 (Gr)</u>	
Co. Rep./Geo. <u>Jerry Green</u>		Cont. <u>Abercrombie #2</u> Est. Ft. of Pay _____	
Location: Sec. <u>33</u>	Twp. <u>12</u>	Rge. <u>33</u>	Co. <u>Logan</u> State <u>KS</u>
No. of Copies <u>Normal</u>	Distribution Sheet _____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Turnkey _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Evaluation _____

Interval Tested <u>4274' - 4305'</u>	Drill Pipe Size <u>4 1/2 XH</u>
Anchor Length <u>31'</u>	Top Choke — 1" _____ Bottom Choke — 1/4" _____
Top Packer Depth <u>4269</u>	Hole Size — 7 7/8" _____ Rubber Size — 6 3/4" _____
Bottom Packer Depth <u>4274'</u>	Wt. Pipe I.D. — 2.7 Ft. Run <u>317' 505'</u>
Total Depth <u>4305'</u>	Drill Collar — 2.25 Ft. Run _____
Mud Wt. <u>9.0</u> lb/gal.	Viscosity <u>47</u> Filtrate <u>8.8</u>
Tool Open @ <u>3:15 pm</u> Initial Blow <u>Surface Blow Build to 1/4" w.</u>	
<u>I.S.I - No Blow</u>	

Final Blow Bubble to open tool, no blow - Flush tool - No Blow
F.S.I out of Hole By order of Geo.

Recovery — Total Feet <u>10'</u>	Feet of Gas in Pipe _____	Flush Tool? <u>yes</u>
Rec. <u>10'</u> Feet Of <u>mud</u>	%gas _____ %oil _____ %water <u>100%</u> %mud _____	
Rec. _____ Feet Of _____	%gas _____ %oil _____ %water _____ %mud _____	
Rec. _____ Feet Of _____	%gas _____ %oil _____ %water _____ %mud _____	
Rec. _____ Feet Of _____	%gas _____ %oil _____ %water _____ %mud _____	

BHT 111 °F Gravity _____ °API @ _____ °F Corrected Gravity _____ °API
 RW _____ @ _____ °F Chlorides _____ ppm Recovery Chlorides _____ ppm System

(A) Initial Hydrostatic Mud <u>Electronic Recorder 2092</u>	<u>AK-Recorder 2132</u> PSI	AK1 Recorder No. <u>Electronic</u>	Range _____
(B) First Initial Flow Pressure <u>11</u>	<u>44</u> PSI	@ (depth) <u>4275</u>	w/Clock No. _____
(C) First Final Flow Pressure <u>15</u>	<u>44</u> PSI	AK1 Recorder No. <u>11058</u>	Range <u>4500</u>
(D) Initial Shut-In Pressure <u>1099</u>	<u>1042</u> PSI	@ (depth) <u>4300</u>	w/Clock No. <u>21048</u>
(E) Second Initial Flow Pressure <u>15</u>	<u>44</u> PSI	AK1 Recorder No. _____	Range _____
(F) Second Final Flow Pressure <u>18</u>	<u>44</u> PSI	@ (depth) _____	w/Clock No. _____
(G) Final Shut-In Pressure _____	PSI	Initial Opening <u>30</u>	Test <input checked="" type="checkbox"/> <u>1000</u>
(H) Final Hydrostatic Mud <u>2085</u>	<u>2008</u> PSI	Initial Shut-In <u>30</u>	Jars _____

TRILOBITE TESTING L.L.C. SHALL NOT BE LIABLE FOR DAMAGE OF ANY KIND OF THE PROPERTY OR PERSONNEL OF THE ONE FOR WHOM A TEST IS MADE, OR FOR ANY LOSS SUFFERED OR SUSTAINED, DIRECTLY OR INDIRECTLY, THROUGH THE USE OF ITS EQUIPMENT, OR ITS STATEMENTS OR OPINION CONCERNING THE RESULTS OF ANY TEST. TOOLS LOST OR DAMAGED IN THE HOLE SHALL BE PAID FOR AT COST BY THE PARTY FOR WHOM THE TEST IS MADE.

Final Flow 15 Safety Joint _____
 Final Shut-In 0 Straddle _____
 Circ. Sub N/C
 Sampler _____
 Extra Packer _____
 Other _____
 TOTAL PRICE \$ 600

Approved By _____
 Our Representative Steve McBride

TRILOBITE TESTING L.L.C.

P.O. Box 362 • Hays, Kansas 67601

Test Ticket

TEST TICKET No. 7522
API# 15-109-20586-0000

Well Name & No. Ehren #2 Test No. 1 Date 4-21-75
 Company Castle Resources Inc. Zone Tested F
 Address 1200 E 27th Suite #C Hays, KS 67601 Elevation 3138 (KB) 3133 (Gr)
 Co. Rep./Geo. Jerry Green Cont. Abercrombie #8 Est. Ft. of Pay _____
 Location: Sec. 33 Twp. 12 Rge. 33 Co. Logan State KS
 No. of Copies Normal Distribution Sheet _____ Yes X No Turnkey _____ Yes X No _____ Evaluation _____

Interval Tested 4274' - 4305' Drill Pipe Size 4 1/2 XH
 Anchor Length 31' Top Choke — 1" _____ Bottom Choke — 1/4" _____
 Top Packer Depth 4269 Hole Size — 7 7/8" _____ Rubber Size — 6 3/4" _____
 Bottom Packer Depth 4274' Wt. Pipe I.D. — 2.7 Ft. Run 377' 505'
 Total Depth 4305' Drill Collar — 2.25 Ft. Run _____
 Mud Wt. 9.0 lb / gal. Viscosity 47 Filtrate 8.8
 Tool Open @ 3:15 pm Initial Blow Surface Blow Build to 1/4" in.

I.S.I - No Blow
 Final Blow Bubble to open tool, No Blow - Flush Tool - No Blow
F.S.I out of Hole By order of Geo.

Recovery — Total Feet	Feet of Gas In Pipe	Flush Tool?
<u>10'</u>	_____	<u>yes</u>
Rec. _____ Feet Of _____	%gas _____ %oil _____ %water _____ %mud _____	
Rec. _____ Feet Of _____	%gas _____ %oil _____ %water _____ %mud _____	
Rec. _____ Feet Of _____	%gas _____ %oil _____ %water _____ %mud _____	
Rec. _____ Feet Of _____	%gas _____ %oil _____ %water _____ %mud _____	

BHT 111 °F Gravity _____ °API @ _____ °F Corrected Gravity _____ °API

RW _____ @ _____ °F Chlorides _____ ppm Recovery Chlorides _____ ppm System

(A) Initial Hydrostatic Mud	Pressure (PSI)	AK1 Recorder No.	Range
<u>2092</u>	<u>2132</u>	<u>Electronic</u>	_____
(B) First Initial Flow Pressure	<u>11</u> <u>44</u>	@ (depth) <u>4275</u>	w/Clock No. _____
(C) First Final Flow Pressure	<u>15</u> <u>44</u>	AK1 Recorder No. <u>11058</u>	Range <u>4500</u>
(D) Initial Shut-In Pressure	<u>1049</u> <u>1042</u>	@ (depth) <u>4300</u>	w/Clock No. <u>21048</u>
(E) Second Initial Flow Pressure	<u>15</u> <u>44</u>	AK1 Recorder No. _____	Range _____
(F) Second Final Flow Pressure	<u>18</u> <u>44</u>	@ (depth) _____	w/Clock No. _____
(G) Final Shut-In Pressure	_____	Initial Opening <u>30</u>	Test <u>X</u> <u>1600</u>
(H) Final Hydrostatic Mud	<u>2085</u> <u>2008</u>	Initial Shut-In <u>30</u>	Jars _____

TRILOBITE TESTING L.L.C. SHALL NOT BE LIABLE FOR DAMAGE OF ANY KIND OF THE PROPERTY OR PERSONNEL OF THE ONE FOR WHOM A TEST IS MADE, OR FOR ANY LOSS SUFFERED OR SUSTAINED, DIRECTLY OR INDIRECTLY, THROUGH THE USE OF ITS EQUIPMENT, OR ITS STATEMENTS OR OPINION CONCERNING THE RESULTS OF ANY TEST. TOOLS LOST OR DAMAGED IN THE HOLE SHALL BE PAID FOR AT COST BY THE PARTY FOR WHOM THE TEST IS MADE.

Final Flow 15 Safety Joint _____
 Final Shut-in 0.2 100 Straddle _____
 Circ. Sub X N/C
 Sampler _____

Approved By _____
 Our Representative Steve McBride

Extra Packer _____
 Other _____
 TOTAL PRICE \$ 600

ALLIED CEMENTING CO., INC.

15-109-20586-0000

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

ORIGINAL

SERVICE POINT:

OAKLEY

DATE <u>4-16-95</u>	SEC <u>33</u>	TWP. <u>12S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>10:55 PM</u>	JOB START <u>2:00 AM</u>	JOB FINISH <u>2:30 AM</u>
LEASE <u>AHRENS</u>	WELL # <u>2</u>	LOCATION <u>MONUMENT 95-1/4E.</u>			COUNTY <u>LOGAN</u>	STATE <u>KS</u>	

OLD OR NEW (Circle one)

CONTRACTOR ABERCROMBIE RTO #6 #8 OWNER SHAME

TYPE OF JOB SURFACE CEMENT

HOLE SIZE 12 1/4" T.D. 319'

CASING SIZE 8 5/8 DEPTH 314' AMOUNT ORDERED 190 SKS 60/40 P&Z 3% CC

TUBING SIZE DEPTH 2% GEL

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM COMMON 114 SKS @ 7.20 820.80

MEAS. LINE SHOE JOINT POZMIX 76 SKS @ 3.15 239.40

CEMENT LEFT IN CSG. 15" GEL 3 SKS @ 9.50 28.50

PERFS. CHLORIDE 6 SKS @ 28.00 168.00

EQUIPMENT

PUMP TRUCK CEMENTER TERRY

300 HELPER WAYNE

BULK TRUCK

218 DRIVER DEAN

BULK TRUCK

DRIVER

COMMON 114 SKS @ 7.20 820.80

POZMIX 76 SKS @ 3.15 239.40

GEL 3 SKS @ 9.50 28.50

CHLORIDE 6 SKS @ 28.00 168.00

HANDLING 190 SKS @ 1.05 199.50

MILEAGE 44 per sk/mil 136.80

TOTAL 1,593.00

REMARKS:

DISPLACEMENT 19 BBL.

CEMENT DIO CERC.

SERVICE

DEPTH OF JOB 314'

PUMP TRUCK CHARGE 445.00

EXTRA FOOTAGE 14' @ 4.14 5.79

MILEAGE 18 miles @ 2.35 42.30

PLUG 8 5/8 SURFACE @ 45.00

TOTAL 538.04

CHARGE TO: CASTLE RESOURCES INC.

STREET 1200 E 27TH, SUITE C.

CITY Hays STATE Kan ZIP 67601

FLOAT EQUIPMENT

TOTAL

TAX

TOTAL CHARGE

DISCOUNT IF PAID IN 30 DAYS

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 Anthony Mark

ALLIED CEMENTING CO., INC.

(1711)

15-109-20586-0000
SERVICE POINT:

OAKLEY

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

DATE <u>4-23-95</u>	SEC <u>23</u>	TWP. <u>12S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>1:45 PM</u>	JOB START <u>3:15 PM</u>	JOB FINISH <u>6:00 PM</u>
LEASE <u>AHRENS</u>	WELL # <u>#2</u>	LOCATION <u>MONUMENT 95-1/4 E</u>			COUNTY <u>LOGAN</u>	STATE <u>KS</u>	

OLD OR NEW (Circle one)

CONTRACTOR ABERCROMBIE PTORIG #8 OWNER SAME

TYPE OF JOB PTA CEMENT

HOLE SIZE 7 7/8" T.D. 4775'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH 2620'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

AMOUNT ORDERED 190 SK 60/10 POZ 6% 6 EL
1/4" FLO-SEAL

COMMON	<u>114</u>	SKS	@	<u>7.20</u>	<u>820.80</u>
POZMIX	<u>76</u>	SKS	@	<u>3.15</u>	<u>239.40</u>
GEL	<u>16</u>	SKS	@	<u>9.50</u>	<u>95.00</u>
CHLORIDE			@		
<u>Flo-Seal</u>	<u>48</u>	<u>#</u>	@	<u>1.15</u>	<u>55.20</u>

EQUIPMENT

PUMP TRUCK CEMENTER TERRY
300 HELPER

BULK TRUCK DRIVER DEAN
218

BULK TRUCK DRIVER _____

HANDLING 190 SKS @ 1.05 199.50
MILEAGE 4¢ per SK/mile 136.00

TOTAL 1,546.70

REMARKS:

25 SKS AT 2620'
100 SKS AT 1585'
40 SKS AT 365'
10 SKS AT 40'
15 SKS AT HOLE

SERVICE

DEPTH OF JOB	<u>2620'</u>		
PUMP TRUCK CHARGE			<u>550.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>18 miles</u>	@	<u>2.32</u> <u>42.30</u>
PLUG	<u>8 5/8 DRY HOLE</u>	@	<u>23.00</u>

TOTAL 615.30

CHARGE TO: CASTLE RESOURCES, INC
STREET 1200 E 27th Suite C
CITY Ways STATE Kan ZIP 67601

FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

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 Anthony Mart