

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

ORIGINAL

API #15-165-21,639-0000
County Rush
SW - SE - SW - Sec. 4 Twp. 18S Rge. 20 X V

Operator: License # 9860
Name: Castle Resources, Inc.
Address 1200 E. 27th St., Suite C
City/State/Zip Hays, Kansas 67601

330 Feet from S/W (circle one) Line of Section
3630 Feet from E/W (circle one) Line of Section

Purchaser:
Operator Contact Person: Jerry Green
Phone (913) - 625-5155

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

Contractor: Name: Emphasis Oil Operations
License: 8241
Wellsite Geologist: Jerry Green

Lease Name Schwartzkoph Well # 1
Field Name Wildcat

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

Producing Formation _____
Elevation: Ground 2123' KB 2128'
Total Depth 4080' PBD _____

If Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
Deepening _____ Re-perf. _____ Conv. to Inj/SWD _____
Plug Back _____ PBD _____
Commingled _____ Docket No. _____
Dual Completion _____ Docket No. _____
Other (SWD or Inj?) _____ Docket No. _____
9/2/93 9/9/93 9-9-93
Spud Date Date Reached TD Completion Date

Amount of Surface Pipe Set and Cemented at 485 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 cnt.

Drilling Fluid Management Plan D & A JH 2-22-94
(Data must be collected from the Reserve Pit)

Chloride content 31,000 ppm Fluid volume 1200 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____

Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. S Rng. E/W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 Troy Williams
Title Production Superintendent Date 11-16-93
Subscribed and sworn to before me this 16 day of November
19 93.
Notary Public Chris Schumacher
Date Commission Expires 5-8-96

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
C Wireline Log Received NA
C Geologist Report Received

Distribution
 KCC _____ SWD/Rep _____ NGPA _____
 KGS _____ Plug _____ Other _____

CHRIS SCHUMACHER
State of Kansas
My Appt. Exp. 5-8-96

Form ACO-1 (7/87)

RECEIVED
NOV 18 1993
11-18-93
CONSERVATION DIVISION
Wichita, Kansas
P1

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

Sec. 4 Twp. 18S Rge. 20 East West County Rush

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:

Name	Formation (Top), Depth and Datum		Sample
	Top	Datum	
Anhydrite	1364	+ 764	
Heebner	3564	-1436	
Toronto	3582	-1454	
Lansing	3612	-1484	
Cherokee Shale	4044	-1916	
Cherokee Sand	4072	-1944	
RTD	4080	-1952	

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	20	485'	60/40 Poz	270	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 Yes No

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

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water 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 _____

TRILOBITE TESTING, L.L.C.

P.O. Box 362 • Hays, Kansas 67601

ORIGINAL

Drill-Stem Test Data

API# 15-165-21 639-0000

Well Name SCHWARTZKOPH #1 Test No. 1 Date 9/9/93
 Company CASTLE RESOURCES, INC. Zone CHEROKEE
 Address 1200 E.27th #C HAYS KANSAS 67601 Elevation 2128
 Co. Rep./Geo. JERRY GREEN Cont. EMPHASIS RIG #7 Est. Ft. of Pay _____
 Location: Sec. 4 Twp. 18S Rge. 20W Co. RUSH State KS

Interval Tested	<u>4030-4080</u>	Drill Pipe Size	<u>4.5 XH</u>
Anchor Length	<u>50</u>	Wt. Pipe I.D. - 2.7 Ft. Run	_____
Top Packer Depth	<u>4025</u>	Drill Collar - 2.25 Ft. Run	<u>145</u>
Bottom Packer Depth	<u>4030</u>	Mud Wt.	<u>9.4</u> lb/Gal.
Total Depth	<u>4080</u>	Viscosity	<u>48</u> Filtrate <u>14.2</u>

Tool Open @ 2:19 AM Initial Blow 1/2" BLOW BUILDING TO 8"

Final Blow SURFACE BLOW - BUILDING TO 2.5"

Recovery - Total Feet 250 Flush Tool? NO

Rec. 250 Feet of WATERY MUD
 Rec. _____ Feet of _____
 Rec. _____ Feet of _____
 Rec. _____ Feet of _____
 Rec. _____ Feet of _____

BHT 114 °F Gravity _____ °API @ _____ °F Corrected Gravity _____ °API
 RW _____ @ _____ °F Chlorides _____ ppm Recovery Chlorides _____ ppm System

(A) Initial Hydrostatic Mud 2076.3 PSI AK1 Recorder No. 22150 Range 3925

(B) First Initial Flow Pressure 53.9 PSI @ (depth) 4062 w / Clock No. 30401

(C) First Final Flow Pressure 101.1 PSI AK1 Recorder No. 24174 Range 3050

(D) Initial Shut-in Pressure 555.7 PSI @ (depth) 4077 w / Clock No. 27573

(E) Second Initial Flow Pressure 115.6 PSI AK1 Recorder No. _____ Range _____

(F) Second Final Flow Pressure 144.7 PSI @ (depth) _____ w / Clock No. NOV 18 1993

(G) Final Shut-in Pressure 546.9 PSI Initial Opening 45 Final Flow _____

(H) Final Hydrostatic Mud 2010.4 PSI Initial Shut-in 30 Final Shut-in 30

Our Representative PAUL SIMPSON

RECEIVED
 STATE CORPORATION COMMISSION
 NOV 18 1993
 11-18-93
 CONSERVATION DIVISION
 Wichita, Kansas



COPY

TICKET

No. 509140 - 5

CHARGE TO:
 ADDRESS: CATTLE REPAIRS
 CITY, STATE, ZIP CODE:

PAGE 1 OF 2

FORM 1906 R-12

SERVICE LOCATIONS 1. <u>NESS CO. #2</u>	WELL/PROJECT NO. 1	LEASE <u>SCHWARTZKOPF</u>	COUNTY/PARISH <u>ROSH</u>	STATE <u>KO.</u>	CITY/OFFSHORE LOCATION	DATE <u>9-3-93</u>	OWNER <u>SAME</u>
2. <u>HAYES</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>EMPHASIS DRILL</u>	RIG NAME/NO. <u>DRG = 7</u>	SHIPPED VIA <u>51797</u>	DELIVERED TO <u>LOCATION</u>	ORDER NO.
3.	WELL TYPE <u>O1</u>	WELL CATEGORY <u>O1</u>	JOB PURPOSE <u>O10</u>	WELL PERMIT NO.	WELL LOCATION <u>4 - 120 - 25W</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY.	U/M	QTY.	U/M			
000-117		1				MILEAGE	22	mi			2.75	60.50	
001-016		1				PUMP CIRCUL	482	ft			620.00	620.00	
030-100		1				WOOD PLOTT - TOP	1	ft			95.00	95.00	
	ORIGINAL												

15-165-21639-0000

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.

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE
X Larry Langhofer

DATE SIGNED: 9-3-93 TIME SIGNED: 0100 A.M. P.M.

do do not require IPC (Instrument Protection). Not offered

SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN	SURVEY AGREE UN-DECIDED DIS-AGREE	PAGE TOTAL 775.50
TYPE LOCK DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	FROM CONTINUATION PAGE(S) 2 2361.50
BEAN SIZE SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?	
TYPE OF EQUALIZING SUB. CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	
TUBING SIZE TUBING PRESSURE WELL DEPTH	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	
TREE CONNECTION TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE 3137.50
<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

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) <u>LARRY LANGHOFER</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>X Larry Langhofer</u>	HALLIBURTON OPERATOR/ENGINEER <u>WAYNE WELSON</u>	EMP # <u>84997</u>	HALLIBURTON APPROVAL <u>[Signature]</u>
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HALLIBURTON
ENERGY SERVICES

TICKET CONTINUATION

COPY

TICKET No. **509140**

CUSTOMER **Castle Resources INC.** WELL **Schwatzkoff #1** DATE **9-3-03** PAGE **2** OF **2**

FORM 1911 R-8

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
504-136		2		B		40/60 Pozmix Standard	270				6.68	1,533.60
509-406	890.50812	2		B		Calcium Chloride Blended	7				28.25	197.75
ORIGINAL												
500-207		2		B		SERVICE CHARGE					1.85	383.40
500-306		2		B		MILEAGE CHARGE					.95	246.90
						TOTAL WEIGHT						
						23,632						
						LOADED MILES						
						22						
						CUBIC FEET						
						2881						
						TON MILES						
						250,952						

STATE RECEIVED
FEB 22 1934
OFFICE OF THE COMMISSIONER OF REVENUE
VIRGINIA

CONTINUATION TOTAL 2,361.71

WELL DATA

FIELD _____ SEC. 4 TWP. 18S RNG. 20W COUNTY ROSS STATE KS

FORMATION NAME _____ TYPE _____
 FORMATION THICKNESS _____ FROM _____ TO 10652
 INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
 PACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA _____ TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<u>0</u>	<u>20</u>	<u>8 5/8</u>	<u>KB</u>	<u>432</u>	<u>5.7</u>
LINER						
TUBING						
OPEN HOLE			<u>12 1/4</u>	<u>432</u>	<u>432</u>	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>9-2</u>	DATE <u>9-2</u>	DATE <u>9-3</u>	DATE <u>9-3</u>
TIME <u>2200</u>	TIME <u>2330</u>	TIME <u>0710</u>	TIME <u>0500</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG <u>WOOD</u>	<u>1</u>	<u>HOWCO</u>
HEAD <u>PL</u>	<u>1</u>	<u>"</u>
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>W. WILSON</u>	<u>8727</u> COMBO	
<u>B. CROSSWHITE</u>	<u>8752</u> BULK	<u>NESS CITY, KS</u>
<u>M. KAREL</u>	<u>6151</u> 4001-8200	<u>11730</u>

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. °API
 DISPL. FLUID _____ DENSITY _____ LB/GAL. °API
 PROP. TYPE _____ SIZE _____ LB.
 PROP. TYPE _____ SIZE _____ LB.
 ACID TYPE _____ GAL. _____ %
 ACID TYPE _____ GAL. _____ %
 ACID TYPE _____ GAL. _____ %
 SURFACTANT TYPE _____ GAL. _____ IN
 NE AGENT TYPE _____ GAL. _____ IN
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN
 FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN
 BREAKER TYPE _____ GAL.-LB. _____ IN
 BLOCKING AGENT TYPE _____ GAL.-LB. _____
 PERFPAC BALLS TYPE _____ QTY. _____
 OTHER _____
 OTHER _____

DEPARTMENT CEMENT
 DESCRIPTION OF JOB 8 5/8" SURFACE
 JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
 CUSTOMER REPRESENTATIVE X. Tracy Taylor
 HALLIBURTON OPERATOR Wayne COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>270</u>	<u>4070 POL 6070 50</u>	<u>B</u>	<u>270 GIL - 370 CL</u>		<u>1.30</u>	<u>1343</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____
 BREAKDOWN _____ MAXIMUM _____
 AVERAGE _____ FRACTURE GRADIENT _____
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____
 HYDRAULIC HORSEPOWER _____
 ORDERED _____ AVAILABLE _____ USED _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET 15' REASON REGULATED

PRESLUSH: BBL.-GAL. _____ TYPE _____
 LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 TREATMENT: BBL.-GAL. _____ DISPL. BBL.-GAL. 32.0
 CEMENT SLURRY 62.5 BBL.-GAL. _____
 TOTAL VOLUME: BBL.-GAL. _____

REMARKS

483' TOTAL POPL
65 SKS CEMENT CIRCULATED TO 10'

JOB LOG FORM 2013 R-3

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
CASPER RESOURCES		1		SCHWARTZKOPF		8 5/8" SURFACE		509140	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
9/2	2200								CALLED OUT
9/2	2330								ON LOCATION
	0400								BREAK CIRCULATION - MUD PUMP
	0410	5	0		✓		150		START MIXING CEMENT
	0423		62.5						FINISH MIXING CEMENT
	0425								RELEASE PLUG
	0426	7	0		✓		250		DISPLACE PLUG
	0430		30.6						PLUG DOWN 65 SKS TO PET
	0432								SHUT IN
									WASH-UP
									RACK-UP
	0500								JOB COMPLETE
									PLUG R KB-467'
									THANK YOU
									WAKE WILSON
									BOUCE CROSSBERRY
									MEL KARLEN

STARTING TIME: 0400
 STOPPING TIME: 0500
 TOTAL TIME: 0100
 TOTAL VOLUME: 93.1 BBL
 TOTAL RATE: 6.25 BPM
 TOTAL PUMPS: 1
 TOTAL PRESSURE: 150 PSI
 TOTAL TUBING: 0
 TOTAL CASING: 0



CHARGE TO: Castle Resources
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No. 509118 -
 PAGE 1 OF 2

FORM 1906 R-12

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY/OFFSHORE LOCATION	DATE	OWNER
1. <u>Miss City, La. 25553</u>	<u>1</u>	<u>Schwartz Kohf</u>	<u>Rush</u>	<u>La.</u>		<u>9-9-93</u>	<u>Same</u>
2. <u>Hays, La. 25525</u>							
3.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.
4.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF										
<u>000-117</u>		<u>1</u>				<u>MILEAGE</u>	<u>51799</u>	<u>26</u>	<u>mi</u>		<u>2</u>	<u>75</u>	<u>60</u>	<u>150</u>
<u>090-910</u>		<u>1</u>				<u>Pump Service</u>		<u>2</u>	<u>hr.</u>				<u>395</u>	<u>00</u>
<u>030-503</u>		<u>1</u>				<u>LA-11 Top Plug</u>		<u>1</u>	<u>ea</u>	<u>8 5/8 in</u>			<u>95</u>	<u>00</u>

STATE RECEIVED
 FEB 24 1994
 CUSTOMER COMPLAINTS DIVISION

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. CUSTOMER OR CUSTOMER'S AGENT SIGNATURE <u>X</u>				SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN				SURVEY 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 type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND		AGREE UN-DECIDED DIS-AGREE		PAGE TOTAL FROM CONTINUATION PAGE(S) <u>1,203</u>	
				TYPE LOCK DEPTH BEAN SIZE SPACERS TYPE OF EQUALIZING SUB. CASING PRESSURE		TUBING SIZE TUBING PRESSURE WELL DEPTH TREE CONNECTION TYPE VALVE		SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <u>1763</u>					

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

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT)	CUSTOMER OR CUSTOMER'S AGENT SIGNATURE <u>X Thomas Ah...</u>	HALLIBURTON OPERATOR/ENGINEER <u>Roger B. Leggett</u>	HALLIBURTON APPROVAL <u>Roger B. Leggett</u> 25% Cont + BM
---	---	--	--

WELL DATA

FIELD _____ SEC _____ TWP _____ RNG _____ COUNTY Rush STATE Ok.

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS _____ FROM _____ TO _____

INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD

PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD

COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA _____ TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING						
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG <u>LA-11</u>	<u>8 5/8"</u>	<u>1 HOWCO</u>
HEAD		
PACKER		
OTHER		

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>9-9-93</u>	DATE <u>9-9-93</u>	DATE <u>9-9-93</u>	DATE <u>9-9-93</u>
TIME <u>11:00</u>	TIME <u>15:15</u>	TIME <u>15:40</u>	TIME _____

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>P. Legleiter</u>	<u>CONS.</u>	<u>Ness City, Ok.</u>
<u>W. Wilson</u>	<u>51797</u>	<u>"</u>
<u>B. Crosswhite</u>	<u>Bulk</u>	<u>"</u>
	<u>3703</u>	<u>"</u>

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. °API

DISPL. FLUID _____ DENSITY _____ LB/GAL. °API

PROP. TYPE _____ SIZE _____ LB.

PROP. TYPE _____ SIZE _____ LB.

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

SURFACTANT TYPE _____ GAL. _____ IN

NE AGENT TYPE _____ GAL. _____ IN

FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN

GELLING AGENT TYPE _____ GAL.-LB. _____ IN

FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN

BREAKER TYPE _____ GAL.-LB. _____ IN

BLOCKING AGENT TYPE _____ GAL.-LB. _____

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT Cuds

DESCRIPTION OF JOB Plug To Abandon

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X Thomas Ah

HALLIBURTON OPERATOR Roger B. Legleiter COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>135</u>	<u>40/60</u>	<u>Poz</u>	<u>B</u>	<u>6% Gd, 1/4" Fbrade</u>	<u>1.64</u>	<u>13.1</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____

BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. _____

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY (BBL.-GAL.) 39.4

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET _____ REASON _____

REMARKS

See Chart + Job Log

I thank you

Roger

CUSTOMER Castle Resources

LEASE Schwartzkopf

WELL NO. _____

JOB TYPE P111

DATE 9-9-93

JOB LOG FORM 2013 R-3

 CUSTOMER **Castle Resources** WELL NO. **#1** LEASE **Schwartz Rolf** JOB TYPE **PTA** TICKET NO. **S09118**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	11:00							Called out
	1515							on loc. Setup truck
	1540		5					D.P. @ 1450' pump 5 ^{SS} H ₂ O spacer
			14.6					MIX 50 sks 40/60 Rz 6% Gel, 1/4" H ₂ O/sk
								Pump 2 ^{SS} H ₂ O spacer
								Pump 15 ^{SS} Mud to Balance
	1550							Pull D.P. to 525'
	1620		5					Pump 5 ^{SS} H ₂ O
			14.6					MIX 50 sks
			2					Pump 2 ^{SS} H ₂ O
	1630							PULL D.P. top of hole
	1705							Push Rubber plug down 40' Solid Bridge
	1720							MIX 10 sks 40' to surface
								10 sks in mouse hole
								15 sks in Rat hole
	1730							wash and Rack up truck
								Job Complete

ORIGINAL

 Thank You
 Roger

 RECEIVED
 STATION # 1000
 FEB 22 1994
 ORIGINAL FOR
 INSPECTION
 IN THE FIELD

CALL FOR SERVICE AND SALES



HALLIBURTON SERVICES

Company Castle Resources Date 9-9-93

Contractor Emphasis Rig #17 Town or field _____

Lease Schunzie Koff Well No. #1 Sec. _____ Twp. _____ Range _____

Directions Alexander west edge 3-N, 1 1/4-E, North 100

Charge 22 miles

PUMPING SERVICE: (Check One) Surface _____ Intermediate _____ Long String _____ Squeeze _____ Plug Back _____ Plug to Abandon

Fracturing _____ Acid _____ MCA _____ Other _____

Casing Size _____ Thread _____ Tubing Size _____ Plug Container _____ Rotating Head _____ Swage _____ Packer _____

Number and Type Trucks Wanted _____ Top Plug 8 5/8" Bottom Plug _____

Remarks _____

DUMP BAILER: Type Job _____ Hole Size _____ Mud Weight _____

Remarks ~~2200 1500 1500 1500~~ _____

MATERIALS: Sacks 135 Type 40/60 Poz Additives 6% Gel 1/4" Floccul/SK

Cement or Sand Sacks _____ Type _____ Additives _____

Sacks _____ Type _____ Additives _____

Acid - Gal. _____ Type _____ Remarks _____

Acid - Gal. _____ Type _____ Remarks _____

Fracturing Fluid - Gal. _____ Type _____ Furn By _____

Fracturing Additives - Qty. _____ Type _____ Remarks _____

Other - Qty. _____ Type _____

Remarks _____

TESTING AND TOOLS SERVICE: Type Job _____ Tool _____

Size and Number of Packers _____ Size Hole _____ Casing Size and Weight _____

Size and Type Drill Pipe and Drill Collars or Tubing _____ Total Depth _____ Packer Depth _____

Top Choke _____ Bottom Choke _____ Jars _____ Safety Joint _____ B. T. Gauges _____

Circ. Sub _____ Anchor _____ Other _____ Mud Weight _____

Remarks _____

SALES ITEMS: Casing Size _____ Thread _____

Guide Shoe _____ Float Shoe _____ Float Collar _____ D. V. Tools _____

Centralizers - Number _____ Size _____ Type _____

Wall Cleaners - Number _____ Type _____

Limit Clamps _____ Other _____

Remarks _____

Ordered By Tom Time of Call _____ A.M./P.M. _____

Call Taken By Roger Time Ready 1500 A.M./P.M. _____

Operator or Driver Called Wayne Blue Time _____ A.M./P.M. _____

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