

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 31021
Name: Castelli Exploration, Inc.
Address: 9500 Westgate Drive - Suite 101
City/State/Zip: Oklahoma City, OK 73162
Purchaser: _____
Operator Contact Person: Tom Castelli
Phone: (405) 722-5511
Contractor: Name: Duke Drilling Co., Inc.
License: 5929

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

If Workover/Re-entry: Old Well Info as follows:
Operator: J.M. Huber Corporation
Well Name: Einsel-Biddle #4
Original Comp. Date: 07-06-82 Original Total Depth: 5235'
____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____

04-10-02 04-12-02 5-2-02
Spud Date or Completion Date or
Recompletion Date: Date Reached TD Completion Date or
Recompletion Date

API No. 15 - 033-20564-0001
County: Comanche County, Kansas
C SW SW Sec. 12 Twp. 33 S. R. 17 East West
660 feet from (S) N (circle one) Line of Section
660 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one), NE SE NW (SW)
Lease Name: Einsel "OWWO" Well #: 1-12
Field Name: Shimer
Producing Formation: Fort Scott
Elevation: Ground: 1896' Kelly Bushing: 1907'
Total Depth: 5239' Plug Back Total Depth: _____
Amount of Surface Pipe ~~and~~ existing and Cemented at 619 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 AKO All 1 E 8-15-02
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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 of 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: Thomas Price
Title: President Date: 6/5/02
Subscribed and sworn to before me this 5 day of June
2002
Notary Public: Thomas Price
Date Commission Expires: February 10, 2005



KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Castelli Exploration, Inc. Lease Name: Einsel "OWWO" Well #: 1-12
 Sec. 12 Twp. 33 S. R. 17 East West County: Comanche County, Kansas

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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:
 None

Log Formation (Top), Depth and Datum Sample

Name 5238' Top Datum

CASING RECORD <input 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	# Sacs Used	Type and Percent Additives
existing Surface		8-5/8"	24#	609'			
Production	7-7/8"	4-1/2"	10.5#	5238'	50/50 Poz	200	

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2 SPF	5062 - 5078' CIBP @ 5025'	2000 Gal 15% MCA	
4 SPF	4984' - 4990'	750 Gals 15% HCL, FAC 3000 gals H2O FAC G+3000 gal 20% HCL	

TUBING RECORD Size 2-3/8" Set At 4943' Packer At None Liner Run Yes No

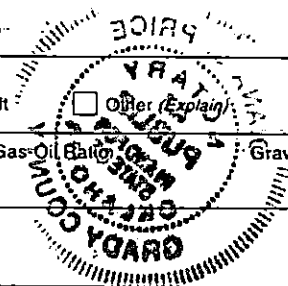
Date of First, Resumed Production, SWD or Enhr. WOPL Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil 0 Bbls. Gas 200 Mcf Water 2 Bbls. Gas-Oil Ratio Gravity

Disposition of Gas 0 METHOD OF COMPLETION 200 Production Interval 2

Vented Solid Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify)

(If vented, Sumit ACO-18.)



15-033-20564-00-01

ORIGINAL

RECEIVED

JUN 12 2002
6-12-02

TREATMENT REPORT



Customer ID KCC WICHITA	Date 4-23-02				
Customer CASTELLI Expl.	Lease No.				
Lease Finsef	Well # 172 0WU0				
Field Order # 4775-	Station Pratt	Casing 4 1/2	Depth	County Comanche	State KS
Type Job Acid old well	Formation Mississippi	Legal Description Sec 12-33-17W			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 4 1/2	Tubing Size 2 3/8	Shots/Ft 2		Acid 1500 gals. 20% MCA		RATE	PRESS	ISIP VAC
Depth 5050	Depth 5080	From 5080	To 5104	Pre Pad		Max 1600	4	5 Min.
Volume 19 1/2	Volume	From	To	Pad		Min 300	1/2	10 Min.
Max Press	Max Press	From	To	Frac		Avg 950	3 3/4	15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth 5050	From	To	Flush 20 Bbls KCL		Gas Volume		Total Load 56 Bbls.

Customer Representative BRYAN Rother	Station Manager DAVE AUTRY	Treater JIM STRUNK
Service Units 113	25	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:00					ARRIVE ON LOCATION Hold SAFETY Meeting
9:11					PACKER SET, Tbg. SWAB DOWN START Pump Acid down Tbg.
9:14			6	2	250 Acid in, START INJECT BALLS
9:20		50	20		Tbg. Loaded, Press. up slowly
9:21		1400		1/2	Press. BREAK
9:22		300	21	1	Speed pump
9:23		950	25	4	Feeding
9:24		900	29	4	BALLS TO PERFS.
9:26		1000	36	4	1500 Acid in, START WATER
9:29		1300	50	3 3/4	BALL ACTION
9:30		1600	53	3	BALL ACTION
9:31		1200	56	3	20 Bbls. WATER in, STOP ISIP
		VAC			

Job Complete