

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

K.A.R.-82-3-117

API NUMBER 15-185-20,160-0000

LEASE NAME Zenith Unit

WELL NUMBER 5

3300 Ft. from ^N Section Line

1980 Ft. from E Section Line

SEC. 2 TWP. 24 SRGE. 11 XXXor(W)

COUNTY Stafford

Date Well Completed _____

Plugging Commenced 9-30-97

Plugging Completed 10-1-97

10-23-97

RECEIVED
KANSAS STATE CORP. COM.
OCT 23 12:09
TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE OPERATOR Castle Resources Inc.

ADDRESS PO Box 87 Schoenchen, Ks. 67667

PHONE#(785) 625-5155 OPERATORS LICENSE NO. 9860

Character of Well Oil

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on October 2, 1997 (date)

by KCC District #1 (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. _____

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8 5/8"	290'	
				5 1/2"	3683'	1831'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from _____ feet to _____ feet each set Sanded to 3029'. Bailed 5 sks cement. Shot at 1831'. Pulled all the pipe. Pumped 300# CSH, 10 sks gel, 50 sks cement, 10 gel, 100# CSH, 1 -8 5/8" wiper plug, and 125 sks cement. Max. PSI 250. Shut in with 100#.

Name of Plugging Contractor Quality Well Service, Inc. License No. 31925

Address 249 E. Beth Drive Sterling, KS 67579

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Castle Resources Inc.

STATE OF Kansas COUNTY OF Ellis, ss.

Jerry Green (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) _____

(Address) PO Box 87 Schoenchen, KS 67667

SUBSCRIBED AND SWORN TO before me this 13th day of October, 19 97

Katherine Bray
Notary Public

My Commission Expires: 6-19-2000

USE ONLY ONE SIDE OF EACH FORM

