

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

Operator: License # 3773

Name: Castle-Rock Production, Inc.

Address 107 North Market - Suite 1100

City/State/Zip Wichita, KS 67202

Purchaser: _____

Operator Contact Person: Rick Harris

Phone (316) 262-8064

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: Scott A. Oatsdean

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If **OWMO**: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

11-10-89 11-18-89
Spud Date Date Reached TD Completion Date

API NO. 15- 083-21,333-0000

County Hodgeman

E/2 W/2 SW Sec. 27 Twp. 22 Rge. 22 East West

1320 Ft. North from Southeast Corner of Section

4290 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

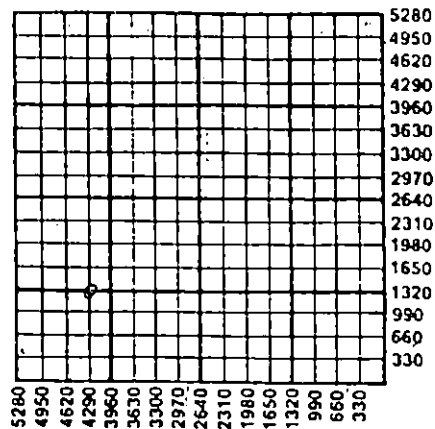
Lease Name Selfridge "A" Well # 1

Field Name _____

Producing Formation _____

Elevation: Ground 2169 KB 2177

Total Depth 4500' PBDT _____



Amount of Surface Pipe Set and Cemented at 512' 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 [Signature]

Title Vice Pres. Date 4-11-90

Subscribed and sworn to before me this 16th day of April, 19 90.

Notary Public [Signature]

Date Commission Expires 12-4-93

JULIE O. KOKER
NOTARY PUBLIC
STATE OF KANSAS
Appl. Exp. 12-4-93

Rec'd
4-16-90

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

SIDE TWO

Operator Name Castle-Rock Production, Inc. Lease Name Selfridge "A" Well # 1

Sec. 27 Twp. 22 Rge. 22 East County Hodgeman
 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) DST #1 4380-4435 20-30-45-75 Rec.: 250' GIP, 267' CGO, 31' O&GCM 62' O&WCM, 62' OCMW, 62' SOCMW IFP 93-135 FFP 177-239 ISIP 1184 FSIP 1205	<p style="text-align: center;">Formation Description</p> <p><input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Bottom</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>1325(+852)</td> <td></td> </tr> <tr> <td>Heebner</td> <td>3750(-1573)</td> <td></td> </tr> <tr> <td>Labette</td> <td>4335(-2158)</td> <td></td> </tr> <tr> <td>Cherokee</td> <td>4368(-2191)</td> <td></td> </tr> <tr> <td>Osage</td> <td>4425(-2248)</td> <td></td> </tr> <tr> <td>RTD</td> <td>4500</td> <td></td> </tr> <tr> <td>LTD</td> <td>4504</td> <td></td> </tr> </tbody> </table>	Name	Top	Bottom	Anhydrite	1325(+852)		Heebner	3750(-1573)		Labette	4335(-2158)		Cherokee	4368(-2191)		Osage	4425(-2248)		RTD	4500		LTD	4504	
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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 1/2"	8-5/8"	28#	512'	60/40pozmix	250	2% gel 3% cc
Production	7-7/8"	4 1/2"	10 1/2#	4499'	50/50poz common	125 25	
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used) Depth			
4	4432-4435			Frac. 3024 gal load 1500 gal pad 2000 gal 1# sand 1000 gal 2# sand Max treating press. 1550# Ave. treating press. 1200# Ave. treating rate 2.6 BPM			
4	4432-4438						
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First Production		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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

Disposition of Gas: Vented Sold Used on Lease Open Hole Perforation Dually Completed Commingled

METHOD OF COMPLETION

(If vented, submit ACO-18.) Other (Specify) _____

Production Interval _____

RECEIVED
 STATE CONSERVATION COMMISSION

APR 16 1990
 CONSERVATION DIVISION
 Wichita, Kansas