

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 9860  
Name: Castle Resources Inc.  
Address: PO Box 87  
City/State/Zip: Schoenchen, KS 67667  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Jerry Green  
Phone: (785) 625-5155  
Contractor: Name: Andy Anderson dba A & A Production  
License: 30076  
Wellsite Geologist: Jerry Green

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: \_\_\_\_\_  
Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 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. \_\_\_\_\_

2-27-04 3-6-04 3-6-04  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 163-23395-00-00  
County: Rooks  
SW SE NE SE Sec. 34 Twp. 10 S. R. 17  East  West  
1575 feet from (S) N (circle one) Line of Section  
610 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Comeau Well #: 1  
Field Name: Plainville

Producing Formation: \_\_\_\_\_  
Elevation: Ground: 1942 Kelly Bushing: 1947  
Total Depth: 3568 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 212' @ 217' Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from TD  
feet depth to surface w/ 300 sx cmt.

Drilling Fluid Management Plan All in w/ 6-7-04  
(Data must be collected from the Reserve Pit)

Chloride content 30,000 ppm Fluid volume 480 bbls  
Dewatering method used hauled all fluid to disposal

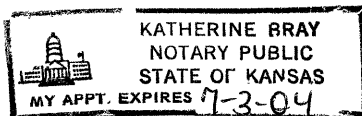
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: Hertel Oil  
Lease Name: Oldhan License No.: 8729  
Quarter NW Sec. 4 Twp. 15 S. R. 18 East West  
County: Ellis Docket No.: 20,214

**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: \_\_\_\_\_  
Title: President Date: 4-27-04  
Subscribed and sworn to before me this 27<sup>th</sup> day of April, 2004  
Notary Public: Katherine Bray  
Date Commission Expires: 7-3-04

**KCC Office Use ONLY**  
ND Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
\_\_\_\_\_  
UIC Distribution



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CHARGE TO: Castle Resources **ORIGINAL**

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

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 KCC WICHITA

TICKET No 6566

PAGE 1 OF 2

1. SERVICE LOCATIONS <u>Hays, Ks.</u>	WELL/PROJECT NO. <u>#1</u>	LEASE <u>Comeau</u>	COUNTY/PARISH <u>Rooks</u>	STATE <u>Ks.</u>	CITY	DATE <u>3-5-04</u>	OWNER <u>Same</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>A+A Drilling</u>	RIG NAME/NO.	SHIPPED VIA <u>KIT</u>	DELIVERED TO <u>Location</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cont. 5 1/2" Prod. Csg.</u>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
575		1			MILEAGE #103	40		mil		2	50	100	00
578		1			Ramp Service	1		ea		1,200	00	1,200	00
410		1			Top Plug	1		ea	5 1/2 in	50	00	50	00
400		1			Guide Shoe	1		ea	"	100	00	100	00
401		1			Insert Float Valve	1		ea	"	125	00	125	00
402		1			Centralizers	7		ea	"	44	00	308	00
403		1			Cont. Baskets	3		ea	"	125	00	375	00
281		1			Mud Flush	500		gal			60	300	00
221		1			KCL	2		gal		19	00	38	00
					See Continuation							4212	94

**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.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

*[Signature]*

DATE SIGNED \_\_\_\_\_ TIME SIGNED \_\_\_\_\_

A.M.  
 P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	6808	94
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?				TAX	248	49
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	7057	43
<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.

SWIFT OPERATOR *[Signature]* APPROVAL \_\_\_\_\_

Thank You!



**JOB LOG**

**ORIGINAL SWIFT Services, Inc.**

DATE: 3-5-04 PAGE NO. 7

CUSTOMER: *Castle Resources* WELL NO.: *#1* LEASE: *Comeau* JOB TYPE: *Long String* TICKET NO.: *6566*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1850							on loc.
	1945							start in hole with 5 1/2" csg. Guide shoe Insert Float Valve Centralize on #1, #3, #5, #9, #13, #30 Baskets on #13, #30
	2115							Drop Ball
	2130							Circulate Csg. 1' off Bottom
	2210							Plug Reathole 10" sh
	2220		20					Pump 20 <sup>SS</sup> KCL water
			23					MIX 150 <sup>SS</sup> SB SMOE 11.2 <sup>PPG</sup>
			65					65 <sup>SS</sup> mud spacer
			12					12 <sup>SS</sup> mud Flush
								MIX 150 <sup>SS</sup> SB EA-2
								Wash pump + line
	2300							Start Displ.
	2315							Plug Down 1500 psi holding Release press. Float held Cont. did not circulate to surface wash and acid up track Job Complete

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KCC WICHITA

*Thank You  
Ray*

JOB LOG

ORIGINAL

SWIFT Services, Inc.

DATE 3-2-04 PAGE NO. 7

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Hupfa Operating		#1		Bayne		Tool-Acid-Frac		6562	
CHART NO.	TIME	RATE (BPM)	VOLUME (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	0800								on loc. Rack testing tubing
	0905								Start in hole with 5 1/2 Plug & PKR
	10:50								Set Plug @ 3237 PKR @ 3199' Tag Fluid
	11:05								spot Acid over Perfs 3194-3204 set Packer @ 3169 to treat with 1250 gal 15% MCA loaded tubing 300 psi slow bleed off Stage Break down
	11:30	1/4					800		Feeding 1/4 BPM 800 psi
		1					750		2 <sup>ss</sup> in 1 BPM 750 psi
		2					800		3 in 2 BPM 800 psi
	11:40	3					900		Start Flush 3 BPM 900 psi
	11:46						750		Isip 750 psi
							650		5 min shut in 650 psi Release Pres. Flowed Back 5 <sup>ss</sup> Pump Back down shut in for 1 1/2 hours Swab Load Back 49 <sup>ss</sup> shut down for night 3-3-04
	0800								on loc. Set up track
	0830								Retreat Perfs 3194-3204 with 2500 gal 15% NE Acid
		3.5					900		Treated 3.5 BPM 900 psi Isip 900 psi Swab Back after 30 min.
	11:30								RECEIVED APR 28 2004 KCC WICHITA move tools Set Plug @ 2977'
	11:45								Set PKR 2939 tag Fluid
	11:55								Spot Acid over perfs 2924-38 Set PKR @ 2882' treat with 500 gal MCA
									Load tubing 2 <sup>ss</sup> early Stage Acid to Perfs
	12:20	1/2					1100		Feeding 1/2 BPM 1100 psi Break down
		5					1,000		Max 5 BPM 1,000 psi Isip 750 psi shut in 30 min Gel up 300 <sup>ss</sup> H <sub>2</sub> O to Frac See Frac Ticket # 6564

# ALLIED CEMENTING CO., INC.

16974

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

SERVICE POINT

**ORIGINAL**

*Russell*

DATE <i>2/25/04</i>	SEC.	TWP.	RANGE	CALLED OUT <i>8:00 AM</i>	ON LOCATION <i>10:00 AM</i>	JOB START	JOB FINISH <i>11:15 AM</i>
LEASE <i>Comeau</i>	WELL # <i>1</i>	LOCATION <i>Castle Res. Oil - 3N 10W 5</i>			COUNTY <i>Ellis</i>	STATE <i>Ka</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *A & A*

TYPE OF JOB *SURFACE*

HOLE SIZE *12 1/4* T.D. *218*

CASING SIZE *8 5/8* DEPTH *217*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *15'*

PERFS.

DISPLACEMENT *13.18 bbls*

EQUIPMENT

PUMP TRUCK # *345* CEMENTER *Bill*

HELPER *DAVE*

BULK TRUCK # *213* DRIVER *Brent*

BULK TRUCK # DRIVER

REMARKS:

*Ran 5 jts of 8 5/8 to 217*

*Cemt of 150NK 64/60 3-2*

*pump plug of 13.18 bbls*

*Cemt did circ ✓*

CHARGE TO: *Castle Res. Oil*

STREET

CITY STATE ZIP

OWNER

CEMENT AMOUNT ORDERED  
*150NK 64/60 3-2*

COMMON	<i>90</i>	@	<i>7.15</i>	<i>643.50</i>
POZMIX	<i>60</i>	@	<i>3.80</i>	<i>228.00</i>
GEL	<i>3</i>	@	<i>10.00</i>	<i>30.00</i>
CHLORIDE	<i>5</i>	@	<i>30.00</i>	<i>150.00</i>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>158</i>	@	<i>1.15</i>	<i>181.70</i>
MILEAGE	<i>54/sk</i>	@	<i>1.15</i>	<i>326.00</i>
TOTAL				<i>1549.20</i>

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE *520.00*

EXTRA FOOTAGE *40* @ *3.50* *140.00*

MILEAGE *185 wood* @ *45.00* *45.00*

TOTAL *705.00*

PLUG & FLOAT EQUIPMENT

MANIFOLD @

TOTAL

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 *[Signature]*

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APR 28 2004  
KCC WICHITA

PRINTED NAME

TAX

TOTAL CHARGE

DISCOUNT IF PAID IN 30 DAYS