



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1186192
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., 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 Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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

(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 #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1186192

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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	# Sacks Used	Type and Percent Additives

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ 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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	TNA 1-11 Unit
Doc ID	1186192

Tops

Name	Top	Datum
Anhydrite	1499	705
Heebner	3706	-1502
Lansing	3752	-1548
Base Kansas City	4071	-1867
Pawnee	4153	-1949
Fort Scott	4234	-2030
Cherokee	4254	-2050
Mississippian	4366	-2162
LTD	4412	-2208

Geological Report

American Warrior, Inc.
TNA #1-11 Unit
2240' FNL & 2460' FWL
Sec. 11 T18s R22w
Ness County, Kansas



American Warrior, Inc.

General Data

Well Data: American Warrior, Inc.
TNA #1-11 Unit
2240' FNL & 2460' FWL
Sec. 11 T18s R22w
Ness County, Kansas
API # 15-135-25722-0000

Drilling Contractor: Discovery Drilling Co., Inc. Rig #3

Geologist: Jason T Alm

Spud Date: January 16, 2014

Completion Date: January 22, 2014

Elevation: 2196' Ground Level
2204' Kelly Bushing

Directions: Bazine KS, 4 mi. North on DD Rd. to 170 Rd. 1 ½
mi. West, South into location

Casing: 221' 8 5/8" surface casing

Samples: 10' wet and dry, 3900' to RTD

Drilling Time: 3600' to RTD

Electric Logs: Pioneer Energy Services "Chris Desaire"
CNL/CDL, DIL

Drill Stem Tests: None

Problems: None

Remarks: None

Formation Tops

Formation	American Warrior, Inc. TNA #1-11 Unit Sec. 11 T18s R22w 2240' FNL & 2460' FWL
Anhydrite	1499', +705
Base	1532', +672
Heebner	3706', -1502
Lansing	3752', -1548
BKc	4071', -1867
Pawnee	4153', -1949
Fort Scott	4234', -2030
Cherokee	4254', -2050
Mississippian	4366', -2162
LTD	4412', -2208
RTD	4410', -2206

Structural Comparison

Formation	American Warrior, Inc. TNA #1-11 Unit Sec. 11 T18s R22w 2240' FNL & 2460' FWL	Palomino Petroleum, Inc. Sekavec-Stieben #1 Sec. 2 T18s R22w 101' FSL & 1736' FEL	Red Oak Energy, Inc. Gilley #1-14 Sec. 14 T18s R22w 720' FNL & 2460' FWL
Anhydrite	1499', +705	1506', +713	1480', +693
Base	1532', +672	1540', +679	NA
Heebner	3706', -1502	3688', -1469	NA
Lansing	3752', -1548	3722', -1503	3718', -1545
BKc	4071', -1867	4040', -1821	NA
Pawnee	4153', -1949	4115', -1896	NA
Fort Scott	4234', -2030	4197', -1978	4186', -2013
Cherokee	4254', -2050	4215', -1996	4203', -2030
Mississippian	4366', -2162	4300', -2081	4306', -2133

Summary

The location for the TNA #1-11 Unit was found via 3-D seismic survey. The new well ran structurally lower than expected via the survey. No Drill Stem Tests were conducted due to lack of shows throughout the well. After all gathered data had been examined the decision was made to plug and abandon the TNA #1-11 Unit.

Respectfully Submitted,

Jason T Alm
Hard Rock Consulting, Inc.

Date 1-23-11 District Greentown Ticket No. 61546
 Company American Warrior Rig Passway #3
 Lease 12 NA Well No. 1
 County Wess State KS
 Location Box 42.42 4N 1 1/2 W Field _____

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 5 7/8 Type new Weight 21.7 Collar 512

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size 1 1/2 Weight 16.6 Collars 2-hdc
 Open Hole: Size 7 7/8 T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. .2637 Lin. ft./Bbl. 15.70
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. .2142 Lin. ft./Bbl. 70.32
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:
 Spacer Type: Fresh water / native mud
 Amt. _____ Sks Yield _____ ft³/sk Density 5.34 PPG

LEAD: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

TAIL: Pump Time _____ hrs. Type 621 class A
404.222 4.1.921 1/4 F10 Excess _____

Amt. 250 Sks Yield 1.40 ft³/sk Density 14.5 PPG

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Pump Trucks Used 398 - Ben N
 Bulk Equip. 1071 - 112 - Kevin W

Floater Equip: Manufacturer _____

Shoe: Type _____ Depth _____

Floater: Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Stage Collars _____

Special Equip. _____

Disp. Fluid Type Fresh water Amt. _____ Bbls. Weight 2.2 PPG

Mud Type NATIVE Weight 9.2 PPG

COMPANY REPRESENTATIVE _____

CEMENTER Russell

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
						ON location - Rig up Had safety meeting
						Ran 4 1/2" 2.4" pipe fill hole with 4" pipe, milled Hook up cement pipe
						1. 1530 - 50 SKS
						2. 740 - 50 SKS
						3. 270 - 50 SKS
						4. 60 - 20 SKS
						5. BH - 30 SKS
						6. MH - 20 SKS
						plug down 9:30 AM
						Rig down

ALLIED OIL & GAS SERVICES, LLC 061846

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
61007 Bend, KS

DATE <i>1-23-14</i>	SEC. <i>11</i>	TWP. <i>18S</i>	RANGE <i>21W</i>	CALLED OUT	ON LOCATION	JOB START <i>9:00 AM</i>	JOB FINISH <i>10:00 AM</i>
LEASE <i>PNH</i>	WELL # <i>1</i>	LOCATION <i>Bozine PDR 4N</i>			COUNTY <i>Ness</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one) <i>(N)</i>		<i>1 1/2 W 9 into</i>					

CONTRACTOR *Discovery #3*
 TYPE OF JOB *Bitoly Plug*
 HOLE SIZE *7 7/8* T.D.
 CASING SIZE *4 5/8* DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE *4 1/2* DEPTH *1530*
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. *All*
 PERFS.
 DISPLACEMENT *Fresh water*

OWNER
 CEMENT
 AMOUNT ORDERED *250 sacks 60% class A*
40% pozz 44% gel 1/2 flo

EQUIPMENT
 PUMP TRUCK CEMENTER *Dustin Chambers*
 # *394* HELPER *Ben Newell*
 BULK TRUCK
 # *47H12* DRIVER *Kevin Wargers*
 BULK TRUCK
 # DRIVER

COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @
 HANDLING @
 MILEAGE @

REMARKS:

Fill hole with Bit. Mud
1. 1530 - 50 sacks
2. 740 - 40 sacks
3. 270 - 50 sacks
4. 60 - 20 sacks
5. 134 - 30 sacks
6. 1M-H - 20 sacks
plug down 9:30 AM

CHARGE TO: *American Warrior*
 STREET
 CITY STATE ZIP

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *X GALEN GASCHLER*
 SIGNATURE *X Galen R. Gaschler*
Thank You!!

TOTAL
 SERVICE
 DEPTH OF JOB
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE @
 MANIFOLD @
 TOTAL

PLUG & FLOAT EQUIPMENT
 @
 @
 @
 @
 @
 TOTAL

SALES TAX (If Any)
 TOTAL CHARGES
 DISCOUNT IF PAID IN 30 DAYS