

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	WHISLER 1-20
Doc ID	1409506

All Electric Logs Run

CNL/CDL
DIL
MEL
BHCS

Geological Report

Whisler #1-20

1874' FNL & 1134' FWL

Sec. 20 T16s R10w

Ellsworth County, Kansas



American Warrior, Inc.

General Data

Well Data: American Warrior, Inc.
Whisler #1-20
1874' FNL & 1134' FWL
Sec. 20 T16s R10w
Ellsworth County, Kansas
API # 15-053-21361-0000

Drilling Contractor: Discovery Drilling Co, Inc.

Geologist: Jason T Alm

Spud Date: May 1, 2018

Completion Date: May 6, 2018

Elevation: 1875' Ground Level
1883' Kelly Bushing

Directions: Wilson KS, south 12 mi to P rd, east 1 mi to 2nd
avenue, south ¼ mi, east into location.

Casing: 432' 8 5/8" surface casing

Samples: 10' wet and dry, 2600' to RTD

Drilling Time: 2550' to RTD

Electric Logs: Pioneer Energy Services "Justin Hendrickson"
CNL/CDL, DIL, MEL, BHCS

Drillstem Tests: None

Problems: None

Remarks: None

Formation Tops

	American Warrior, Inc.
	Whisler #1-20
	Sec. 20 T16s R10w
Formation	1874' FNL & 1134' FWL
Anhydrite	695' +1190
Base	722' +1161
Topeka	2662' -779
Heebner	2916' -1033
Toronto	2936' -1053
Douglas	2945' -1062
Brown Lime	3017' -1135
Lansing	3037' -1155
BKC	3307' -1424
Arbuckle	3384' -1501
LTD	3472' -1589
RTD	3474' -1591

Sample Zone Descriptions

- LKC A** **(3037' -1155): Not Tested**
 Ls – Fine crystalline, oolitic with fair to good scattered oomoldic porosity, light spotted oil stain in porosity, no show of free oil, light scattered yellow cut, 13 units hotwire.
- LKC F** **(3105' -1222): Not Tested**
 Ls – Fine crystalline, oolitic with fair to good oolitic and oomoldic porosity, light spotted oil stain in porosity, no show of free oil, light to fair cut, 10 units hotwire.
- Arbuckle** **(3224' -1497): Not Tested**
 Dolo – Fine sucrosic to rhombic crystalline with fair inter-crystalline and oomoldic porosity, barren, sour odor, no cut fluorescents.

Structural Comparison

	American Warrior, Inc. Whisler #1-20 Sec. 20 T16s R10w 1874' FNL & 1134' FWL	Petroleum Energy Brown #1 Sec. 20 T16s R10w 3630' FSL & 3300' FEL		Jay Bergman Brown R A #1 Sec. 20 T16s R10w NW SW NW	
Formation					
Anhydrite	695' +1190	NA	NA	NA	NA
Base	722' +1161	NA	NA	NA	NA
Topeka	2662' -779	NA	NA	NA	NA
Heebner	2916' -1033	2906' -1034	(+1)	2918' -1036	(+3)
Toronto	2936' -1053	2925' -1053	FL	2938' -1056	(+3)
Douglas	2945' -1062	2933' -1061	(-1)	NA	NA
Brown Lime	3017' -1135	NA	NA	NA	NA
Lansing	3037' -1155	3028' -1156	(+1)	3038' -1156	(+1)
BKC	3307' -1424	NA	NA	NA	NA
Arbuckle	3384' -1501	3334' -1462	(-39)	3360' -1478	(-23)

Summary

The location for the Whisler #1-20 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 commercial oil shows throughout the well. After all gathered data had been examined the decision was made to plug and abandon the Whisler #1-20 well.

Respectfully Submitted,

Jason T Alm
Hard Rock Consulting, Inc.

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 760

99977

Date	5-6-18	Sec.	20	Twp.	16	Range	10	County	Ellsworth	State	Ks	On Location		Finish	5:00 PM
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Lease	Whisler	Well No.	1-20	Owner	E/into
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Contractor	Discovery	#4	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.		
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Type Job	Plug	Hole Size	7 7/8"	T.D.	3474'	Charge To	American Warrior
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Csg.		Depth		Street	
Tbg. Size	4 1/2" D.P.	Depth	3365'	City	State

Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.		Shoe Joint		Cement Amount Ordered	210 60/40 4% Gel 1/4 # Flo

Meas Line		Displace	H2O/mud	
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EQUIPMENT				Common	126
Pumptrk	5	No.	Cementer	Poz. Mix	84
			Helper		
Bulktrk	13	No.	Driver	Gel.	7
			Driver		
Bulktrk	pi	No.	Driver	Calcium	
			Driver		

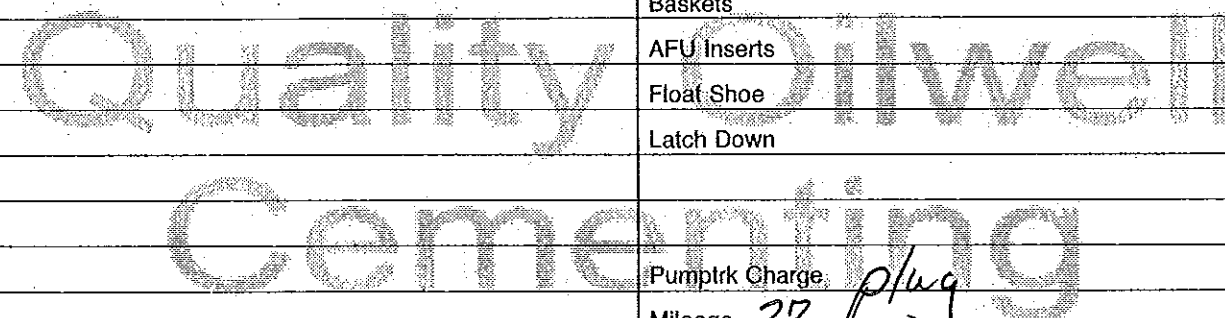
JOB SERVICES & REMARKS				Hulls	
Remarks:	3365' - 355X			Salt	
Rat Hole	1350' - 355X			Flowseal	50
Mouse Hole	1030' - 355X			Kol-Seal	
Centralizers	450' - 355X			Mud CLR 48	
Baskets	60' - 205X			CFL-117 or CD110 CAF 38	
D/V or Port Collar	Rathole w/ 305X			Sand	
	Mousehole w/ 205X			Handling	217
	Cement did Circulate			Mileage	

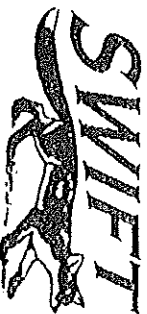
FLOAT EQUIPMENT			
			Guide Shoe
			Centralizer
			Baskets
			AFU Inserts
			Float Shoe
			Latch Down

	Pumptrk Charge	plug
	Mileage	37

	Tax	
	Discount	
	Total Charge	

X Signature *Alan Walker*





Services, Inc.

CHARGE TO: American Location

ADDRESS

CITY, STATE, ZIP CODE

TICKET 27278

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <i>Hays Co</i>	<i>1-20</i>	<i>Whisper</i>	<i>Ellsworth</i>	<i>KS</i>		<i>5-2-18</i>	
2. <i>Ness City Co</i>	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED Y/N	DELIVERED TO	ORDER NO.	
	<i>Discovery Drilling</i>	<i>discovery</i>	<i>Rig # 4</i>	<i>Y</i>	<i>Location</i>		
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
	<i>D-1</i>	<i>development</i>	<i>Shallow Surface</i>				
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
<i>575</i>					<i>70 mi</i>	<i>70</i>	<i>mi</i>				<i>5.00</i>	<i>350.00</i>
<i>576</i>					<i>Pump Charge Shallow Surface</i>	<i>1</i>	<i>EA</i>				<i>875.00</i>	<i>875.00</i>
<i>290</i>					<i>D-Air</i>	<i>3</i>	<i>GR</i>				<i>42.00</i>	<i>126.00</i>
<i>325</i>					<i>Standard Cement</i>	<i>250</i>	<i>SKS</i>				<i>13.00</i>	<i>3250.00</i>
<i>279</i>					<i>Bentonite Gel</i>	<i>5</i>	<i>SKS</i>				<i>30.00</i>	<i>150.00</i>
<i>278</i>					<i>Calcium Chloride</i>	<i>11</i>	<i>SKS</i>				<i>40.00</i>	<i>440.00</i>
<i>581</i>					<i>Secure Charge Cement</i>	<i>250</i>	<i>SKS</i>				<i>1.75</i>	<i>437.50</i>
<i>583</i>					<i>Mudlog</i>	<i>824</i>	<i>MTM</i>				<i>1.85</i>	<i>1524.40</i>

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

X 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

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL 6362 92

TOTAL 6660 35

SWIFT OPERATOR *David Edgersten* APPROVAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE
5-2-18

PAGE NO.

CUSTOMER
American Warrior

WELL NO.
1-20

LEASE
Whistler

JOB TYPE
Shallow Surf

TICKET NO.
27278

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PS)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	115							on location
								8 5/8 csg
								RTO - 432
								Pipe - 43660
	415							Start running Csg
	500							Break Circ on Bottom
	510	5	5			100		pump 5 BBL spacer
		5	60			200		pump Cmt - 250 sts @ 14.7 ppg
		5	0			200		START Disp
		5	5			200		Circ Cmt to surface
	530	5	26.25			300		End Disp
								Circulated 85 sts cmt to pit
								Thanks
								David Zach & Isaac