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KCC WICHITA

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KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC

NOV 05 2005

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Form ACO-1
September 1999
Form Must Be Typed

COPY

Operator: License # 4058

Name: American Warrior, Inc.

Address: P. O. Box 399

City/State/Zip: Garden City, Kansas 67846

Purchaser: NCRA

Operator Contact Person: Joe Smith

Phone: (620) 275-2963

Contractor: Name: Discovery Drilling Co.

License: 31548

Wellsite Geologist: Alan Downing

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. _____

8-16-05	8-19-05	9-2-05
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 163-23,472-00-00

County: Rooks County, KS 30' S & 50' W of

NE NW SE Sec. 6 Twp. 10S S. R. 20 East West

3000 feet from S N (circle one) Line of Section

1600 1735 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Keller Well #: 2-6

Field Name: Cooper

Producing Formation: Arbuckle

Elevation: Ground: 2251' Kelly Bushing: 2259'

Total Depth: 3950 Plug Back Total Depth: 3924'

Amount of Surface Pipe Set and Cemented at 237.71 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 1754 Feet

If Alternate II completion, cement circulated from 1754'

feet depth to Surface w/ 150 sx _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 13,000 ppm Fluid volume 300 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

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

County: _____ Docket No.: _____

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: Nancy E. Davis

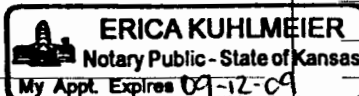
Title: Compliance Coordinator Date: 11-5-05

Subscribed and sworn to before me this 5th day of NOVEMBER

20 05

Notary Public: Erica Kuhlmeier

Date Commission Expires: 09-12-09



KCC Office Use ONLY

YES Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received _____

Geologist Report Received _____

UIC Distribution _____

X

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Side Two
NOV 05 2005

COPY

Operator Name: American Warrior, Inc.

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Well #: 2-6

Sec. 6 Twp. 10S S. R. 20 East West

County: Rooks County, KS

30' S & 50' W of

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1769	+491
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Base	1806	+454
List All E. Logs Run:		Topeka	3285	-1025
		Heebner	3488	-1227
		Toronto	3511	-1250
		LKC	3523	-1267
		BKC	3747	-1487
		Arbuckle	3829	-1569

Dual Compensated Porosity Log, Microresistivity Log, Dual Induction Log, Sonic Cement Log, Sonic Cement Bond Log

CASING RECORD <input checked="" 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
Surface Pipe	12-1/4"	8-5/8"	20	237.71	Common	150	2%Gel & 3%cc
Production St.	7-7/8"	5-1/2"	14	3942.45	EA/2	150	

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				

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
4	3828' to 3844'	3000 gal 15%	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8"	3850'	None		
Date of First, Resumerd Production, SWD or Enhr.			Producing Method			
N/A			<input type="checkbox"/> Flowing <input checked="" 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	
	N/A	N/A	N/A			

Disposition of Gas: Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify)

Production Interval: _____

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