

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

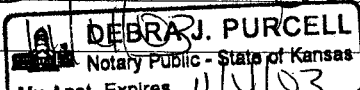
Operator: License # 4058  
Name: American Warrior Inc  
Address: P.O. Box 399,  
City/State/Zip: Garden City, Ks 67846  
Purchaser: None / DA  
Operator Contact Person: Kevin Wiles Sr  
Phone: (620)-275-2963  
Contractor: Name: Discovery Drlg.  
License: 31548  
Wellsite Geologist: Ron Nelson  
Designate 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. \_\_\_\_\_  
1-15-02 1-21-02 1-22-02  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 063-21,562-0000  
County: Gove  
50' N 110' W of  
NE-SW-SW Sec. 3 Twp. 15 S. R. 30 ☐ East ☒ West  
1040 feet from S / N (circle one) Line of Section  
880 feet from E / W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Fleming Well #: 1-3  
Field Name: Wildcat  
Producing Formation: None  
Elevation: Ground: 2628 Kelly Bushing: 2636  
Total Depth: 4361 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 222' 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 Alt II Dry Hole EH 5-24-02  
(Data must be collected from the Reserve Pit)  
Chloride content 16,000 ppm Fluid volume 320 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: [Signature]  
Title: Production Supt. Date: 5-8-2002  
Subscribed and sworn to before me this 5th day of May  
2002  
Notary Public: [Signature]  
Date Commission Expires: 11/1/03



KCC Office Use ONLY

NOV Letter of Confidentiality Attached

If Denied, Yes ☐ Date: \_\_\_\_\_

☒ Wireline Log Received

☒ Geologist Report Received

☐ UIC Distribution

Operator Name: American Warrior IncLease Name: FlemingWell #: 1-3Sec 3 Twp. 15s S. R. 30w ☐ East ☒ WestCounty: Gove

**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 ☒ Yes ☐ No  
(Attach Additional Sheets)Samples Sent to Geological Survey ☐ Yes ☒ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☒ Yes ☒ No  
(Submit Copy)

List All E. Logs Run:

☒ Log Formation (Top), Depth and Datum ☐ Sample

| Name       | Top  | Datum |
|------------|------|-------|
| Anhydrite  | 2073 | 563   |
| Heebner    | 3682 | -1047 |
| Toronto    | 3700 | -1064 |
| LKC        | 3719 | -1083 |
| BKC        | 4054 | -1418 |
| Marmaton   | 4082 | -1446 |
| Pawnee     | 4172 | -1536 |
| Fort Scott | 4227 | -1591 |
| Miss       | 4330 | -1694 |

Sonic

CASING RECORD ☐ New ☒ 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 | # Sacs Used | Type and Percent Additives |
|-------------------|---------------------|---------------------------|-------------------|---------------|----------------|-------------|----------------------------|
| Surface           | 12- $\frac{1}{4}$ " | 8-5/8"                    | 23#               | 222'          | Stand.         | 150         | 2%gel/3%cc                 |
|                   |                     |                           |                   |               |                |             |                            |
|                   |                     |                           |                   |               |                |             |                            |

## ADDITIONAL CEMENTING / SQUEEZE RECORD

| Purpose:                                                                                                                                                         | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|-------------|----------------------------|
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone |                  |                |             |                            |
|                                                                                                                                                                  |                  |                |             |                            |
|                                                                                                                                                                  |                  |                |             |                            |

PERFORATION RECORD - Bridge Plugs Set/Type  
Specify Footage of Each Interval PerforatedAcid, Fracture, Shot, Cement Squeeze Record  
(Amount and Kind of Material Used)

| Shots Per Foot | Size | Set At | Packer At | Liner Run | Depth |
|----------------|------|--------|-----------|-----------|-------|
| NONE           | D&A  |        |           |           |       |
|                |      |        |           |           |       |
|                |      |        |           |           |       |
|                |      |        |           |           |       |
|                |      |        |           |           |       |
|                |      |        |           |           |       |
|                |      |        |           |           |       |

## TUBING RECORD

Size

Set At

Packer At

Liner Run

☐ Yes ☐ No

Date of First, Resumerd 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

## METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease  
(If vented, Sumit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled  
☐ Other (Specify) \_\_\_\_\_