KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

**WELL COMPLETION FORM**
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
**Form Must Be Typed**

Operator: License # 4058

Name: American Warrior Inc.

Address: P.O. Box 399

City/State/Zip: Garden City Ks. 67846

Purchaser: Duke

Operator Contact Person: Jody Smith

Phone: ( 820 ) 272-1023

Contractor: Name: Cheyenne Drilling Inc.

License: 5382

Wellsite Geologist: NA

**RECEIVED**

**OCT 2 8 2003**

**KCC WICHITA**

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._____

| 5/21/03 | 5/23/03 | 9/19/03 |
|---|---|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 075-20-8050000

County: Hamilton

C _SW_ - Sec. 32 Twp. 21 S. R. 40 ☐ East ☑ West

1250' _____ feet from (S) N (circle one) Line of Section

1250' _____ feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one)  NE  SE  NW  (SW)

Lease Name: Gould     Well #: 2-32

Field Name: Bradshaw

Producing Formation: Chase

Elevation: Ground: 3580     Kelly Bushing: 3585

Total Depth: 2950   Plug Back Total Depth: 2946

Amount of Surface Pipe Set and Cemented at 330 _____ 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 12000 _____ ppm   Fluid volume 280 _____ 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:_____

Title: Well Service Foreman  Date: 10/27/03

Subscribed and sworn to before me this 27th day of October,

20 03

Notary Public:_____

Date Commission Expires: 11/4/03

**KCC Office Use ONLY**

_____ Letter of Confidentiality Attached

If Denied, Yes ☐ Date:_____

_____ Wireline Log Received

_____ Geologist Report Received

_____ UIC Distribution

Operator Name: American Warrior Inc.  Lease Name: Gould  Well #: 2-32

Sec. 32  Twp. 21  S. R. 40  ☐ East ☑ West  County: Hamilton

**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  ☑ No

Cores Taken   ☐ Yes  ☑ No

Electric Log Run   ☐ Yes  ☐ No
(Submit Copy)

List All E. Logs Run:

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

| Name | Top | Datum |
|------|-----|-------|
| Herrinton | 2758' | |
| upper Krider | 2800' | |
| Lower Krider | 2812' | |

**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 | # Sacjs Used | Type and Percent Additives |
|---|---|---|---|---|---|---|---|
| Surface | 12-1/4 | 8-5/8 | 23 | 330 | Com. | 190 | 3%cc,2%gel |
| Production | 7-7/8 | 4-1/2 | 10.5 | 2942 | SMD | 470 | 1/4% Floc. |
| | | | | | | | |

**ADDITIONAL CEMENTING / SQUEEZE RECORD**

| Purpose: ___ Perforate ___ Protect Casing ___ Plug Back TD ___ Plug Off Zone | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
|---|---|---|---|---|
| | | | | |
| | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | Depth |
|---|---|---|---|
| 4 | 2758 to 2763 | 1500 gal 20%FE, 17000 gal Hyd 30 | |
| 4 | 2800 to 2806 | | |
| 4 | 2812 to 2818 | | |
| | | | |
| | | | |

| TUBING RECORD | Size 2-3/8 | Set At 2840 | Packer At NA | Liner Run  ☐ Yes  ☑ No |
|---|---|---|---|---|

| Date of First, Resumerd Production, SWD or Enhr. NA | Producing Method  ☐ Flowing  ☑ Pumping  ☐ Gas Lift  ☐ Other (Explain) |
|---|---|

| Estimated Production Per 24 Hours | Oil Bbls. NA | Gas Mcf NA | Water Bbls. NA | Gas-Oil Ratio | Gravity |
|---|---|---|---|---|---|

Disposition of Gas   METHOD OF COMPLETION   Production Interval

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

☐ Open Hole  ☑ Perf.  ☐ Dually Comp.  ☐ Commingled _____
☐ Other (Specify) _____