

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACD-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 4058

Name: American Warrior Inc

Address PO Box 399,

Garden City,

City/State/Zip KS, 67846

Purchaser: KN

Operator Contact Person: Kevin Wiles Sr.

Phone () 316-275-2963

Contractor: Name: Cheyenne Dring.

License: 5382

Wellsite Geologist: none

Designate Type of Completion

New Well Re-Entry Workover

- Oil SWD SIDW Temp. Abd.
- Gas ENHR SIGW
- Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows: **RECEIVED**

STATE CORPORATION COMMISSION

Operator: _____

Well Name: _____ **MAY 30 2000**

Comp. Date _____ Old Total Depth _____

- Deepening Re-perf. Conv. to Inj. PSTD
- Plug Back _____
- Commingled _____ Docket No. _____
- Dual Completion _____ Docket No. _____
- Other (SWD or Inj?) _____ Docket No. _____

1-22-2000 1-24-2000 2-15-2000

Spud Date Date Reached TB Completion Date

API NO. 15- 055-21,666-0000

County finney

NE-NE-SW- Sec. 31 Twp. 25S Rge. 31W ^E_V

2626' Feet from _{SW} (circle one) Line of Section

2737' Feet from _{EW} (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or _{SW} (circle one)

Lease Name Vanderee Well # #2

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 2836' KB 2842'

Total Depth 2760' PSTD 2747'

Amount of Surface Pipe Set and Cemented at _____ Feet

Multiple Stage Cementing Celler Used? _____ Yes _____ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2759

feet depth to surface w/ 370 sx cat.

Drilling Fluid Management Plan A.H. 2, 7-26-'00
(Data must be collected from the Reserve Pit)

Chloride content 3200 ppm Fluid volume 300 bbls

Filtering method used Hauled Off-Site

Location of fluid disposal if hauled offsite: _____

Operator Name Brady Fluid Service

Lease Name Reed #1 swd License No. 7217

SW/4 Quarter Sec. 34 Twp. 23S Rng. 33W K/W

County Finney Docket No. D-!6,652

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 on 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 Production Supt. Date 5-24-2000

Subscribed and sworn to before me this 24th day of May 2000

Notary Public Debra J. Porcell

Date Commission Expires 11/1/03
DEBRA J. PORCELL
Notary Public - State of Kansas
My Appt. Expires 11/1/03

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
		<input checked="" type="checkbox"/> NGPA
		<input type="checkbox"/> Other
		(Specify)
		<u>IOG</u>

Operator Name American Warrior Inc. Lease Name Vanderee Well # 2
 Sec. 31 Twp. 25s Rge. 31W East County Finney
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<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	Herrinton	2579'	- 181
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upper Krider	2666'	- 94
List All E.Logs Run:		Lower Krider	2722'	- 38

csd. hole, Gamma Ray Neutron

CASING RECORD <input type="checkbox"/> New <input checked="" 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 Additive
Surface	12 1/4"	8-5/8"	23#	409'	Allied	270	3%cc/2%ge
Production	7-7/8"	5 1/2"	15.5#	2759'	smdc	370	1/4#flocele

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 RECORDS - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
2	2579'-2582'; 2606'-2618'	3000gals 28% Acid	same
2	2666'-2674' 2696'-2702'	40,000# 20/40 sand	same
2	2720'-2724'		same

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8"	2730'	none		
Date of First, Resumed Production, SWD or Inj.	Producing Method <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
	NA	SI	SI		

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: 2579'-2724'