

26-30 COPY

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 4058
Name: American Warrior, Inc.
Address P.O. Box 399
Garden City
City/State/Zip Kansas 67846-0399
Purchaser: Northern Natural
Operator Contact Person: Kevin Wiles
Phone (316) 275-2963
Contractor: Name: Murfin Drilling
License: _____
Wellsite Geologist: _____
Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSV, Expl., Cathodic, etc)

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

Operator: American Warrior, Inc.
Well Name: Liz Smith #2
Comp. Date 7-25-83 Old Total Depth 5600'

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 4700 PSTD
 Cemented Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

1-22-95 7-15-83 1-25-95
SPUD Date OF START Date Reached TD RC Completion Date OF
OF WORKOVER WORKOVER

API NO. 15- 081-20,29 90001
County Haskell
- - NE - NE Sec. 26 Twp. 30S Rng. 34 X E
1320 Feet from S/E (circle one) Line of Section
660 Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Liz Smith Well # 2
Field Name Victory
Producing Formation Kansas City "B"
Elevation: Ground 2967 KB 2976
Total Depth 5600 PSTD 4700
Amount of Surface Pipe Set and Cemented at 1810 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 cat

Drilling Fluid Management Plan REWORK 2nd 4-13-95
(Data must be collected from the Reserve Pit)
Chloride content UNKNOWN ppm Fluid volume _____ bbls
Desulfuring method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. S Rng. E/W
County _____ Docket No. _____

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 Kevin Wiles Sr.
Title Production Manager Date 4-7-95
Subscribed and sworn to before me this 7th day of April
19 95.
Notary Public Debra Purcell

Notary Public
NOTARY PUBLIC
State of Kansas
MY APPT EXPIRES 12/1/95

RECEIVED
STATE CORPORATION COMMISSION
K.C.C. OFFICE USE ONLY
F Letter of Confidentiality
C Wireline Log Received
C Geologist Report Received
Distribution: KCC SWD/NGPA Plug Other (Specify)
APR 10 1995
WICHITA, KANSAS
IS

WLF - JF - JF

225206

SIDE TUB

Operator Name American Warrior, Inc.

Lessee Name Liz Smith

Well # 2

Sec. 26 Twp. 30 Rge. 34

East

County Haskell

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 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

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	# Sacks Used	Type and Percent Additives
SURFACE	12-1/4"	8-5/8"	24#	1810'	50/50 poz	800	3% CC 1/4# D29
Production	7-7/8"	5-1/2"	15.5#	5600'	50/50 poz	400	12.5# Gilsonite

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 (Amount and Kind of Material Used)	Depth
4	CIBP @ 4700' Perfs: 4642-4646	NONE USED	

TUBING RECORD Size 2-3/8" Set At 4600' Packer At 4604' Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 2-1-95 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil trace Bbls. Gas 200 Mcf Water NONE Bbls. Gas-Oil Ratio Grav

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 4642-4646