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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, KS 67846
City/State/Zip
Purchaser: Panhandle Eastern/ Koch Oil Co.
Operator Contact Person: Kevin Wiles
Phone: (316) 275-2963
Contractor: Name: Cheyenne Drilling
License: 5382
Wellsite Geologist: Scott Corsair

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, MSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PSTD
_____ Cemented _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____
7-1-97 7-11-97 8-15-97
Spud Date Date Reached TD Completion Date

API NO. 15- 175216380000
County Seward
C E/W Sec. 34 Twp. 32 Rge. 31
2640 Feet from SE (circle one) Line of Section
330 Feet from NW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE SE, NW or SW (circle one)
Lease Name Singley Well # 6
Field Name Masoni
Producing Formation St. Louis
Elevation: Ground 2770 KB 2780
Total Depth 6080 PSTD 6062
Amount of Surface Pipe Set and Cemented at 1572 Feet
Multiple Stage Cementing Celler 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 A14.1 3-13-98 v.c.
(Data must be collected from the Reserve Pit)
Chloride content 4400 ppm Fluid volume 300 bbls
RECEIVED
KANSAS CORPORATION COMMISSION
Location of fluid disposal if hauled offsite:
OCT 13 1997
Operator Name _____
Lease Name CONSERVATION DIVISION License No. _____
WICHITA, KS
Quarter _____ Sec. _____ Twp. _____ 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
Title Production Manager Date 10-10-97
Subscribed and sworn to before me this 10th day of October, 1997.
Notary Public Debra J. Purcell
Date Commission Expires 02/11/99

Debra J. Purcell
NOTARY PUBLIC
State of Kansas
MY APPT EXPIRES 11/11/99

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
____ KCC _____ SWD/Rep _____ NSPA
____ KGS _____ Plug _____ Other
(Specify)

SIDE TUB

Operator Name American Warrior, Inc. Lease Name Singley Well # 6
 Sec. 34 Top. 32 Rge. 31 East West
 County Seward

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	4262	-1482
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	4292	-1512
List All E.Logs Run:		Lansing	4398	-1618
Array Ind.		Judy	4660	-1880
CNCD		Hodges	4880	-2100
		Marm.	5020	-2240
		Atoka	5497	-2717
		Chester	5561	-2781
		St. Louis	5855	-3075

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 Additives
Surface	12-1/4"	8-5/8"	24#	1572	Midcon	500	2%CC 1/4# flocele
Production	7-7/8"	5-1/2"	15.5#	6078		330	2%CC 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 RECORD - Bridge Plug Set/Type		Acid, Fracture, Shot, Cement Squeeze Record		
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		Depth
4	6033'-6041'		2500 gallons	15% Fe Acid	5858
4	5928'-5933'				
4	5903'-5905'				
4	5858'-5861'				6041

TUBING RECORD	Size <u>2-3/8"</u>	Set At <u>6050</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. <u>September 3, 1997</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil 15 Bbls.	Gas 41 Mcf	Water 10 Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Sully Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval <u>5858</u> <u>6041</u>
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