

## 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	API No. 15 - 135-24385 <b>~00 &lt;00</b>
Name: American Warrior, Inc.	County: Ness
Address: PO Box 399 10'S & 50' E	ofNE_SW Sec. 19 Twp. 19 S. R. 21 ☐ East ✓ West
City/State/Zip: Garden City, KS 67846	1970 feet from S N (circle one) Line of Section
Purchaser: NCRA	2030 feet from E (W)circle one) Line of Section
Operator Contact Person: Scott Corsair	Footages Calculated from Nearest Outside Section Corner:
Phone: (785_) 398-2270	(circle one) NE SE NW SW
Contractor: Name: Petromark Drilling, LLC	Lease Name: Wittman Well #: 8
License: 33323	Field Name: Schaben
Wellsite Geologist: Scott Corsair	Producing Formation: Mississippian
Designate Type of Completion:	Elevation: Ground: 2252' Kelly Bushing: 2258'
New Well Re-Entry Workover	Total Depth: 4389.5 Plug Back Total Depth: NA
Oil SWD SIOWTemp. Abd.	Amount of Surface Pipe Set and Cemented at 224 Feet
Gas ENHR SIGW	Multiple Stage Cementing Collar Used?   ✓ Yes   No
Dry Other (Core, WSW, Expl., Cathodic, etc)	If yes, show depth set 2451 Feet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from 2451'
Operator:	feet depth to surface w/ 350 sx cmt.  ALT II WHM 9-18-06
Well Name:	Drilling Fluid Management Plan
Original Comp. Date:Original Total Depth:	(Data must be collected from the Reserve Pit)
Deepening Re-perf Conv. to Enhr./SWD	Chloride content 47,000 ppm Fluid volume 775 bbls
Plug Back Total Depth	Dewatering method used evaporation
Commingled Docket No	Location of fluid disposal if hauled offsite:
Dual Completion Docket No	Operator Name:
Other (SWD or Enhr.?) Docket No	Lease Name: License No.:
4/23/2006 5/1/2006 6/8/2006	Quarter Sec TwpS. R East West
Spud Date or Date Reached TD Completion Date or Recompletion Date	County: Docket No.:
Recompletion Date Recompletion Date	County: Docket No.:
Kansas 67202, within 120 days of the spud date, recompletion, workove information of side two of this form will be held confidential for a period of 1	the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, er or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. 2 months if requested in writing and submitted with the form (see rule 82-3-and geologist well report shall be attached with this form. ALL CEMENTING. Submit CP-111 form with all temporarily abandoned wells.
All requirements of the statutes, rules and regulations promulgated to regulation are complete and correct to the best of my knowledge.	ate the oil and gas industry have been fully complied with and the statements
Signature:	KCC Office Use ONLY
Title: Petroleum Engineer Date: 7/12/2006	Letter of Confidentiality Attached
Subscribed and sworn to before me this 12th day of 2	If Denied, Yes Date:
19_2006	Wireline Log Received
(Kokoria) Milara)	Geologist Report Received
9/1/11	UIC Distribution RECEIVE
Date Commission Expires: <a></a> <a><!--</td--><td></td></a>	



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JUL 2 6 2006

KCC WICHITA

#### Side Two

Operator Name: Ame	erican Warrior,	nc.		Lease	Name:	Wittman		Well #: _8	····	
Sec. 19 Twp. 19	9 <sub>S. R.</sub> 21	East ✓	West	Count	y: Nes	3		and the ambient of all the control of an annual control of a		
INSTRUCTIONS: Shot tested, time tool open temperature, fluid reco	and closed, flowin	g and shut-in pr es if gas to surfa	ressures, ace test, a	whether s long with	hut-in pre	essure reached	l static level, hydro	ostatic pressur	es, bottom	hole
Drill Stem Tests Taken		✓ Yes	No		<b></b> ✓L	og Forma	tion (Top), Depth a	and Datum	☐ Sa	ımple
(Attach Additional S	•	□ v	[7].v.		Nam	е		Тор	Da	atum
Samples Sent to Geol	ogical Survey	principles .	✓ No		Anh	ydrite		1490	+7	'82
Cores Taken Electric Log Run		*******	✓ No No		Cha			2377	-10	05
(Submit Copy)		<u>[</u> ] 100			Hee	oner		3748	-14	476
List All E. Logs Run:					Lan	sing		3795	-15	523
-					1	Scott		4288	-20	016
Dual Induction, No	eutron/Density				Che	rokee		4306	-20	034
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Purpose of String	Size Hole Drilled	Size Cas Set (In O		We Lbs.	ight / Ft.	Setting Depth	Type of Cement	# Sacks Used		d Percent litives
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Production	7 7/8"	5 1/2"		15.5		4386'	EA-2	150		***************************************
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Purpose: Perforate	Depth Top Bottom	Type of Ce	ement	#Sacks	s Used		Type and I	Percent Additives	\$	•
✓ Protect Casing —— Plug Back TD —— Plug Off Zone	2451'-surf.	SMD		350						
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TUBING RECORD 2 3/	Size 'A"	Set At 4380'		Packer /	At	Liner Run	Yes ✓ No	•		
Date of First, Resumed F			ucing Meth	od	Flowing	J V Pump		Processor .	or (Europe)	
6/8/2006 Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate			Gas-Oil Ratio	er (Explain)	Gravity
Disposition of Gas	25 METHOD OF	COMPLETION			5	Denduction	· · · · · · · ·			
					*******	Production Inte		4206 Jano 1	=1	
Vented Sold (If vented, Sun	Used on Lease nit ACO-18.)		)pen Hole other <i>(Speci</i>	[] Perl	f c	Dually Comp.	Commingled	4386-4389.	<b>D</b>	



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WELL/PROJECT NO.	LEASE () A ME OF	COUNTY/PARISH STAT	E (CITY	DATE OWNER OWNER
TICKET TYPE CONTRACTOR ET SERVICE SALES		RIG NAME/NO. SHIP	PED DELIVERED TO	ORDER NO.
WELL TYPE	WELL CATEGORY JOB PL	JRPOSE.	WELL PERMIT NO.	WELL LOCATION
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INVOICE INSTRUCTIONS				
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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO

DATE SIGNED 042,00

TIME SIGNED

A.M.  **REMIT PAYMENT TO:** 

SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300

				and the second s	•	•
SURVEY	AGREE	UN- DECIDED	DIS- AGREE	***	-	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE TOTAL	370	
WE UNDERSTOOD AND MET YOUR NEEDS?						
OUR SERVICE WAS PERFORMED WITHOUT DELAY?						<u> </u>
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	- ,			TAX		
ARE YOU SATISFIED WITH OUR SEF		NO		-		
CUSTOMER DID NOT W	/ISH TO R	ESPOND		TOTAL		 

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!

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### SWIFT Services, Inc.

DATE PAGE NO

JOB TYPE And Jane CUSTOMER WELL NO. PRESSURE (PSI) PUMPS CHART NO. VOLUME (BBL) (GAL) RATE (BPM) DESCRIPTION OF OPERATION AND MATERIALS TIME TUBING CASING T C My har philadele J' ( . . l. 170 But Patry With I HT CO 1400 1534.404 بلسر الله الحا"ء الحساء 10 i Victi 10 AND 1930



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CITY, STATE, ZIP CODE

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10205

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3.		WELL TYPE					PURPOSE		WELL PERMI	T NO.		- 11.5	LLOCATION			
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### TICKET CONTINUATION

ncket No. 10205

CONTINUATION TOTAL

PO Box 466 Ness City, K\$ 67560 Off: 785-798-2300

CUSTOMER WELL DATE PAGE OF AMERICAL WORLD 18 S 1 06 2 2

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SWIFT Services, Inc. DATE \$ 1-00 JOB LOG JOB TYPE TICKET NO. WELL NO. CUSTOMER AMERICAN MADRICO ENC WARTAIN 10205 WETTMAN PUMPS PRESSURE (PSI) VOLUME (BBL))(GAL) CHART NO. DESCRIPTION OF OPERATION AND MATERIALS TIME TUBING CASING an water 0500 START STE "CHOOME IN WELL 0445 SET . 4386 ro-4387 5/1 "/m 15.5 70-4392 W- 40.12 COVENIDES-13.45. 48 50 51 52 73 om Buts - 6.419 TOP IT # 119 Par COLUMP 2451 O'TOS MOPBALL COROLLE DOTATE AIM SOO EX MUDERUM 0825 450 AVAP TO BRIT KELFINSH 0827 20 0814 aug Ria MOX COMUT /50 DA-2 W/ALLTON 0836 REDENTED OBUS JASH OF DIMP : LEJES RELEASE UNION BOULD PULL ORW CRYR DUPPLE ANG 61/2 93 SANT OFF ASSAULG 103.6 0902 1750 PULL DOWN - PET UP LATER IN PLUG 0904 OF BRICK RE-WILL LINGIA OF YOUCH

VOR COMMETT

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SERVICE LOCATIONS  1. ALL SECTIONS	WELL/PROJECT NO.	LEASE	GOUNTY/PARISH	STATE CIT		DATE OWNER
2.	TICKET TYPE CONTRACTO	OR	RIG NAME/NO	SHIPPED DEL VIA	LIVERED TO	ORDER NO.
3.	WELL TYPE	WELL CATEGORY JOB I	PURPOSE COMO PORT COU	이 회사 (왕양한 기원 원 - 1871년)		WELL LOCATION  RANTUE V 4/25 ES
REFERRAL LOCATION	INVOICE INSTRUCTIONS					WATHERS - 4725, ES

PRICE	SECONDARY REFERENCE/		ACCOUNTIN	G	DESCRIPTION				UNIT	MANUT	
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EGAL TERMS:	Customer hereby acknowledge	es and	l agrees to	o	DEMIT DAYMENT TO	VEY	AG	REE DECIDED AGR	EE PAGE TOTAL		

the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions:

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

A.M. TIME SIGNED DATE SIGNED G930 5-4-06

REMIT PAYMENT TO:

SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300

	SURVEY	AGREE	UN- DECIDED	DIS- AGREE		
	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE TOTAL	7088 98
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	ARE YOU SATISFIED WITH OUR SEF  YES  CUSTOMER DID NOT W	0	no Espond		TOTAL	

SWIFT OPERATOR WITHOUT WITHOUT

APPROVAL

Thank You!

AMERICA WARROW ZAK WELL NO.							TMAN	JOB TYPE CSM UT PORT COLUM	TICKET NO.		
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUN T	IPS C	PRESSUR TUBING	E (PSI) CASING	DESCRIPTION OF OPERATION	AND MATERIALS		
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