

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 4058
Name: American warrior INC **KCC**
Address: P.O.Box 399,
City/State/Zip: Garden City, KS 67846 **JAN 27 2004**
Purchaser: NCRA **CONFIDENTIAL**
Operator Contact Person: Kevin Wiles Sr
Phone: (620) 275-2963 **RECEIVED**
Contractor: Name: Discovery Drilling
License: 31548 **JAN 29 2004**
Wellsite Geologist: Ron nelson **KCC WICHITA**

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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. _____

<u>12-10-03</u>	<u>12-15-03</u>	<u>12-29-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 065-22,947-00-00
County: Graham 170'N & 130'E of
C S/2 N/2 NW Sec. 8 Twp. 8s S. R. 21w East West
820' feet from S / N (circle one) Line of Section
1450' feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: I. Kenyon Well #: 3
Field Name: Luck NE
Producing Formation: Arbuckle
Elevation: Ground: 2021' Kelly Bushing: 2029'
Total Depth: 3540' Plug Back Total Depth: OH 3540'
Amount of Surface Pipe Set and Cemented at 221' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1574' Feet
If Alternate II completion, cement circulated from 1574'
feet depth to Surface w/ 150sks _____ sx cmt.

Drilling Fluid Management Plan *ALL 11 04 4.30.04*
(Data must be collected from the Reserve Pit)
Chloride content 2500 ppm Fluid volume 320 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: [Signature]
Title: Production Supt. Date: 1-27-04
Subscribed and sworn to before me this 27 day of January,
2004.
Notary Public: [Signature]
Date Commission Expires: 11/4/07

KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____

Wireline Log Received
 Geologist Report Received
 UIC Distribution

DEBRA J. PURCELL
Notary Public - State of Kansas
My Appt. Expires 11/4/07

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Side Two

ORIGINAL

Operator Name: American warrior INC

Lease Name: I. kenyon

Well #: 3

Sec. 8 Twp. 8s S. R. 21w East West

County: Graham 170'N & 130'E of

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:

Dual IND., Dens-Neut, Micro, Sonic

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Topeka	2987'	-958
Heebner	3197'	-1168
Toronto	3222'	-1193
L/KC	3334'	-1205
B.KC	3432'	-1403
Arbuckle	3513'	-1484

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CASING RECORD <input checked="" type="checkbox"/> New <input 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"	20#	221'	Common	150	2%gel.3%cc
Production	7-7/8"	5-1/2"	14#	3535'	EA/2	125	1/4#flocle

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	PC@1574'	SMDC	150	1/\$# flocele

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
None	open Hole 3535'-3540'	750 Gals 15% MCA	same

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	3535'	None	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
SI	<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 Mof	Water Bbls.	Gas-Oil Ratio	Gravity
	SI	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 _____

ALLIED CEMENTING CO., INC.

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ORIGINAL

15653

REMIT TO P.O. BOX 3
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell

DATE <u>12-10-03</u>	SEC. <u>8</u>	TWP. <u>8</u>	RANGE <u>21</u>	CALLED OUT <u>1:30PM</u>	ON LOCATION <u>3:45PM</u>	JOB START <u>5:30am</u>	JOB FINISH <u>6:00PM</u>
LEASE <u>Kenyon</u>	WELL # <u>#3</u>	LOCATION <u>Bogue 1N 1/2W 1/4S 1/4E</u>		COUNTY <u>GRAHAM</u>	STATE <u>KANSAS</u>		
OLD OR <input checked="" type="radio"/> NEW (Circle one)				KCC			

CONTRACTOR Discovery Poly Rig #1

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 222

CASING SIZE 8 5/8 DEPTH 221

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 13 1/4 / BBL

EQUIPMENT _____

PUMP TRUCK CEMENTER Glen

366 HELPER Shane

BULK TRUCK _____

213 DRIVER GARY

BULK TRUCK _____

_____ DRIVER _____

OWNER JAN 27 2004

CEMENT **CONFIDENTIAL**

AMOUNT ORDERED 150 SK Com.

2% GEL

3% C/C

COMMON	<u>150</u>	@	<u>7.15</u>	<u>1072.50</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>10.00</u>	<u>30.00</u>
CHLORIDE	<u>5</u>	@	<u>30.00</u>	<u>150.00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>150</u>	@	<u>1.15</u>	<u>172.50</u>
MILEAGE	<u>54/SK</u>	@		<u>525.00</u>

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JAN 29 2004

TOTAL 1950.00

REMARKS:

Cement Circulated

KCC WICHITA SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	<u>520.00</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>70</u> @ <u>3.50</u>	<u>245.00</u>
PLUG <u>8 5/8 WOODEN</u> @ _____	<u>45.00</u>
_____ @ _____	
_____ @ _____	

TOTAL 810.00

CHARGE TO: AMERICAN WARRIOR

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

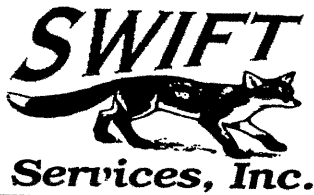
TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Thomas Alm

Thomas Alm
PRINTED NAME



CHARGE TO: America's Wellman
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

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 KCC WICHITA

TICKET
 6246

PAGE 1 OF

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1. SERVICE LOCATIONS <u>Higgins</u>	WELL/PROJECT NO. <u>13</u>	LEASE <u>Kenyon</u>	COUNTY/PARISH	STATE <u>K.</u>	CITY	DATE	OWNER <u>Time</u>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Explosive Well Serv.</u>		RIG NAME/NO.	SHIPPED <u>VIA</u>	DELIVERED TO <u>Higgins</u>	ORDER NO.	
3. WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Conf. Port Collar</u>	WELL PERMIT NO.		WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575		1			MILEAGE 1103	80	mi	2	20	150 00
578		1			Pump Service	1	hr	1,200	1	1,200 00
581		1			Service Charge	150	hr	1	10	150 00
583		1			Druggage	524	lb	32	14	445 60
330		1			SMOC	150	hr	9	16	1462 00
276		1			Fluide	30	lb	90	1	34 20

CONFIDENTIAL
 JAN 27 2004
 KCC

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 START OF WORK OR DELIVERY OF GOODS

X
 DATE SIGNED _____ TIME SIGNED _____ A.M. P.M.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	3442 10
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

ORIGINAL

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

SWIFT OPERATOR [Signature] APPROVAL _____

Thank You!

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SWIFT Services, Inc.

ORIGINAL

JOB LOG

DATE 12-22-03 PAGE NO. 9

CUSTOMER American Wharves

WELL NO. #13

LEASE Karyon

JOB TYPE Cont. Post Control

TICKET NO. 6246

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	11:00							on loci set up launch
								wait on tubing
	1300							Start in hole wash
								Post Control opening tool
	1400							Locate Post Control
						1000	1000	Press. test csg. held 1000psi
								open P.C.
		2 1/2				300		Inj Rate 2 1/2 BPM 300psi
								Circulation to surface
			53					Start mixing 1" of SMC 4 1/2" Fluoroc.
			5					Finished mixing
								Disch. tubing
								Close P.C.
						1000	1000	Press. test to 1000 psi held
	1450							Run 3 3/4 tubing
	1500							Reverse out short way
								Make clean
								wash and rack up 1500ft
								505 Complete

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CHARGE TO: *Amman Wauion*

ADDRESS:

CITY, STATE, ZIP CODE:

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 KCC WICHITA

TICKET
 N2 6176

PAGE 1 OF 2

1. SERVICE LOCATIONS <i>Hays</i>	WELL/PROJECT NO. <i>3</i>	LEASE <i>I. Kenyon</i>	COUNTY/PARISH <i>Graham</i>	STATE <i>KS</i>	CITY	DATE <i>12-16-03</i>	OWNER <i>Sam</i>
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED <i>VIA 105</i>	DELIVERED TO <i>Bouge</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>L/S</i>	WELL PERMIT NO.		WELL LOCATION	
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

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PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>575</i>					MILEAGE	<i>60</i>	<i>mi</i>			<i>2.50</i>	<i>150.00</i>
<i>578</i>					Pump charge	<i>1</i>	<i>hr</i>				<i>1200.00</i>
<i>405</i>					PKR shoe	<i>1</i>	<i>hr</i>				<i>1250.00</i>
<i>404</i>					Port collar	<i>1</i>	<i>hr</i>				<i>1500.00</i>
<i>406</i>					Patch down plug & Raffle	<i>1</i>	<i>hr</i>				<i>200.00</i>
<i>402</i>					Centralizing	<i>6</i>	<i>hr</i>			<i>44</i>	<i>264.00</i>
<i>403</i>					cm basket	<i>1</i>	<i>hr</i>				<i>125.00</i>
<i>231</i>					Mud flush	<i>500</i>	<i>gal</i>			<i>60</i>	<i>300.00</i>
<i>221</i>					Liquid KCC	<i>2</i>	<i>gal</i>			<i>19</i>	<i>38.00</i>
					<i>From Contractor</i>						<i>2116.25</i>

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 START OF WORK OR DELIVERY OF GOODS

X *Thomas A*

DATE SIGNED *12-16-03* TIME SIGNED *0100* A.M. P.M.

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?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL *7143*

TAX *25*

TOTAL

CONFIDENTIAL

ORIGINAL

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

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 6176

CUSTOMER *American Warrior* WELL *L. Kenyon #3* DATE *12-16-03* PAGE *2* OF *2*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
325						570						
284						Coal	7		sk		7.00	1050.00
283						Salt	750		lb		15	112.50
285						CFR-2	71		lb		2.75	195.25
276						Floate	33		lb		1.00	34.20
531						SERVICE CHARGE		CUBIC FEET				
533						MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES			
						156.29		60		1.50	1.00	150.00
										410.77	2.00	399.00

KCC
 JAN 27 2004
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 ORIGINAL

CONTINUATION TOTAL 2116.25

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CUSTOMER American-Waiver	WELL NO. 7	LEASE I. K. ...	JOB TYPE L/S	TICKET NO. 6176
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	01:00							ON LOC Rig J 4/49 bound D.P.
								RTD 3540 LTD 3541
	02:00							ST 5 1/2 CSG w/ 14"
								Run PIR shoe
								Break Down Raffle
*								Out on Collars 1, 2, 5, 7, 7, 4.3
								Part Collar on ST 41 1574'
								CMT Basket on ST 41
								ST 240 + set PIR shoe at 3535
								Run L.C.M.
			3 1/2					Plug Raffle w/ 15 SF 5 CM T
			2 1/2					11.5 g Maniche w/ 10 SF 5 CM T
		5	12000				2000	Pump 500 multiflow
			20000					20 BBL Chfix w/ 7
			20000					125 SF 5 EA-7 CM T
		6					0	Run L.C.M. wash out PIR
	04:50	4	25.2				1300	Release Latex Brown Plug + ST DISP
								Plug Down

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