

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

CONFIDENTIAL

ORIGINAL

Operator: License # 4058
Name: American warrior INC
Address: P.O.Box 399,
City/State/Zip: Garden City, KS 67846
Purchaser: ANR
Operator Contact Person: Kevin wiles SR
Phone: (620) 275-2963
Contractor: Name: Duke DRLG.
License: 5929
Wellsite Geologist: Alan Downing

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NOV 24 2003

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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>9-2-2003</u>	<u>9-16-2003</u>	<u>10-7-2003</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 033-21,365-00-00
County: Comanche 40's & 140'E of
NESE NW NE Sec. 30 Twp. 32s S. R. 19 East West
700' feet from S / N (circle one) Line of Section
1510' feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Reynolds Well #: 3

Field Name: Bird
Producing Formation: Viola

Elevation: Ground: 1915' Kelly Bushing: 1928'
Total Depth: 5900' Plug Back Total Depth: 5851'

Amount of Surface Pipe Set and Cemented at 630' 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 cmt.

Drilling Fluid Management Plan ALT I W HM
(Data must be collected from the Reserve Pit) 2-14-07
Chloride content 12,000 ppm Fluid volume 320 bbls
Dewatering method used Hauled Off-site

Location of fluid disposal if hauled offsite:
Operator Name: KBW Oil & Gas
Lease Name: Harmon SWD License No.: 5993
Quarter NW/4 Sec. 11 Twp. 33s S. R. 20 East West
County: Comanche Docket No.: D-98,329

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: _____
Title: Production Supt. Date: 11-24-2003

Subscribed and sworn to before me this 24th day of Nov, 2003

Notary Public: Debra Purcell

Date Commission Expires: 11/4/07

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

KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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Side Two

ORIGINAL

Operator Name: American warrior INC Lease Name: Reynolds Well #: 3
Sec. 30 Twp. 32s S. R. 19 East West County: Comanche 40's & 140'E of

API# 15-033-21365-00-00

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
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
List All E. Logs Run:

CNL/GR, Micro, Sonic, Dual IND,.

Table with columns: Log, Formation (Top), Depth and Datum, Sample. Rows include Heebner, Swope, Marmaton, Cherokee, Miss, Viola with their respective depths and datums.

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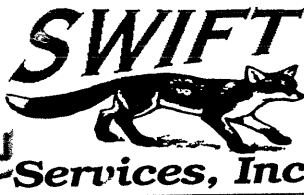
CASING RECORD table with columns: Purpose of String, Size Hole Drilled, Size Casing Set, Weight Lbs./Ft., Setting Depth, Type of Cement, # Sacks Used, Type and Percent Additives. Rows for Surface and Production.

ADDITIONAL CEMENTING / SQUEEZE RECORD table with columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives.

PERFORATION RECORD - Bridge Plugs Set/Type table with columns: Shots Per Foot, Footage of Each Interval Perforated, Acid, Fracture, Shot, Cement Squeeze Record, Depth.

TUBING RECORD table with columns: Size, Set At, Packer At, Liner Run, Date of First, Resumerd Production, SWD or Enhr., Producing Method, Estimated Production Per 24 Hours, Oil Bbls., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity.

Disposition of Gas METHOD OF COMPLETION Production Interval
Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
Other (Specify)



CHARGE TO: *American Water*
 ADDRESS: *API #15-033-21365-00-00*
 CITY, STATE, ZIP CODE:

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TICKET No 6013
 PAGE 1 OF 2

1. SERVICE LOCATIONS	WELL/PROJECT NO. <i>13</i>	LEASE <i>Reynolds</i>	COUNTY/PARISH <i>Comanche</i>	STATE <i>K.</i>	CITY	DATE <i>9/17/03</i>	OWNER <i>Same</i>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Dick Deitz Rig 7</i>		RIG NAME/NO.	SHIPPED VIA <i>OT</i>	DELIVERED TO <i>La.</i>	ORDER NO.	
3. WELL TYPE <i>0.1</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Cont. 5 1/2 P. 1. Csg.</i>		WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>575</i>		<i>1</i>			<i>MILEAGE #103</i>	<i>95</i>	<i>mi</i>			<i>2.36</i>	<i>237.50</i>
<i>578</i>		<i>1</i>			<i>Pump Service</i>	<i>1</i>	<i>ea</i>			<i>1,200.00</i>	<i>1,200.00</i>
<i>407</i>		<i>1</i>			<i>Lower Fluid Spec</i>	<i>1</i>	<i>ea</i>	<i>5 1/2</i>	<i>in</i>	<i>230.00</i>	<i>230.00</i>
<i>406</i>		<i>1</i>			<i>Latch Down Plug + Ball</i>	<i>1</i>	<i>ea</i>	<i>"</i>		<i>200.00</i>	<i>200.00</i>
<i>402</i>		<i>1</i>			<i>Control Lines</i>	<i>10</i>	<i>ea</i>	<i>"</i>		<i>44.00</i>	<i>440.00</i>
<i>403</i>		<i>1</i>			<i>Curt Basket</i>	<i>1</i>	<i>ea</i>	<i>"</i>		<i>125.00</i>	<i>125.00</i>
<i>280</i>		<i>1</i>			<i>Flooded</i>	<i>850</i>	<i>gal</i>			<i>1.59</i>	<i>1,275.00</i>
		<i>1</i>			<i>See Continuation</i>						<i>4963.36</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 *Kenneth M. [Signature]*
 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	<i>8670.00</i>
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								

JOB LOG

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SWIFT Services, Inc.

ORIGINAL

DATE 11/03 PAGE NO. 1

CUSTOMER *American Whorl* WELL NO. *#3* LEASE *Reynolds* JOB TYPE *Long String* TICKET NO. *6013*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	07:00							On loc. Rig bring down Pipe
	08:00							Start in with 13" 21- 5'1/2 15.5" Csg.
								Insert Float shoe
								latch down Bottle
								Cont. on "1, 3, 5, 7, 9, 11, 13, 15, 17, 19"
								Bracket on "19"
	10:00					KCC		40 21" Leds to Run
								Load Csg. + C.R. 15 min
	11:00							Drop Ball
	11:10							CONFIDENTIAL
	11:40							Plug Mann Hole + Red bits
	11:45		5					Run 5" 1100 spacer
			20					Run 8" 900 Flockell
			5					Run 5" 1100 spacer
								Mix water with
								Finished mixing
								with pump + bit
								Diagn. Latch down Plug
	12:30		132				1,000	Plug down Holding 7500psi
								Return Pres. Float Held
								works and run up loc.
								Job Complete

Handwritten signature/initials

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ORIGINAL

ALLIED CEMENTING CO., INC. 12790

Federal Tax I.D.# 48-

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: MORCINE LODGE

API# 15-033-21365-00-00

DATE <u>9-5-03</u>	SEC. <u>30</u>	TWP. <u>32S</u>	RANGE <u>9W</u>	CALLED OUT <u>11:30 AM</u>	ON LOCATION <u>4:00 PM</u>	JOB START <u>6:20 PM</u>	JOB FINISH <u>7:00 PM</u>
LEASEE <u>REYNOLDS</u>		WELL # <u>3</u>	LOCATION <u>OLD WATER, 1W, 2S, 37H W</u>		COUNTY <u>COMANCHE</u>	STATE <u>KANSAS</u>	
OLD OR <u>NEW</u> (Circle one)			75				

CONTRACTOR DUKE #17
 TYPE OF JOB SURFACE CEMENTING
 HOLE SIZE 12 1/4" T.D. 630'
 CASING SIZE 3 7/8" X 2 3/4" DEPTH 630'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 600# MINIMUM 200#
 MEAS. LINE _____ SHOE JOINT 44.30'
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 38 BBL - WATER
 EQUIPMENT _____
 PUMP TRUCK # 343 CEMENTER KEVIN BRUNGLOT
 HELPER ERIC BREWER
 BULK TRUCK # 240-290 DRIVER MITCH WELLS
 BULK TRUCK # _____ DRIVER _____

OWNER AMERICAN WARRIOR
 CEMENT AMOUNT ORDERED 225 CY 65:35:6 + 3% CEMENT + 1/4" FLO-SEAL
BY CLASS A + 3% CEMENT + 2% GEL
 COMMON A @ _____
 POZMIX @ _____ KCC
 GEL @ _____
 CHLORIDE @ _____ NOV 24 2003
ALW 225 @ _____
FLO-SEAL 56# @ _____ CONFIDENTIAL
 _____ @ _____
 _____ @ _____
 HANDLING @ _____
 MILEAGE x 45 @ _____
 RECEIVED
 NOV 26 2003
 KCC WICHITA SERVICE
 TOTAL _____

REMARKS:

RUN 3 7/8" CSG + BREAK CIRCULATION
PUMP 3 BBLs FRESH WATER
100 CY 225 CY ALW + 3% CEMENT + 1/4" FLO-SEAL
100 CY CLASS A + 3% CEMENT + 2% GEL
DI-APROF PUG TO 535' / 38 BBLs
CEMENT 110 CIRCULATE

DEPTH OF JOB 630'
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE @ _____
 MILEAGE 45 @ _____
 PLUG 3 7/8" TRP @ _____
 _____ @ _____
 _____ @ _____

CHARGE TO: AMERICAN WARRIOR
 STREET _____
 CITY GARDEN CITY STATE KANSAS ZIP _____

FLOAT EQUIPMENT

1-Baffle Gate @ _____
2-BASKETS @ _____
 _____ @ _____
 _____ @ _____

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.

TOTAL _____
 TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Kenneth M. Goire

KENNETH M'GOIRE
 PRINTED NAME