

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

ORIGIN

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Operator: License # 4058
Name: American warrior INC
Address: P.O.Box 399,
City/State/Zip: Garden City, KS 67846
Purchaser: LINK
Operator Contact Person: Kevin Wiles SR
Phone: (620) 275-2963
Contractor: Name: Discovery DRLG.
License: 31548
Wellsite Geologist: Alan Downing

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

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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>9-29-2003</u>	<u>10-4-2003</u>	<u>10-23-2003</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 185-23,206-00-00
County: Stafford 190; N & 50'E of
NE NE NW SE Sec. 7 Twp. 21s S. R. 13 East West
2500' feet from (S) N (circle one) Line of Section
1600' feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Witt "A" Well #: 2-7
Field Name: Leo
Producing Formation: Arbuckle
Elevation: Ground: 1910' Kelly Bushing: 1918'
Total Depth: 3620' Plug Back Total Depth: OH. 3622'
Amount of Surface Pipe Set and Cemented at 320' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set PC@ 2507' Feet
If Alternate II completion, cement circulated from 2507'
feet depth to Surface w/ 1200' sx cmt.

Drilling Fluid Management Plan ALT I Unit
(Data must be collected from the Reserve Pit) 2-9-07
Chloride content 17,000 ppm Fluid volume 300 bbls
Dewatering method used Hauled Off-Site
Location of fluid disposal if hauled offsite:
Operator Name: John J. Darah
Lease Name: Anshutz # 2 SWD License No.: 5088
Quarter NE Sec. 15 Twp. 21s S. R. 14 East West
County: Stafford Docket No.: D-17,893

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: Prouction Supt. Date: 11-24-2003
Subscribed and sworn to before me this 24th day of Nov
20 03.
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: Witt "A" Well #: 2-7
Sec. 7 Twp. 21s S. R. 13 County: Stafford 190; N & 50'E of

API # 15-185-23206-00-00

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

CDNL/GR Micro, Sonis, Dual IND,

Table with columns: Log Formation (Top), Depth and Datum, Name, Top, Datum. Rows include Heebner, Toronto, Brown Lime, Lansing, BKC, Arbuckle with depths ranging from 3198' to 3613'.

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CASING RECORD table with columns: 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. 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. Row for PC@2507' SMDC 150 1/4# flocele 3% cc.

PERFORATION RECORD - Bridge Plugs Set/Type table with columns: Shots Per Foot, PERFORATION RECORD - Bridge Plugs Set/Type, 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 [X] Used on Lease [X] Open Hole [] Perf. [] Dually Comp. [] Commingled
[] Other (Specify)



CHARGE TO: *American Leasing*
 ADDRESS: *API#15-185-23206-00-00*
 CITY, STATE, ZIP CODE

TICKET No 5982

PAGE 1 OF 1

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SERVICE LOCATIONS: <i>Hay, Mo</i>	WELL/PROJECT NO. <i>2-7</i>	LEASE <i>W.H.A</i>	COUNTY/PARISH <i>Stafford</i>	STATE <i>Ks</i>	CITY	DATE <i>10-2-03</i>	OWNER <i>Same</i>
TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Express Well Serv.</i>	RIG NAME/NO.	SHIPPED <i>VIA KIT</i>	DELIVERED TO <i>Location</i>	ORDER NO.	WELL LOCATION	
WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Comp. Post Cellar</i>	WELL PERMIT NO.	INVOICE INSTRUCTIONS			

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
575		1			MILEAGE "103	70	mi			2	80	170	80
578		1			Pump Service	1	ea			1,200	80	1,200	80
234		1			Sand	1	sh			11	80	11	80
581		1			Service Charge	150	hr			1	80	150	80
583		1			Drayage	522.9	hrs			1	85	444	80
330		1			sm/dc	150	sh			9	80	1462	80
105		1			P.C. opening tool	1	ea			400	80	400	80

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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 START OF WORK OR DELIVERY OF GOODS

X *[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>3,842.90</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					

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 10-22-03 PAGE NO. 1

CUSTOMER American Water WELL NO. 2-7 LEASE WHA JOB TYPE Cut. Port Cutter TICKET NO. 5982

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900		API #15-185-23206-00-00					On loc. set up rig Set Plug @ 2725' Load Hole 60" 60
						1,000	1,000	Test Plug held 1,000 psi
	0935							Spot 100 sand on Plug Roll up back Port Cutter
	0950							Open Port Cutter Pump 1 1/2 BPM 600 psi
		1 1/2	CONFIDENTIAL			600		NO Bleed on Back. Incl
	10:00							Mix 150 sd 5MOC Dial. 8.551
	10:30		8.5					Close Port Cutter Pump to 1,000 psi held Run down
	11:00							Cir. cut and seal out of hole injection
	11:15							Run up back TOS Complete

Handwritten signature

ORIGINAL



CHARGE TO: *American Whisker*
 ADDRESS: *API# 15-185-23206-00-00*
 CITY, STATE, ZIP CODE:

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TICKET

No. 6034

PAGE 1 OF 2

SERVICE LOCATIONS: *Hayes, 13*
 WELL/PROJECT NO.: *A 2-7*
 LEASE: *W: H*
 COUNTY/PARISH: *Stallord*
 STATE: *Ks.*
 CITY: _____
 DATE: *10-4-03*
 OWNER: *Same*
 TICKET TYPE: SERVICE SALES
 CONTRACTOR: *Discoursey Dole, Rig 2*
 RIG NAME/NO.: _____
 SHIPPED VIA: *CIT*
 DELIVERED TO: *Locust*
 ORDER NO.: _____
 WELL TYPE: *Oil*
 WELL CATEGORY: *Development*
 JOB PURPOSE: *Ord. 5 1/2" Prod. Csg.*
 WELL PERMIT NO.: _____
 WELL LOCATION: *Sec 7-215-13W*
 REFERRAL LOCATION: _____
 INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
575		1			MILEAGE #103	60	mi			2	50	150	00
578		1			Pump Service	1	ea			1,200	00	1,200	00
405		1			Packer Shoe	1	ea	5 1/2	in	1,250	00	1,250	00
406		1			Latch Down Plug + Baffle	1	ea	"		200	00	200	00
404		1			Port Collar	1	ea	"		1,500	00	1,500	00
402		1			Centralizer	6	ea	"		44	00	264	00
403		1			Card Basket	1	ea	"		125	00	125	00
281		1			Mud Flush	500	gal				60	300	00
221		1			NCL	2	gal			19	00	38	00
		1			Sec Continuation							2,112	56

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

[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
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				7,139
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX 277
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL 7417
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				29

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!

JOB LOG **CONFIDENTIAL**

SWIFT Services, Inc.

ORIGINAL

DATE 10-4-03 PAGE NO. 7

CUSTOMER *American Whorline* WELL NO. *2-7* LEASE *With A* JOB TYPE *Long String* TICKET NO. *6034*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1415		API #15-185-23206-00-00					on Loc. KCC
	15:10							Rig unloading 5 1/2" Csg. COV 24 2002 Start Primary Csg. Packer Shoe CONFIDENTIAL Latch Down Baffle Cent. on #1, #3, #5, #7, #9, #24 Basket on #25 Port collar #25 @ 2507'
	1730							CIACURE
	1735							Drop Ball
	1745							Set PKR shoe @ 3615'
	1800							Plug Main hole + Re-hole
	18:10		12					Pump 500gal Mud Flush Pump 20 ^{SS} KCL Flush
	18:15		36					MIX 150 SB FA 2 Cnt. Finished mixing Wash out Pump + Line
	1830							Diagn. Latch down Plug
	1845		87					Plug down 1500psi Holders Release press. Dried up Wash and rack up travel JOB Complete

