

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

ORIGINAL

CONFIDENTIAL

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: Duke DRLG
License: 5929
Wellsite Geologist: Ron Nelson
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. _____
10-13-2003 ~~10-19-03~~ 11-13-2003
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - -185-23,208-00-00
County: Stafford 100' N & 100' W of
SE-SWSW-NW
Sec. 19 Twp. 21s S. R. 11 East West
2540' feet from S / (NW) (circle one) Line of Section
550' feet from E / (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: Cook Well #: 2A-19
Field Name: Sand Hills
Producing Formation: Arbuckle
Elevation: Ground: 4780' 1794' Kelly Bushing: 1788' 1802'
Total Depth: 3547 Plug Back Total Depth: OH 3547 - 3517
Amount of Surface Pipe Set and Cemented at 276' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set PC@ 1770' Feet
If Alternate II completion, cement circulated from 1770'
feet depth to surface w/ 125 sx cmt.

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Drilling Fluid Management Plan ALT I WITH
(Data must be collected from the Reserve Pit) 2-14-07
Chloride content 13,000 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: _____
Title: Production Supt. Date: 11-22-2003
Subscribed and sworn to before me this 24th day of Nov
03
Notary Public: Debra Purcell
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

X

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Side Two

ORIGINAL

Operator Name: American Warrior INC Lease Name: Cook Well #: 2A-19
Sec. 19 Twp. 21s S. R. 11 East West County: Stafford 100' N & 100' W of

API # 15-185-23-208-00-00

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 (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, Sonic, Micro

Log Formation (Top), Depth and Datum Sample

Table with 3 columns: Name, Top, Datum. Rows include Heebner, Toronto, LKC, BKC, Simpson, and Arbuckle 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. Row for PC@1770' SMDC 125 1/4# flocele.

PERFORATION RECORD - Bridge Plugs Set/Type and Acid, Fracture, Shot, Cement Squeeze Record table with columns: Shots Per Foot, Specify Footage of Each Interval Perforated, Amount and Kind of Material Used, Depth. Row for Open Hole 3513'-3547' 750 gals 20% FE Acid same.

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. Includes checkboxes for Vented, Sold, Used on Lease, Open Hole, Perf., Dually Comp., Commingled, and Other (Specify).

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ORIGINAL

ALLIED CEMENTING CO., INC. 12724

Federal Tax I.D.# [REDACTED]

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

SERVICE POINT:

DATE <u>10-14-03</u>		SEC. <u>19</u>	TWP. <u>21</u>	RANGE <u>11</u>	CALLLED OUT <u>7:30 AM</u>	ON LOCATION <u>8:45 AM</u>	JOB START <u>4:00 AM</u>	JOB FINISH <u>4:30 AM</u>
LEASE <u>Cook</u>		WELL # <u>2A-19</u>		LOCATION <u>Ike + Jos 3N, 1E, 1/2N, E/1/2</u>		COUNTY <u>Stafford</u>	STATE <u>Ks</u>	
APL # <u>15-185-23208-00-00</u>				10-13-03		10-14-03		

CONTRACTOR Duke #8

TYPE OF JOB Surface

HOLE SIZE 12 1/4" T.D. 277'

CASING SIZE 8 5/8" DEPTH 276'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 16' abbls

OWNER Same

CEMENT

AMOUNT ORDERED 240 gal 70/30 390cc

290 gal

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE KCC @ _____

NOV 2 2003 @ _____

CONFIDENTIAL @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

EQUIPMENT

UMP TRUCK CEMENTER Tom D

181 HELPER Bob B

ULK TRUCK

341 DRIVER Don Dugan

ULK TRUCK

DRIVER _____

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KCC WICHITA SERVICE

REMARKS:

on 276' of 8 5/8" cas. Broke circulation.

lined 240 gal 70/30 390cc, 290 gal,

cleared plug. Replaced with fresh

20.

Cement did circulate

DEPTH OF JOB 276'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG 1-8 5/8 wooden @ _____

_____ @ _____

ORDER TO: American Warrior

CITY _____

STATE _____ ZIP _____

TOTAL _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

Allied Cementing Co., Inc.

I hereby requested to rent cementing equipment

with cementer and helper to assist owner or

contractor to do work as is listed. The above work was

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 [Signature]

[Signature]

PRINTED NAME

ORIGINAL



CHARGE TO: *American Water*

ADDRESS: *API# 15-185-23208-00-00*

CITY, STATE, ZIP CODE

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KCC WICHITA

TICKET NO 5978

PAGE 1 OF 2

1. SERVICE LOCATIONS: *High, P...* WELL/PROJECT NO.: *2A-19* LEASE: *COOK* COUNTY/PARISH: *St. Louis* STATE: *Ks* CITY: DATE: *10/20/03* OWNER: *S...*

2. TICKET TYPE: SERVICE SALES CONTRACTOR: *Duke Riggs* RIG NAME/NO.: SHIPPED VIA: *Truck* DELIVERED TO: ORDER NO.:

3. WELL TYPE: *Oil* WELL CATEGORY: *Development* JOB PURPOSE: *Cont. 5 1/2 Prod. Cys.* WELL PERMIT NO.: WELL LOCATION: *Sec 19 213-11W*

4. 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	70	mi			2.50	175.00
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
404		1			Poss Collar	1	ea			1,500.00	1,500.00
406		1			Latch Down Plug + Bottle	1	ea			200.00	200.00
402		1			Centralizers	7	ea			44.00	308.00
403		1			Cont. Baskets	2	ea			175.00	350.00
221		1			Mud Flush	500	gal			.60	300.00
221		1			RCL	2	gal			19.00	38.00
		1			See Continuation						2286.00

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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

DATE SIGNED: *[Signature]* 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	7,507.00
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!



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

TICKET CONTINUATION

API # 15-185-23208-00-00

TICKET No. 5978

CUSTOMER American Wellco
WELL Corral #2A-19
DATE 10 30 03
PAGE 2 OF 2

ORIGINAL

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY.	U/M	QTY.	U/M			
330		1				SMOC	150				9 75	1462	50
335		1				CFR-1	70				2 72	192	50
376		1				Flocde	38				90	34	20
KCC NOV 2 9 2003 CONFIDENTIAL													
581		1				SERVICE CHARGE	CUBIC FEET 150				1 00	150	00
583		1				MILEAGE CHARGE	TOTAL WEIGHT 15048	LOADED MILES 70	TON MILES 526.68		85	447	68

CONTINUATION TOTAL 2786 88

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JOB LOG

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SWIFT Services, Inc.

17 ORIGINAL

DATE 10 20 03 PAGE NO. 7

CUSTOMER American Wholes WELL NO. # 2A-19 LEASE Cook JOB TYPE Long Strip TICKET NO. 5978

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
0315		ADI	#15-185-23208-00-00					on loc. Rig being down D.I.P.
0500								Start in hole with 5 1/2" Csg.
								Run 80 Jis set 6' off Bottom @ 3514'
								Cont. on #1, #3, #5, #7, #9, #11, #39
								Basket on #8, #40
								Port Collar Top #40 @ 1770.43'
								Csg. on Bottom C.R.
								Pick up 6" Drop Ball
0645							1200	Set Parker shoe 1200 - C.R. - 1200
								Plug mouse hole + Rat hole
0715			12					Pump 500 gal mud filter
			20					Pump 2000 RCL Fluid
								Mix 150-lb smoc
								Finished mixing
								Wash out pump + line
								Displace latch down Plug
0750			81					Plug down 1500pt holding
								Release press. Dried up
								Wash and pack up 1200
								Job Complete

[Handwritten signature]
1/1/04

ORIGINAL



CHARGE TO:
AMERSON WARDOR
 ADDRESS
API #15-185-23208-00-00
 CITY, STATE, ZIP CODE

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KCC WICHITA #2

TICKET
6093

PAGE 1 OF 1

SERVICE LOCATIONS: **NESS CITY**
 WELL/PROJECT NO.: **2A-16** LEASE: **COOK** COUNTY/PARISH: **STAFFORD** STATE: **KS** CITY: **NESS CITY** DATE: **10-29-03** OWNER: **SAME**
 TICKET TYPE: SERVICE SALES CONTRACTOR: **EXPRESS WELL SERVICE** RIG NAME/NO.: **LOCATION** SHIPPED VIA: **CT** DELIVERED TO: **LOCATION** ORDER NO.:
 WELL TYPE: **OTZ** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **COMWT TOP STAG** WELL PERMIT NO.: **EX 2015 - 3W 1F 1/2W, FL**
 REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #104	60		MT		2.50	150.00
577		1			PUMP SERVICE	1		JOB		750.00	750.00
105		1			PORT CAUSE OPENING TOOL	1		JOB		400.00	400.00
330		1			SWIFT MUD - DENSITY STAFFORD	125		YD		9.75	1218.75
276		1			FLOCEL	31		LB		1.90	27.90
581		1			SERVICE CHARGE - COMWT	125		YD		1.00	125.00
583		1			DRAINAGE	12391	185		371.73	1.85	315.97

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 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 X
 DATE SIGNED: **10-29-03** TIME SIGNED: **0800** 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?				2987.62
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
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: **Wanda Wagon** APPROVAL:

Thank You!

JOB LOG

CONFIDENTIAL

SWIFT Services, Inc.

ORIGINAL

DATE 10-29-03 PAGE NO. 1

CUSTOMER AMERICAN WARDOR WELL NO. 2A-16 LEASE COOK JOB TYPE COMPT. TOP STAGE TICKET NO. 6093

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0745		API # 15-185-23208-00			208-00	-00	ON LOCATION KCC NOV 23 2003 CONFIDENTIAL
								2 3/8 x 5 1/2 PORT COLLAR @ 1770
	0900				✓		1000	PS-TEST - HEAD
	0905	3	4	✓		600		OPW PORT COLLAR - 2 1/2 DATE
	0910	3 1/2	42 17	✓			500 ^{AG}	MIX CMWT 75 SLS @ 11.2 PPG (CALCULATED) 50 SLS @ 13.0 PPG
	0930	3	6	✓		600	600	DISPLACE CMWT (CALCULATED)
	0935				✓		1000	CLOSE PORT COLLAR - PS-TEST-HEAD
	0955	3	20	✓			400	RUN 5 SLS TUBING
					✓			REVERSE CLEAN
								WASH-UP
								PULL TUBING
	1030							JOB COMPLETE
								THANK YOU WAVE DUSTY SWIFT