

12/20/06

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 4058
 Name: American Warrior, Inc.
 Address: P. O. Box 399
 City/State/Zip: Garden City, KS 67846
 Purchaser: NCRA
 Operator Contact Person: Joe Smith
 Phone: (620) 275-2963
 Contractor: Name: Discovery Drilling
 License: 31548
 Wellsite Geologist: Jim Dilts
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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>6-27-06</u>	<u>7-1-06</u>	<u>8-24-06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 163-23,542 -00-00
 County: Rooks
 _____ SW _____ NE _____ SE _____ Sec. 6 Twp. 10 S. R. 20 East West
1670 FSL feet from S / N (circle one) Line of Section
1000 FEL feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Keller Well #: 3-6
 Field Name: Wildcat
 Producing Formation: Arbuckle
 Elevation: Ground: 2278' Kelly Bushing: 2275'
 Total Depth: 3966' Plug Back Total Depth: 3943'
 Amount of Surface Pipe Set and Cemented at 222 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 1752 Feet
 If Alternate II completion, cement circulated from 1752'
 feet depth to Surface w/ 170 sx cmt.
ARTIWAH 3-12-07

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 17,000 ppm Fluid volume 300 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: Compliance Coordinator Date: 12-12-06

Subscribed and sworn to before me this 12th day of December, 2006.

Notary Public: [Signature]
 Date Commission Expires: 09-12-09

ERICA KUHLMIEIER
 Notary Public - State of Kansas
 My Appt. Expires 09-12-09

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: 12-20-06

Wireline Log Received

Geologist Report Received

UIC Distribution

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Operator Name: American Warrior, Inc. Lease Name: Keller Well #: 3-6
 Sec. 6 Twp. 10 S. R. 20 East West County: Rooks

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)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

List All E. Logs Run:

Microresistivity Log, Borehole Compensated Sonic Log, Dual Compensated Porosity Log, Dual Induction Log, Sonic Cement Bond Log

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 Pipe	12-1/4"	8-5/8"	20#	222'	Common	150 sx	3 % cc & 2 % gel
Production Pipe	7-7/8"	5-1/2"	14#	3965'	EA2	150sx	Flocele

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	3838' to 3842'		

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8"	3940'	None	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method		
N/A			<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 Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	N/A	N/A	N/A		

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 _____

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CHARGE TO:
AMERICAN WARRIOR ETC.
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET
 No 10597

PAGE 1 OF 1

1. SERVICE LOCATIONS NESS COT, KS	WELL/PROJECT NO. 3-6	LEASE KELLER	COUNTY/PARISH ROOKS	STATE KS	CITY	DATE 7-13-06	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR EXPRESS WELL SERVICE	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE COMWT PORT COLLAR	WELL PERMIT NO.	WELL LOCATION SW/PALCO, KS		
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 *104	40		ME		4.00	160.00
577		1			PUMP SERVICE	1		PUR		850.00	850.00
105		1			PORT COLLAR OPENING TOOL	1		PUR		400.00	400.00
330		1			SWIFT MULTI-DENSITY STANDARD	170		SD		12.50	2125.00
276		1			FLOCELE	50		US		1.25	62.50
581		1			SERVICE CHARGE COMWT	200		SD		1.10	220.00
583		1			DRAYAGE	19970		US	399.4 MM	1.00	399.40

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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: **7-13-06** TIME SIGNED: **1330**

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?					4216.90
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				TOTAL	4354.04

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

SWIFT OPERATOR: **WAYNE WILSON** APPROVAL: _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 7-13-06 PAGE NO. 1

CUSTOMER AMERICAN WARRIOR INC. WELL NO. 3-6 LEASE KEUER JOB TYPE CEMENT PORT COLLAR TICKET NO. 10597

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1330							ON LOCATION
								2 3/8 x 5 1/2 PORT COLLAR = 1752
	1335				✓		1000	PSE TEST CASING - HELD
	1340	3	2	✓		350		OPEN PORT COLLAR - DAT RATE
	1345	5	94	✓		450		MAX CEMENT 170 SKS SMD
	1410	4	6	✓		550		DISPLACE CEMENT
	1415				✓	1000		CLOSE PORT COLLAR - PSE TEST - HELD
								CIRCULATE 10 SKS CEMENT TO BIT
	1430	3 1/2	25		✓		450	RUN 4 JIS CIRCULATE CLEAR
								WASH UP TRUCK
								PULL TOOL
	1500							JOB COMPLETE

THANK YOU
WAYNE, DUSTY, SHANE

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CHARGE TO: *AW1*

ADDRESS

CITY, STATE, ZIP CODE

TICKET No 10142

PAGE 1 OF 2

SERVICE LOCATIONS
 1. *AA45* WELL/PROJECT NO. *3-6* LEASE *Waller* COUNTY/PARISH *Rooks* STATE *Ms* CITY DATE *07-02-06* OWNER
 2. *NESS* TICKET TYPE CONTRACTOR RIG NAME/NO. SHIPPED VIA DELIVERED TO ORDER NO.
 SERVICE
 SALES *Discovery Drls #1* *Cr* *3s, 1w, 1u, 1w, 1u, 1s, 1u, 1w, 1u*
 3. WELL TYPE *Oil* WELL CATEGORY *Develop* JOB PURPOSE *5 1/2 Longstring* WELL PERMIT NO. *15-163-23542* WELL LOCATION *SB, T10, P200*
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		QTY.		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF		U/M	U/M					
575		1			MILEAGE #105	40	mi			4.00	160	00
578		1			Pump Service	1	es			1250.00	1250	00
221		1			Liquid WCL	2	ssl			26.00	52	00
281		1			Mod Flush	500	ssl			.75	375	00
290		1			St Air	1	ssl			32.00	32	00
402		1			Centralizer	8	rec	5 1/2	in	60.00	480	00
403		1			CMT Basket	2	es	5 1/2	in	230.00	460	00
404		1			Port Collar	1	es	5 1/2	in	2100.00	2100	00
406		1			Latch Down Plug & Beffls	1	es	5 1/2	in	210.00	210	00
407		1			Insert Flat Stop 1/4" And Full	1	es	5 1/2	in	250.00	250	00
419		1			Rotating Head Rental	1	es	5 1/2	in	250.00	250	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

X *[Signature]*
 DATE SIGNED *07-02-06* TIME SIGNED *0730* 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?				PG-1 PAGE TOTAL	5619 00
WE UNDERSTOOD AND MET YOUR NEEDS?				PG-2	2,669 68
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				sub Total	8,288 68
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Rooks TAX 5.3%	339 23
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	8627 91
<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 *[Signature]*

Thank You!



CHARGE TO:
AMERICAN WARRIOR INC.
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET No **10597**

PAGE **1** OF **1**

SERVICE LOCATIONS 1. NESS CITY, KS	WELL/PROJECT NO. 3-6	LEASE KELLER	COUNTY/PARISH ROOKS	STATE KS	CITY	DATE 7-13-06	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR EXPRESS WELL SERVICE	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATOR	ORDER NO.	
3.	WELL TYPE ORZ	WELL CATEGORY DEVELOPMENT	JOB PURPOSE COMWT PORT COLLAR	WELL PERMIT NO.	WELL LOCATION SW/PALCO, KS		
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 * 104	40	MI			4.00	160.00
577		1			PUMP SERVICE	1	HR			850.00	850.00
105		1			PORT COLLAR OPENING TOOL	1	JOB			400.00	400.00
330		1			SWIFT MULTI-DENSITY STANDARD	170	SB			12.50	2125.00
276		1			FLOCELE	50	US			1.25	62.50
581	KCC WICHITA DEC 19 2006 RECEIVED	1			SERVICE CHARGE COMWT	200	SH			1.10	220.00
583		1			DRAYAGE	19970	US	399.4	TM	1.00	399.40

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

DATE SIGNED **7-13-06** TIME SIGNED **1330** 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	4216.90
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?				Rooks TAX @ 5.3%	137.14
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	4354.04
<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 **WAYNE WILSON** APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 7-13-06 PAGE NO. 1

CUSTOMER AMERICAN WARRIOR 2X WELL NO. 3-6 LEASE KELLER JOB TYPE CEMENT PORT COLLAR TICKET NO. 10597

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1330							ON LOCATION
								2 3/8 x 5 1/2 PORT COLLAR = 1752
	1335				✓		1000	PSI TEST CASING - HELD
	1340	3	2	✓		350		OPEN PORT COLLAR - DIT RATE
	1345	5	94	✓		450		MIX CEMENT 170 SLS SMD
	1410	4	6	✓		550		DISPLACE CEMENT
	1415				✓		1000	CLOSE PORT COLLAR - PSI TEST - HELD
								CIRCULATE 10 SLS CEMENT TO BIT
	1430	3 1/2	25		✓		450	RUN 4 JTS CIRCULATE CLEAN
								WASH UP TRUCK
								PULL TOOL
	1500							JOB COMPLETE
								THANK YOU WAYNE, DUSTY, SHANE
								RECEIVED DEC 15 2006 KCC WICHITA

ALLIED CEMENTING CO., INC. 24418

Federal Tax I.D.# 48-0727860

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

SERVICE POINT:
Russell

DATE <u>6-26-06</u>	SEC. <u>6</u>	TWP. <u>10</u>	RANGE <u>20</u>	CALLED OUT <u>1:00pm</u>	ON LOCATION <u>3:30pm</u>	JOB START	JOB FINISH <u>5:00pm</u>
LEASE <u>Kellen</u>		WELL# <u>3-6</u>		LOCATION <u>PA1co 25 1w</u>		COUNTY <u>Rooks</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR Discovery
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 223
 CASING SIZE 8 1/2 DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15'
 PERFS.
 DISPLACEMENT 13.18 bbls

OWNER
 CEMENT
 AMOUNT ORDERED
150 pk Com 3-2

EQUIPMENT

PUMP TRUCK CEMENTER Bill
 # 366 HELPER Jody
 BULK TRUCK
 # 378 DRIVER Kyle
 BULK TRUCK
 # DRIVER

COMMON	<u>150</u>	@	<u>10.65</u>	<u>1597.50</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>16.65</u>	<u>49.95</u>
CHLORIDE	<u>5</u>	@	<u>46.60</u>	<u>233.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>158</u>	@	<u>1.90</u>	<u>300.20</u>
MILEAGE	<u>8 1/4 mile</u>			<u>758.00</u>
TOTAL				<u>2939.95</u>

REMARKS:

Ran 5 hrs 8 1/2 rate 222
Cent w/ 150pk Comt
pump plug 13 w/ 13 bbls of water
Cent did fine

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>815.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>60</u>	@	<u>5.00</u>	<u>300.00</u>
MANIFOLD		@		
		@		
		@		
TOTAL				<u>1115.00</u>

CHARGE TO: American Warrior
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & 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 Curt Mayfield

PRINTED NAME