

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.  
Address: P.O. Box 399  
City/State/Zip: Garden City Ks. 67846  
Purchaser: NRCA  
Operator Contact Person: Cecil O'Brate  
Phone: (620) 275-2963  
Contractor: Name: Discovery Drilling  
License: 31548  
Wellsite Geologist: Ron Nelson

**KCC**  
**JUN 02 2004**  
**CONFIDENTIAL**  
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**JUN 07 2004**  
**KCC WICHITA**

Designate Type of Completion:  
 New Well     Re-Entry     Workover  
 Oil     SWD     SLOW     Temp. Abd.  
 Gas     ENHR     SIGW  
 Dry     Other (Core, WSW, Expt., 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>5/3/04</u>	<u>5/9/04</u>	<u>6/1/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 065-22969-00-00  
County: Graham  
C E/2 NW NE Sec. 8 Twp. 8 S. R. 21  East  West  
570' feet from S N (circle one) Line of Section  
1500 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW  
Lease Name: Hart Well #: 1-8

Field Name: Luck NE

Producing Formation: Conglomerate

Elevation: Ground: 2017' Kelly Bushing: 2024'

Total Depth: 3610 Plug Back Total Depth: 3542'

Amount of Surface Pipe Set and Cemented at 222 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set 1542' Feet

If Alternate II completion, cement circulated from 1542'

feet depth to Surface w/ 165 sx cmt.

Drilling Fluid Management Plan ALT II Wdm 2-15-07  
(Data must be collected from the Reserve Pit)

Chloride content 2,000 ppm Fluid volume 160 bbls

Dewatering method used Hauled off location.

Location of fluid disposal if hauled offsite:

Operator Name: American Warrior Inc.

Lease Name: Clark SWD License No.: 4058

Quarter SW/4 Sec. 32 Twp. 8 S. R. 21  East  West

County: Graham Docket No.: D 20,546

**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: Foreman Date: 6/2/04

Subscribed and sworn to before me this 2nd day of June

20 04

Notary Public: [Signature]

Date Commission Expires: 11/4/07

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

**KCC Office Use ONLY**  
Yes Letter of Confidentiality Received  
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: Hart Well #: 1-8
Sec. 8 Twp. 8 S. R. 21 East West County: Graham

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:

Microresistivity, DCPL, Dual Induction, Bond

Log Formation (Top), Depth and Datum Sample

Name Top Datum
Topeka 2978' -954
Heebner 3187' -1163
Toronto 3210' -1186
LKC 3224' -1200
BKC 3422' -1398
Arbuckle 3556' -1532

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CASING RECORD New Used
Report all strings set-conductor, surface, intermediate, production, etc.

Table with 8 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 include Surface and Production data.

ADDITIONAL CEMENTING / SQUEEZE RECORD

Table with 5 columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives. Includes options for Perforate, Protect Casing, Plug Back TD, Plug Off Zone.

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. Includes 'RECEIVED JUN 07 2004 KCC WICHITA' stamp.

TUBING RECORD Size Set At Packer At Liner Run Yes No. Date of First, Resumerd Production, SWD or Enhr. Producing Method Flowing Pumping Gas Lift Other (Explain). 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).

# SWIFT



Services, Inc.

CHARGE TO: American uranium  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: \_\_\_\_\_

TICKET No 6910

PAGE 1 OF 1

ORIGINAL

TED/SHELLY FUCHS

06/04/2004 00:54 17857254702

SERVICE LOCATIONS <u>Hays, KS</u>	WELL/PROJECT NO. <u>1-8</u>	LEASE <u>Hart</u>	COUNTY/PARISH <u>Graham</u>	STATE <u>Ks</u>	CITY	DATE <u>5/18/04</u>	OWNER <u>Same</u>
TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Mudra</u>	RIG NAME NO.	SHIPPED VIA <u>BIT</u>	DELIVERED TO <u>Loc</u>	ORDER NO.		
WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Central Port Cottar</u>	WELL PERMIT NO.	WELL LOCATION			
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF			UM		UM		
575		1			MILEAGE #103	60	mi	2	50	150	00
578		1			Pump Service	1	ea	1200	00	1200	00
581		1			Service Charge	225	sh	1	00	225	00
583		1			Drayage	671.40	700 mile		00	570	00
330		1			SMOC	165	sh	10	00	1650	00
276		1			Fluoride	57	#		90	51	30
	KCC JUN 02 2004 CONFIDENTIAL				RECEIVED JUN 07 2004 KCC WICHITA						

**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 \_\_\_\_\_ 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
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	3846	99
TAX	90	17
TOTAL	3937	16

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES  
 SWIFT OPERATOR: Ryan B. Lybster    APPROVAL: \_\_\_\_\_  
 Thank You!

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SWIFT Services, Inc.

ORIGINAL

JOB LOG

DATE 5-12-04 PAGE NO. 7

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Americas which		7-8		Hart		Part Collar		6910	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	0750								on loc.
	0830								Start in hole with Part Collar opening to 1
	0925								Locate Part Collar exit on track
									open Part Collar
									Pump 3 BPM 350 psi Blow on Brockenhead
									Start mixing 225 sk SMO
	0950								165 sk mixed cont to surface
									Displ 551
									Close Part Collar
									Press to 1000 psi Hold
									Run 3 Jts.
									Reverse out short way
	10:05								Pull tubing out of hole
									Wash and rack up hose
									JOS Complete
									Used 165 sk SMO 1/4" Flexible

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CHARGE TO: *American Warrior*  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

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TICKET No 6758

PAGE 1 OF 2

1. WELL/PROJECT NO. *1-8* LEASE *Holt* COUNTY/PARISH *Graben* STATE *KS* CITY  
 2. TICKET TYPE  SERVICE  SALES CONTRACTOR RIG NAME/NO. *Discourt* SHIPPED VIA *105* DELIVERED TO *Bouge* DATE *5-9-04* OWNER *Sane*  
 3. WELL TYPE *oil* WELL CATEGORY *Development* JOB PURPOSE *4/5* ORDER NO. WELL PERMIT NO. WELL LOCATION  
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE	105					
578					Pump charge			50	Mi		
400					Guideshoe			3599	FT	2.50	125.00
401					annat. fillups w/auto fill			1	SA		1200.00
410					Top Plug			1	SA		80.00
402					Proteolysis			1	SA		110.00
403					Cement Basket			7	SA	34.00	238.00
404					Post collar			1	SA		115.00
281					mud flush			1	SA		1300.00
221					Liquid KCL			500	Gal	60	300.00
								2	Gal	19.00	38.00
											2545.84

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

X *[Signature]*  
 DATE SIGNED *5-9-04* TIME SIGNED *1030*  
 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?				6086.84
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

TICKET No. 6758

CUSTOMER American Waxson

WELL Hart 1-8

DATE 5-9-04

PAGE 2 of 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			QTY.	UM	QTY.	UM	
225						STD Cement	175	SKS		7.25	1268.75
284						Cal Seal	8	SKS		25.00	200.00
283						Salt	900	lbs		.15	135.00
285						CFR-2	82	lbs		2.73	225.50
276						Flocculo	44	lbs		.90	39.60
290						D-AIR	41	lbs		2.73	112.23

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581

33

SERVICE CHARGE

MILEAGE CHARGE

TOTAL WEIGHT 18517

LOADED MILES 30

CUBIC FEET

RD 175

TON MILES

457.93

1.00

8

175.00

389.24

CONTINUATION TOTAL

2545.30

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CUSTOMER American Warrior

WELL NO.

1-2

LEASE

Hart

JOB TYPE

**L/ ORIGINAL** TICKET NO. 6758

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1030							on loc Rig trying down O.P.
								T.D. 360
	1130							ST CSG Run Guide shoe
								insert float valve
								Cent on Collars 1, 3, 5, 7, 9, 11, 47
								Bracket on top of 47
*								Port collar on top of 48 1549'
								Tag Bottom + P.V. To 3599 + set C.C.
	1300							Circ w/ Rig
	1225							Plug Rod 15 ST
								Mouse 10 ST
		5					300	Pump 500 gal mud flush
								20 BBL Clotix water
								150 SKS EA-2 CM T
			42 1/2					Brush mix CM T washout P+L
		7					0	Release Top Plug + ST Disp
	1355	4	56 1/2				1200	Plug Down
								Release float hold
	1400							Job Complete

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

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DATE <u>5/2/04</u>	SEC. <u>2</u>	TWP. <u>4</u>	RANGE <u>21</u>	CALLED OUT <u>3:00 PM</u>	ON LOCATION <u>3:00 PM</u>	JOB START	JOB FINISH <u>10:00 AM</u>
LEASE <u>1</u>	WELL# <u>1</u>	LOCATION <u>Box 31</u>			COUNTY <u>Washington</u>	STATE <u>K</u>	
OLD OR NEW (Circle one)							

CONTRACTOR American  
 TYPE OF JOB WELL  
 HOLE SIZE \_\_\_\_\_ T.D. 223  
 CASING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. 15  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 13.5 bbls  
 EQUIPMENT \_\_\_\_\_

OWNER \_\_\_\_\_  
 CEMENT AMOUNT ORDERED 160 lbs  
 COMMON \_\_\_\_\_ @ \_\_\_\_\_  
 POZMIX \_\_\_\_\_ @ \_\_\_\_\_  
 GEL \_\_\_\_\_ @ \_\_\_\_\_  
 CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_  
 ASC \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 HANDLING \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

PUMP TRUCK CEMENTER \_\_\_\_\_  
 # 345 HELPER Mike  
 BULK TRUCK \_\_\_\_\_  
 # 222 DRIVER Robert  
 BULK TRUCK \_\_\_\_\_  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

RAN 5 gals of 13.5 gal. 222  
100 gal 160 lbs  
100 gal plus w/ 13.5 bbls of water  
100 gal 160 lbs

TOTAL \_\_\_\_\_

SERVICE

DEPTH OF JOB \_\_\_\_\_  
 PUMP TRUCK CHARGE \_\_\_\_\_  
 EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

TAX \_\_\_\_\_  
 TOTAL CHARGE \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME \_\_\_\_\_

CHARGE TO: American Well Service Inc  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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.

SIGNATURE Paul W. Ryan

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