

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: NCRA
Operator Contact Person: Jody Smith
Phone: (620) 272-1023
Contractor: Name: Discovery Drilling
License: 31548

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. _____

<u>4/27/04</u>	<u>5/1/04</u>	<u>5/17/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 065-229700000
County: Graham
C SW SW NE Sec. 5 Twp. 8 S. R. 21 East West
2310' feet from S N (circle one) Line of Section
2300' feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Kirkpatrick Well #: 1-5

Field Name: Wildcat
Producing Formation: Marmaton
Elevation: Ground: 2053' Kelly Bushing: 2061'
Total Depth: 3650' Plug Back Total Depth: 3627'

Amount of Surface Pipe Set and Cemented at 222' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1633 Feet
If Alternate II completion, cement circulated from 1633'
feet depth to Surface w/ 150 sx cmt.

Drilling Fluid Management Plan
(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. 18 S. R. 21 East West
County: Graham Docket No.: D-20546

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: 6/4/04

Subscribed and sworn to before me this 4th day of June, 2004

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

X

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Side Two

ORIGINAL

Operator Name: American Warrior Inc. Lease Name: Kirkpatrick Well #: 1-5
Sec. 5 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 (Attach Additional Sheets)
Samples Sent to Geological Survey
Cores Taken
Electric Log Run (Submit Copy)
List All E. Logs Run:
Borehole Compensated, Dual Induction, Dual Compensated Porosity, Micro and Bond.
Log Formation (Top), Depth and Datum
Sample
Name Top Datum
Topeka 3023' -962
Heebner 3236' -1175
Toronto 3262' -1201
LKC 3274' -1213
BKC 3473' -1412
Arbuckle 3622' -1561
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CASING RECORD
Report all strings set-conductor, surface, intermediate, production, etc.
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.

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
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.

TUBING RECORD
Table with columns: Size, Set At, Packer At, Liner Run.

Date of First, Resumerd Production, SWD or Enhr.
Producing Method
Table with columns: Date, Method (Flowing, Pumping, Gas Lift, Other).

Estimated Production Per 24 Hours
Table with columns: 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 Well*
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET No. 6747

PAGE 1 OF 1

1. SERVICE LOCATIONS: *1-5*
 2. TICKET TYPE: SERVICE SALES
 CONTRACTOR: *Murkin*
 RIG NAME/NO.:
 SHIPPED VIA: *VAT*
 DELIVERED TO: *100*
 ORDER NO.:
 DATE: *5/10/04*
 OWNER: *Same*
 WELL/PROJECT NO.:
 LEASE: *R. R. Packer*
 COUNTY/PARISH: *Greene*
 STATE: *K.*
 CITY:
 WELL TYPE: *Oil*
 WELL CATEGORY: *Development*
 JOB PURPOSE: *Control Well Celler*
 WELL PERMIT NO.:
 WELL LOCATION:
 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	75	150	00
578		1			Pump Service	1	hr			1200	08	1200	00
581		1			Service Charge	175	hr			1	00	175	00
583		1			Drayage	522.45	hr				85	444	00
330		1			SMOC	150	hr			10	00	1500	00
276		1			Miscellaneous	44	hr				90	39	60

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: *5/10/04*
 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	3508	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: *[Signature]*

Thank You!



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

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TICKET No 6736

PAGE 1 OF 2

1. SERVICE LOCATIONS
 2. WELL/PROJECT NO. *1-5* LEASE *Rick Daniel* COUNTY/PARISH *Grades* STATE *Ks* CITY DATE *5-7-04* OWNER *Small*
 3. TICKET TYPE SERVICE CONTRACTOR *Discomsa Okla* RIG NAME/NO. SHIPPED VIA *BIT* DELIVERED TO *Location* ORDER NO.
 4. WELL TYPE *Oil* WELL CATEGORY *Development* JOB PURPOSE *Cond. 5 1/2" Prod. Csg.* WELL PERMIT NO. WELL LOCATION
 REFERENCE 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	75	150	18
578		1			Perm Service	1		ea		1700	21	1200	18
407		1			Invat Plat Show	1		ea	5 1/2 in	230	21	230	18
406		1			Lat Machine Plant Bldg	1		ea		200	21	200	18
404		1			Per C H's	1		ea		1500	21	1500	18
402		1			Contractor	7		ea		44	18	308	18
403		1			Boat	1		ea		125	18	125	18
221		1			KOL	2		gal		19	18	38	18
221		1			Mud Plug	500		gal		160	18	300	18
173		1			Reinforcing steel	1		ea		150	18	150	18
		1			Sa- Contractor							2153	18

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 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	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				6354
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

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR *Ken S. ...* APPROVAL

Thank You!



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

TICKET CONTINUATION

TICKET No. 6736

CUSTOMER *American Wellco* WELL *Hydrocrack 1-5* DATE *5 2 64* PAGE *2* OF *2*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF			QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT		
325	ORIGINAL	1				Standard Cement	150	sk			7	25	1087	50
284		1				Crushed	7	sk			25	25	175	25
283		1				Salt	750	#			15	15	112	50
285		1				CFR	71	#			2	25	195	25
276		1				Fluoride	38	#			10	10	34	10
581		1				SERVICE CHARGE					1	150	150	25
583		1				MILEAGE CHARGE						35	399	30
											CONTINUATION TOTAL		2153	75

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SERVICE CHARGE 150.00 CUBIC FEET 1 150 150.00
 MILEAGE CHARGE 156.59 TOTAL WEIGHT 15659 LOADED MILES 60 TON MILES 469.77 35 399.30

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ALLIED CEMENTING CO., INC.

16866

ORIGINAL
SERVICE POINT

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

DATE <u>4/27/04</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>4:15 p.m.</u>	JOB START	JOB FINISH <u>5:30 p.m.</u>
LEASE <u>Kirkpart with</u>	WELL # <u>1-11</u>	LOCATION <u>18 2 24 Dist. New York</u>		COUNTY <u>Crawford</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)				<u>IND</u>			

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CONTRACTOR D. Conroy L 1
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4" T.D. 225'
 CASING SIZE 8 3/8" DEPTH 222'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 10
 PERFS. _____
 DISPLACEMENT 13 3/4 Bbl

OWNER _____
 CEMENT AMOUNT ORDERED 1000 Com 3" x 11 1/2"
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Paul
 # 3160 HELPER Steve
 BULK TRUCK # 3102 DRIVER Craigie Peck
 BULK TRUCK # _____ DRIVER _____

REMARKS:

Cement Circulated

Thank you!

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

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE Plug 8 3/8" @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

PLUG & FLOAT EQUIPMENT

MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 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 [Signature]

PRINTED NAME

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