

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

CONFIDENTIAL

ORIGINAL

Operator: License # 4048
Name: American Warrior INC
Address: P.O.Box 399,
City/State/Zip: Garden city, KS 67846
Purchaser: NONE D/A
Operator Contact Person: Kevin Wiles SR
Phone: (620) 275-2963
Contractor: Name: Duke Drilling
License: 5929
Wellsite Geologist: Ron Nelson

API No. 15 - 185-23,202-00-00
County: Stafford
SW SE SW Sec. 34 Twp. 21s S. R. 14w East West
385' feet from (S) N (circle one) Line of Section
1650' feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Schartz Well #: 1-34

Field Name: Hickman South
Producing Formation: NONE

Elevation: Ground: 1950' Kelly Bushing: 1958

Total Depth: 3833' Plug Back Total Depth: NA

Amount of Surface Pipe Set and Cemented at 320' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx.cmt.

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. _____

10-30-2003	11-6-2003	11-6-2003
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan ALTI WITHM 2-14-07
(Data must be collected from the Reserve Pit)

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: 11-24-2003

Subscribed and sworn to before me this 24th day of Nov

2003

Notary Public: Debra Shumee

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

✓

X

CONFIDENTIAL

Side Two

ORIGINAL

Operator Name: American Warrior INC

Lease Name: Schartz

Well #: 1-34

Sec. 34 Twp. 21s S. R. 14w East West

County: Stafford API# 15-185-23202-00-00

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:

Sonic

KCC

NOV 24 2013

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Heebner	3300'	-1353
LKC	3432"	-1485
BKC	3649'	-1712
Viola	3705'	-1758
Simpson	3770'	-1823
Arbuckle	3798'	-1851

CONFIDENTIAL

CASING RECORD New 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	12-1/4"	8-5/8"	20#	320'	Class A	265	2%gel & 3%cc

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input 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
	NONE D/A		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input 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

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 _____

CONFIDENTIAL

ORIGINAL

ALLIED CEMENTING CO., INC. 12798

Federal Tax I.D.# 48-0727860

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

SERVICE POINT:
MEDICINE LODGE

APT# 15-185-23202-00-00

DATE <u>10-30-03</u>	SEC. <u>34</u>	TWP. <u>21s</u>	RANGE <u>14w</u>	CALLED OUT <u>2:30 PM</u>	ON LOCATION <u>6:00 PM</u>	JOB START <u>11:25 PM</u>	JOB FINISH <u>11:45 PM</u>
LEASE <u>SCWARTZ</u>	WELL # <u>1-34</u>	LOCATION <u>K-19 + 281 SW, 1N</u>			COUNTY <u>STAFFOR</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one)		<u>1/2w, N/S</u>					

CONTRACTOR DUNE 1216 #8
 TYPE OF JOB WELLFACE CASING
 HOLE SIZE 12 1/4" T.D. 320'
 CASING SIZE 3 1/2" X 24 DEPTH 320'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 30'
 PERFS. _____
 DISPLACEMENT 19 1/4 BBLs STD

OWNER AMERICAN WARRIOR

CEMENT
AMOUNT ORDERED
265x 70:30:2 + 3% Cc12

COMMON <u>A 136</u>	@		
POZMIX <u>79</u>	@	<u>3.30</u>	<u>300.20</u>
GEL <u>5</u>	@	<u>10.00</u>	<u>50.00</u>
CHLORIDE <u>9</u>	@	<u>30.00</u>	<u>270.00</u>
<u>KCC</u>	@		
<u>NOV 24 2003</u>	@		
<u>CONFIDENTIAL</u>	@		
HANDLING <u>279</u>	@	<u>1.15</u>	<u>320.35</u>
MILEAGE <u>279 x 20</u>	@	<u>.05</u>	<u>249.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER KEVIN BRUNARD
 # 363-265 HELPER ERIC BREWER
 BULK TRUCK
 # 364 DRIVER TANNER FOX
 BULK TRUCK
 # _____ DRIVER _____

RECEIVED
 NOV 26 2003
 KCC WICHITA SERVICE

REMARKS:

RUN 3 1/2" 4 BREAK CIRCULATION
MIX 265x 70:30:2 + 3% CC
WELLFACE PLUG TO 301' / 19 1/4 BBLs
CEMENT DTD CEMENTATE

DEPTH OF JOB	<u>321'</u>		
PUMP TRUCK CHARGE			<u>520.00</u>
EXTRA FOOTAGE <u>21'</u>	@	<u>.50</u>	<u>10.50</u>
MILEAGE <u>20</u>	@	<u>3.50</u>	<u>70.00</u>
PLUG <u>1- 3 1/2" TWP</u>	@	<u>45.00</u>	<u>45.00</u>

CHARGE TO: AMERICAN WARRIOR
 STREET P.O. Box
 CITY GARDEN CITY STATE KANSAS ZIP _____

FLOAT EQUIPMENT

_____	@		
_____	@		
_____	@		
_____	@		
_____	@		

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.

TOTAL _____
 TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE X [Signature]

PRINTED NAME _____

CONFIDENTIAL

ORIGINAL

ALLIED CEMENTING CO., INC. 12857

Federal Tax I.D.# 48-0727860

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

SERVICE POINT: Guest Don C

API# 15-185-23202-00-00

DATE <u>11-6-03</u>	SEC. <u>34</u>	TWP. <u>21</u>	RANGE <u>14w</u>	CALLED OUT <u>7:00 am</u>	ON LOCATION <u>9:00 am</u>	JOB START <u>12:45 pm</u>	JOB FINISH <u>12:45 pm</u>
LEASE <u>Shantz</u>		WELL # <u>1-34</u>	LOCATION <u>281 + Seaward Mt top -</u>		COUNTY <u>Stafford</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>5'20" - 1 month</u>				

CONTRACTOR Duk-#8

TYPE OF JOB Rotary plug

HOLE SIZE 7 7/8 T.D. 38.33 -

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER Jack

120 HELPER J.D.

BULK TRUCK

342 DRIVER Don

BULK TRUCK

_____ DRIVER _____

REMARKS:

1st plug @ 28.33 with 40' cement

2nd plug @ 900' with 50' cement

3rd plug @ 950' with 50' cement

4th plug @ 40' with 15' cement

Rotary _____ 15' cement

Measure hole _____ 10' cement

Shantz

OWNER American Warrior

CEMENT

AMOUNT ORDERED 180 or 60/40 6 2/3 gal

KCC

NOV 24 2003

COMMON _____ @ _____

POZMIX CONFIDENTIAL @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

RECEIVED

NOV 26 2003

KCC WICHITA SERVICE

TOTAL _____

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: American Warrior

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Shantz

S/ENG H S/SPILLERS

PRINTED NAME