

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

Operator: License # 4058
Name: American Warrior INC
Address: P.O.Box 399,
City/State/Zip: Garden City, Ks 67846
Purchaser: NCRA

CONFIDENTIAL

API No. 15 - 185-23,205-00-00
County: Stafford

NW NE Sec. 8 Twp. 22s S. R. 12 East West
330' feet from S / (N) (circle one) Line of Section
1930' feet from (E) W (circle one) Line of Section

Operator Contact Person: Kevin wiles Sr
Phone: (620) 275-2963
Contractor: Name: Duke DRLG.

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Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Fisher Well #: #1-8

License: 5929
Wellsite Geologist: Ron Nelson

NOV 26 2003

Field Name: Drach
Producing Formation: Arbuckle

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

KCC WICHITA

Elevation: Ground: 1880' Kelly Bushing: 1888'
Total Depth: 3685-3688 Plug Back Total Depth: OH: 3688-3688

KCC

Amount of Surface Pipe Set and Cemented at 274' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet

NOV 24 2003

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____

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

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. _____

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

Chloride content: 12,000 ppm Fluid volume: 320 bbls
Dewatering method used Hauled Off-site

10-4-2003 10-11-2003 10-28-2003
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Location of fluid disposal if hauled offsite: _____

Operator Name: Gee Oil Services
Lease Name: Rodgers SWD License No.: 03546
Quarter NW Sec. 34 Twp. 23s S. R. 13 East West
County: Stafford Docket No.: D-23,350

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 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: Fisher Well #: #1-8
Sec. 8 Twp. 22s S. R. 12 East West County: Stafford

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, micro, sonic

Log Formation (Top), Depth and Datum Sample

Table with 3 columns: Name, Top, Datum. Rows include Heebner, LKC, BKC, Viola, Simpson, Arbuckle with their respective depths and datum values.

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CASING RECORD 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. 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.

PERFORATION RECORD - Bridge Plugs Set/Type and Acid, Fracture, Shot, Cement Squeeze Record (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, 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).



CHARGE TO:
AMERICAN WARRIOR ZXC
 ADDRESS
 CITY, STATE, ZIP CODE

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TICKET

No 5949

PAGE 1 OF 2

SERVICE LOCATIONS 1. NESS CITY, KS	WELL/PROJECT NO. 1-8	LEASE FISCHER	COUNTY/PARISH STAFFORD	STATE KS	CITY	DATE 10-11-03	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR DUKE DROWNG # 8	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 5 1/2" LONGSTRACK	WELL PERMIT NO.	WELL LOCATION K19-281 - 4 3/4 E, SS		
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 # 105	60		MI		2.50	150.00
578		1			PUMP SERVICE	1		JOB	3680	1200.00	1200.00
221		1			LIQUID KCL	2		GAL		19.00	38.00
281		1			MUDFLUSH	500		GAL		.60	300.00
405		1			FORMATED / PARKER SHOE	1		EA	5 1/2"	1250.00	1250.00
402		1			CONTRACTS	6		EA		44.00	264.00
406		1			LATCH DOWN PLUG - RAFFLE	1		EA		200.00	200.00

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 *Alvin Stephens*
 DATE SIGNED **10-11-03** TIME SIGNED **1530** 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?				#1	3482.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	2213.40
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX	5615.40
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					196.91
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	5812.31
<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
Wade Wilson

APPROVAL
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 10-11-03 PAGE NO. 7

CUSTOMER AMERIDA WOODRIDGE TX. WELL NO. 1-8 LEASE FISCHER JOB TYPE 5 1/2" LONGSPEARING TICKET NO. 5949

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1430							OJ LOCATION
	1900							START 5 1/2" CASING IN WELL
								TD - 3685' SET 3680'
								TP - 3680' 3711' 5 1/2" / 1" 15.5
								ST - 44.45
								CENTRALIZERS - 1, 3, 5, 7, 9, 11
	2030							CIRCULATE WELL
	2121						1400	DROP BALL - SET PACKERSHOE
	2130							PLUG RH-MH
	2121	6	12		✓		400	PUMP 500 GAL MUDFLUSH
	2123	6	20		✓		400	PUMP 20 BBL KCL FLUSH
	2126	5 1/2	36		✓		300	MGC COMMENT - 150 SKS EA-2
	2138							WASH OUT PUMP & LINES
	2140							RELEASE LATCH DOWN PLUG
	2142	6 1/2	0		✓			DISPLACE PLUG
		5	87		✓		800	
	2155		87.3				1750	PLUG DOWN - PSE UP LATCH ON PLUG
	2200							2x RELEASE PSE - HELPS (DON NOT HOLD) (START @ 1100 PSE)
								WASH UP
	2300							JOB COMPLETE
								THANK YOU
								WAYNE DAVE BLAKE

ALLIED CEMENTING CO., INC. 12715

Federal Tax I.D.# 48-0727869

REMIT TO PC BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
At Road

DATE 10-4-03	SEC 9	TWP 22	RANGE 12	CALL TIME 3:00 PM	ON LOCATION 4:30 PM	JOB START 7:00 AM	JOB FINISH 7:30 PM
LEASE FIELD	WELL # 1-8	LOCATION 231 + 1-13 4 1/2 E, S, W 34		COUNTY	STATE		

CONTRACTOR *Disher #8* OWNER *Seawater*

TYPE OF JOB *Spud*

HOLE SIZE *13 1/2"* ID *12 1/8"* CEMENT

CASING SIZE *5 7/8"* DEPTH *274'* AMOUNT ORDERED *240 cu yds 300 cc*

TUBING SIZE _____ DEPTH *320 yds*

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. IS _____

PERFS _____

DISPLACEMENT *11 1/2 bbls*

EQUIPMENT _____

PUMP TRUCK # *181* CEMENTER _____ HELPER *Don D*

BULK TRUCK # *341* DRIVER *Steve T*

BULK TRUCK # _____ DRIVER _____

TOTAL *2239.45*

REMARKS: *Run 274' @ 5 7/8" cas. Radio circulation. mixed 240 cu yds 300 cc 300 cc. 250 yds. Cement plug. Replaced with 400 yds. Cement plug. Circulate.*

SERVICE

DEPTH OF JOB *274'*

PUMP TRUCK CHARGE _____ *520.00*

EXTRA FOOTAGE _____ @ _____

MILEAGE *18* @ *3.50* *63.00*

PLUG *1-8 3/8 in. 450 yds* @ *45.00* *45.00*

TOTAL *628.00*

CHARGE TO: *Ameson Warren*

STREET _____

CITY _____ STATE _____ ZIP _____

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.

SIGNATURE *J.R. Wheeler*

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME *J.R. Wheeler*

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NOV 26 2003
KCC WICHITA