

ORIGINAL

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

Operator: License # 4058
Name: American Warrior Inc.
Address: P.O. Box 399
City/State/Zip: Garden City 67846
Purchaser: _____
Operator Contact Person: Kevin Wiles
Phone: (620) 272-4996
Contractor: Name: Duke Drilling co., Inc.
License: 5929
Wellsite Geologist: Scott Corsair

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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. _____

5/12/04 5/17/04 5.18.04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 185-23251-00-00
County: Stafford
C w/2 NW SW Sec. 5 Twp. 22 S. R. 12 East West
2100' feet from S N (circle one) Line of Section
450' feet from E W (circle one) Line of Section

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

Producing Formation: KC
Elevation: Ground: 1885' Kelly Bushing: 1893'
Total Depth: 3707' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 277' 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.

Drilling Fluid Management Plan ^{ALT#1} P-A GR 6/04/07
(Data must be collected from the Reserve Pit)
Chloride content 12,000 ppm Fluid volume 240 bbls
Dewatering method used Hauled off location

Location of fluid disposal if hauled offsite:
Operator Name: American Warrior Inc.
Lease Name: Lonnon License No.: 4058
Quarter NE Sec. 36 Twp. 20 S. R. 13 East West
County: Barton Docket No.: E-22,531-0001

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: 6/28/04

Subscribed and sworn to before me this 28 day of June,
20 04.
Notary Public: [Signature]

Date Commission Expires: 11/11/07
DEBRA J. PURCELL
Notary Public - State of Kansas
My Appt. Expires 11/11/07

KCC Office Use ONLY
_____ Letter of Confidentiality Received
If Denied, Yes Date: _____
_____ Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution

ORIGINAL

Operator Name: American Warrior Inc. Lease Name: Alpers Well #: 1-5
 Sec. 5 Twp. 22 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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	12 1/4"	85/8	23#	266'	Common	240sx	3%cc, 2%gel

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 <i>(Amount and Kind of Material Used)</i>	Depth

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TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) <u>D&A</u>	

ALLIED CEMENTING CO., INC. 14466

Federal Tax I.D.#

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

SERVICE POINT: East Ford

DATE <u>5-18-04</u>	SEC. <u>5</u>	TWP. <u>22</u>	RANGE <u>12 W</u>	CALLED OUT <u>7:00 am</u>	ON LOCATION <u>6:00 pm</u>	JOB START <u>8:00 pm</u>	JOB FINISH <u>8:45 pm</u>
LEASE <u>Alphas</u>		WELL # <u>1-5</u>		LOCATION <u>K-114 East Ford with 1 1/2-Tp</u>		COUNTY <u>Stafford</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>				<u>30 ft - 1st</u>			

CONTRACTOR Duk-15

TYPE OF JOB Water Pump

HOLE SIZE 10 3/4 TD. 278'

CASING SIZE 8 3/4 DEPTH 271'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. approx 15'

PERFS. _____

DISPLACEMENT 17 cu yds

EQUIPMENT

PUMP TRUCK CEMENTER Jack

120 HELPER A.D.

BULK TRUCK _____

_____ DRIVER Don

BULK TRUCK _____

_____ DRIVER _____

OWNER American Wagon

CEMENT AMOUNT ORDERED 2000 lbs of 5000 Cement

10 3/4 x 270 ft

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING MILEAGE _____ @ _____

TOTAL _____

REMARKS:

Spent 1/2 of 8 3/4 seg - cement with 210 of cement - On place plus well & 17 cu yds - Fuel water - 8 3/4 ft

Chachi

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG 1 1/2 x 6 Good _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: American Wagon

STREET _____

CITY _____ STATE _____ ZIP _____

RECEIVED FLOAT EQUIPMENT

JUN 30 2004

KCC WICHITA _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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 Alvin H. Stephens

ALVIN H. STEPHENS

PRINTED NAME

ALLIED CEMENTING CO., INC. 17934

Federal Tax I.D.#

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

SERVICE POINT:
Hot Bend

DATE <i>5-18-04</i>	SEC <i>5</i>	TWP. <i>22</i>	RANGE <i>12</i>	CALLED OUT <i>10:00 AM</i>	ON LOCATION <i>1:00 AM</i>	JOB START <i>3:45 AM</i>	JOB FINISH <i>6:00 AM</i>
LEASE <i>Alpen</i>		WELL# <i>1-5</i>	LOCATION <i>281 + K-19 4E, 1/2 N, E15</i>		COUNTY <i>Stephens</i>	STATE <i>Ks</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Duke #8*

TYPE OF JOB *Rotary Plug*

HOLE SIZE *7 7/8* T.D. *3707'*

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE *4 1/2"* DEPTH *700'*

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER *Same*

CEMENT AMOUNT ORDERED *135 lb 69/40, 690 lb*

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER *Tom D*

181 HELPER *Don Dignitt*

BULK TRUCK

342 DRIVER *Don August*

BULK TRUCK

_____ DRIVER _____

REMARKS:

Mixed - 50 lbs @ 700'

50 lbs @ 300'

10 lbs @ 40'

15 lbs in bathole

10 lbs in Manhole

SERVICE

DEPTH OF JOB *700'*

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: *American Warrior*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

MANIFOLD _____ @ _____

1-898 Mykale _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.

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TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE *X [Signature]*

X Steve H Stephens

PRINTED NAME

RECEIVED
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KCC WICHITA