

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 4058
Name: American warrior INC
Address: P.O.Box 399,
City/State/Zip: Garden City, KS 67846
Purchaser: NONE
Operator Contact Person: Kevin Wiles Sr
Phone: (620) 275-2963
Contractor: Name: Murfin DRLG
License: 30606
Wellsite Geologist: NONE

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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: American Warrior INC
Well Name: I.Kenyon #1
Original Comp. Date: 8-12-83 Original Total Depth: 3562'
 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. E-28,159
6-17-03 8-12-83 7-7-03
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 065-21,831 - 00-01
County: Graham
SW SW NW Sec. 8 Twp. 8s S. R. 21 East West
2970' feet from S N (circle one) Line of Section
330' feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: I.Kenyon Well #: 1 WIW
Field Name: Kenyon
Producing Formation: Kansas City
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: _____ Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at _____ 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 *Workover W 8-19-03*
(Data must be collected from the Reserve Pit)
Chloride content 4800 ppm Fluid volume 80 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: [Signature]
Title: Production Supt Date: 7-31-2003
Subscribed and sworn to before me this 31st day of July, 2003.
Notary Public: [Signature]
Date Commission Expires: 11/4/03

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 11/11/03

✓

X

15-065-21831-00-01

ORIGINAL

Side Two

Operator Name: American warrior INC Lease Name: I. Kenyon Well #: 1 WW
 Sec. 8 Twp. 8s 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Topeka	3004'	-971
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	3215'	-1182
List All E. Logs Run:		Lansing	3253'	-1220
		BKC	3453	-1420
		Arbuckle	3554'	1521

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Thermal Multigate Decay, Computer Analyzed

CASING RECORD <input type="checkbox"/> New <input checked="" 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	# Sacs Used	Type and Percent Additives
Surface	12-1/4"	8-5/8"	20#	247'	Class A	176	NA
Production	7-7/8"	5-1/2'	14#	3560'	Com.	225	NA

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Protect Casing	perf 1500'	SMDC	175	3%cc 1/4#flocel

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
4	3331'-3334', 3305'-3307', 3286'-3290'	1000 gals 20% Fe Acid	same

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8" seal-tite	3245'	3245'		
Date of First, Resumerd Production, SWD or Enhr.			Producing Method			
7-28-03			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	NA	NA	NA			

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

METHOD OF COMPLETION _____

Production Interval _____

(If vented, Submit ACO-18.)

15-065-21831-00-01



CHARGE TO: American Warrior
 ADDRESS: P.O. Box 399
 CITY, STATE, ZIP CODE: Garden City, Ks

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TICKET
 5735

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Hays Ks
 2.
 3.
 4. REFERRAL LOCATION

WELL/PROJECT NO. sws wjct I LEASE Kenyon COUNTY/PARISH Graham STATE Ks CITY Hays Ks DATE 6-17-03 OWNER Same

TICKET TYPE SERVICE SALES CONTRACTOR Murphy Drg RIG NAME/NO. SHIPPED VIA Loc DELIVERED TO

WELL TYPE AI Injector WELL CATEGORY Workover JOB PURPOSE Squeeze Pests & circ WELL PERMIT NO. WELL LOCATION

INVOICE INSTRUCTIONS 1 Cmt to Surface

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UOM	QTY.	UOM	UNIT PRICE	TOTAL
		LCC	ACCT	DF							
575					MILEAGE	90	mi.			2.50	225.00
578					Pump Charge	1	ea			1,200.00	1,200.00
288					Sand 20/40	2	sk			11.00	22.00
581					Service Charge	175	SK			1.00	175.00
583					Drillage	437.95	TON			83	367.81
330					SMDC Cement	135	SKS			9.75	1316.25

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
 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?				
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				

