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AUG 12 2005

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC

AUG 11 2005

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM **CONFIDENTIAL**

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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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: American Eagle Drilling
 License: 33439
 Wellsite Geologist: Steven P. Murphy

API No. 15 - 163-23466-00-00
 County: Rooks
 C NW NE SW Sec. 6 Twp. 10 S. R. 20 East West
2350' FSL. _____ feet from S / N (circle one) Line of Section
1410' FWL. _____ feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Tucker Well #: #2-6

Field Name: Cooper
 Producing Formation: Arbuckle

Elevation: Ground: 2272' Kelly Bushing: 2229'
 Total Depth: 3985' Plug Back Total Depth: 3946'

Amount of Surface Pipe Set and Cemented at 219' Feet
 Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 1746' Feet
 If Alternate II completion, cement circulated from 1746'
 feet depth to surface w/ 150sx. sx cmt.

Drilling Fluid Management Plan *ALT II WFM*
 (Data must be collected from the Reserve Pit) *8-13-07*
 Chloride content _____ ppm Fluid volume _____ 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.: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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>7/7/05</u>	<u>7/11/05</u>	<u>7/22/05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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: 8/11/05

Subscribed and sworn to before me this 11 day of August
 20 05

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

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Side Two

KCC ORIGINAL

Operator Name: American Warrior Inc. Lease Name: Tucker **AUG 11 2005** Well #: #2-6

Sec. 6 Twp. 10 S. R. 20 East West County: Rooks

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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	Anh	1761'	+518
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B/Anh	1804'	+475
List All E. Logs Run:		Topeka	3320'	-1041
Neutron Density, Micro, Dual induction and Bond.		Heebner	3520'	-1241
		Toronto	3543'	-1264
		Lansing	3560'	-1281
		B/KC	3780'	-1501
		Arbuckle	3860'	-1581

CASING RECORD <input checked="" 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	121/4"	85/8"	23#	219'	Comm	160	3%CC,2%gel
Production	77/8"	51/2"	14#	3964'	Standerd	150	1/4#flocele

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
4	3861' to 3875'		
	3898'CIBP		
4	3901' to 3904'		

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TUBING RECORD	Size <u>23/8</u>	Set At <u>3895'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.	Producing Method			
<u>NA</u>	<input type="checkbox"/> Flowing <input checked="" 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
	<u>NA</u>	<u>NA</u>		

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

(If vented, Submit ACO-18.) Other (Specify) _____

ALLIED CEMENTING CO., INC. 21541

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SERVICE POINT: Russell

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PO BOX 31 RUSSELL, KANSAS 67665

DATE <u>7/6/05</u>	SEC. <u>6</u>	TWP. <u>10</u>	RANGE <u>CONFIDENTIAL</u>	ON LOCATION <u>9:30</u>	JOB START <u>10:00</u>	JOB FINISH <u>10:20</u>
LEASE <u>Tucker</u>	WELL # <u>2-6</u>	LOCATION <u>Booster Station 1W</u>	COUNTY <u>Rooks</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one) <u>NEW</u>			<u>25 West into</u>			

CONTRACTOR American Eagle Drilling OWNER _____

TYPE OF JOB Surface 50p

HOLE SIZE 10 3/4 T.D. 224 CEMENT AMOUNT ORDERED 160 Com 3% CC

CASING SIZE 8 5/8 20lb DEPTH 219 AMOUNT ORDERED 2% Gel

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15

PERFS. _____

DISPLACEMENT 13 661

EQUIPMENT _____

PUMP TRUCK CEMENTER Steve

366 HELPER Glenn

BULK TRUCK

213 DRIVER Brent

BULK TRUCK

_____ DRIVER _____

COMMON	<u>160</u>	@	<u>870</u>	<u>1392.00</u>
POZMITX		@		
GRI	<u>3</u>	@	<u>14.00</u>	<u>42.00</u>
CHLORIDE	<u>5</u>	@	<u>38.00</u>	<u>190.00</u>
ASC		@		
HANDLING	<u>168</u>	@	<u>1.60</u>	<u>268.80</u>
MILEAGE	<u>6.8/10/100</u>			<u>604.80</u>
TOTAL				<u>2,497.60</u>

REMARKS:

Cement Circ

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>670.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>60</u>	@	<u>5.00</u>	<u>300.00</u>
MANIFOLD	<u>100</u>	@		
TOTAL				<u>970.00</u>

CHARGE TO: American Warrior Inc.

STREET _____

CITY _____ STATE _____ ZIP _____

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PLUG & FLOAT EQUIPMENT

<u>8 5/8 Wood Plug</u>	@		<u>55.00</u>	
	@			
	@			
	@			
	@			
TOTAL				<u>55.00</u>

KCC WICHITA

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.

Thanks
 SIGNATURE Joel Carleall

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME POA Anderson



CHARGE TO: American Wellco
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 8451

PAGE 1 OF 2

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SERVICE LOCATIONS 1. <u>Wes City, Mo</u>	WELL/PROJECT NO. <u>2-6</u>	LEASE <u>Tucker</u>	COUNTY/PARISH <u>Rooks</u>	STATE <u>Mo</u>	CITY	DATE <u>07-11-05</u>	OWNER
2. <u>Wes City, Mo</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>American Eagle</u>	SHIPPED VIA <u>Truck</u>	DELIVERED TO <u>35, 3W, Ninto Pk/WS</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Develop</u>	JOB PURPOSE <u>5 1/2 Long String</u>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #105	40	mi.			4.00	160.00
578		1			Pump Service	1	cs	3985	FT	12.50	1250.00
201		1			MCL	2	ss1			25.00	50.00
281		1			Mud Flush	500	ss1			.75	375.00
290		1			D-A-r	2	ss1			8.00	16.00
400		1			Insert Floct Stone w/ Auto Fill	1	cs	-	-	-	-
402		1			Control valves	8	cs	5 1/2	in	55.00	440.00
403		1			Baskets	2	cs	5 1/2	in	155.00	310.00
404		1			Port Collar # 040713	1	cs	5 1/2	in	1800.00	1800.00
406		1			Latch Down Plug Bottle	1	cs	5 1/2	in	200.00	200.00
407		1			Insert Floct Stone w/ Auto Fill	1	cs	5 1/2	in	230.00	230.00

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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 07-11-05 TIME SIGNED 1820 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	4831.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					TOTAL	2339.68
WE UNDERSTOOD AND MET YOUR NEEDS?					TOTAL	750.00
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					TOTAL	
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					TOTAL	
ARE YOU SATISFIED WITH OUR SERVICE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						

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CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR Dave Ba APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

ORIGINAL

DATE 07/11/05 PAGE NO. 1

CUSTOMER American WELL NO. 216 LEASE Truckee JOB TYPE 5 1/2 Long String TICKET NO. 84151

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1800							Out location, Dress Job, TO 3985, 5 1/2 155' free sale 3964 S. J. 20 Port Collet Top 6 3/4 1740 CMT, 1, 3, 5, 7, 9, 11, 13, 57 Drskls 2, 53 CMT 150 S/S EA 2
			KCC AUG 11 2005					
			CONFIDENTIAL					
1940	1800 2155 2200							Start CS6 Hookup, Drop Ball Breaker
	2205		3					Phy R 11
	2220	65	12 12 30				400	Start mol flush Start HCL End Flush
	2230	60	0 36				300	Start CMT End CMT
								Drop Catch Dr. Plug West P.
	2240	40 70 70 84 70	0 40 67 75 920				200 200 375 500 750	Start Dr. Plug
	2255	45	936				1400	Lead Plug
	2300							Release Catch Dr. Plug Hold
	2305							Unhooking
	2320							Hookup
	2335							7.16.05
	2350							Job Complete

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Thom N. Young
Dave Blaine, Brent



CHARGE TO: American Warrior Inc
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 8518

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Hays, Ks</u> 2. <u>Ness City, Ks</u> 3. 4.	WELL/PROJECT NO. <u>2-6</u>	LEASE <u>Tucker</u>	COUNTY/PARISH <u>Rocks</u>	STATE <u>Ks</u>	CITY	DATE <u>7-19-05</u>	OWNER <u>Sam</u>
TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>KC Well Service</u>	RIG NAME/NO.	SHIPPED VIA <u>EA</u>	DELIVERED TO <u>Location</u>	ORDER NO.		
WELL TYPE <u>oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cement Port Collar</u>	WELL PERMIT NO.	WELL LOCATION			
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

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PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #103	50	mi			4 ⁰⁰	200 ⁰⁰
578		1			Pump Charge Port Collar	1	ea	1716	'	1250 ⁰⁰	1250 ⁰⁰
330		2			SMD Cement				sk	16 ⁵⁰	
276		2			Flange	43				1 ⁰⁰	43 ⁰⁰
581		2			Cement Service Charge	170	sk			1 ¹⁰	187 ⁰⁰
583		2			Drayage	465				1 ⁰⁰	465 ⁰⁰

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X [Signature]
 DATE SIGNED 7-19-05 TIME SIGNED 12:15 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
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?			
ARE YOU SATISFIED WITH OUR SERVICE?			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL

TAX

TOTAL

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CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR Nick Kerbe APPROVAL _____

Thank You!

JOB LOG

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SWIFT Services, Inc.

ORIGINAL

DATE 7-19-05 PAGE NO. 1

CUSTOMER American Nuclear Inc. WELL NO. 252 LEASE Tucker JOB TYPE Cement Port C. Hor TICKET NO. 8518

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0845							KCC on loc w/ Tool on loc w/ Trks
								AUG 11 2005
								CONFIDENTIAL 5 1/2" csg P.C. @ 1746'
	0910							start tool in hole
	1015							locate P.C.
	1030					800		Test csg
	1110							Open P.C.
	1115	2.5	3			200		Take injection rate
	1120	3	0			200		start cement 150skts SMD
	1145		75/0			400		end cement/start displacement
	1147		6			500		cement displaced
	1150							Close P.C.
	1153					800		Test csg
								run 3jts
	1200	2	0			150		reverse out hole clean
			15					
								CIRC 15skts to pit

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Thank you
Nick, Dan, & Shane