

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
Garden City Ks. 67846
Purchaser: NCRA
Operator Contact Person: Cecil O'Brate
Phone: (620) 275-2963
Contractor: Name: Discovery Drilling Co. Inc.
License: 31548
Wellsite Geologist: Ron Nelson

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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>8/8/05</u>	<u>8/12/05</u>	<u>11/1/05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 163-23473-DD-DD
County: Rooks
C SE NW NW Sec. 8 Twp. 10 S. R. 20 East West
790' feet from S / (N) (circle one) Line of Section
1300' feet from E / (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: Wanker Well #: 1-8
Field Name: Marcotte
Producing Formation: Simpson sand
Elevation: Ground: 2263' Kelly Bushing: 2271'
Total Depth: 3958' Plug Back Total Depth: 3942'
Amount of Surface Pipe Set and Cemented at 225' 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/ 150 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) ALT II Within 3-11-08
Chloride content 11,000 ppm Fluid volume 300 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: Foreman JODY L SMITH Date: 11/19/05

Subscribed and sworn to before me this 19th day of NOVEMBER

20 05

Notary Public: Erica Kuhlmeier

ERICA KUHLMIEIER
Notary Public - State of Kansas
My Appt. Expires 09-12-09

Date Commission Expires: 09-12-09

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
NOV 19 2005

Operator Name: American Warrior Inc. Lease Name: Wanker Well #: 1-8
Sec. 8 Twp. 10 S. R. 20 East West County: Rooks

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 (Attach Additional Sheets)	<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	1769'	+502
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B/Anh	1806'	+465
List All E. Logs Run:		Topeka	3318'	-1047
Duel Induction, Porosity, Micro, Sonic and bond.		Heebner	3522'	-1251
		Toronto	3544'	-1273
		Lansing	3561'	-1290
		Simpson	3558'	-1587
		Arbuckle	3871'	-1600

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	20#	225'	Common	150	2%Gel,3%CC
Production	77/8	51/2	14#	3957	EA/2	150	

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	3858' to 3862	Pro frac 20 1000# 20/40 brady sand	
		300 gal 15% MCA	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		23/8	3864'			
Date of First, Resumerd Production, SWD or Enhr.			Producing Method			
NA			<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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity	
	NA	NA	NA			

Disposition of Gas: Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify)

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CHARGE TO: American Operator
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

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TICKET No 8485

PAGE 1 OF 2

SERVICE LOCATIONS
 1. HAYS KS WELL/PROJECT NO. 1-8 LEASE Wander COUNTY/PARISH Rooks STATE Ks CITY _____ DATE 08-13-05 OWNER _____
 2. Ness City Ks TICKET TYPE SERVICE SALES CONTRACTOR _____ RIG NAME/NO. Discovery Rig 1 SHIPPED VIA KZ DELIVERED TO 35.1w. Sinto Poles ORDER NO. _____
 3. _____ WELL TYPE Oil WELL CATEGORY Develop JOB PURPOSE 5 1/2 Long string WELL PERMIT NO. 15-163-23473-0000 WELL LOCATION S8, T10, R20W
 4. _____ REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M		
575		1			MILEAGE #105	40	mi	4	00	1600.00	
578		1			Pump Service	1	hrs	1250	00	1250.00	
201		1			WCL	2	GAL	25	00	50.00	
281		1			Mud Flush	500	GAL	75		375.00	
290		1			D-Air	1	GAL	20	00	20.00	
402		1			Controlizers	7	EA	5 1/2	in	60.00	420.00
403		1			Bucket	1	EA	5 1/2	in	200.00	200.00
404		1			Port Collar # 050741	1	EA	5 1/2	in	1900.00	1900.00
406		1			Latch Down Plug & Baffle	1	EA	5 1/2	in	210.00	210.00
407		1			Insert Float Shoe w/ Auto Fill	1	EA	5 1/2	in	250.00	250.00
419		1			Rotating Head & Rontel	1	EA	5 1/2	in	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 Chad Mayfield
 DATE SIGNED 08-13-05 TIME SIGNED 0435 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	Pg1	5035	50
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE TOTAL	2422	46
WE UNDERSTOOD AND MET YOUR NEEDS?				sub	7457	46
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Total	295	17
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Rooks TAX 5.3%		
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	7752	63
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 8485

CUSTOMER American Werner WELL 1-8 Wankler DATE 08-13-05 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		UM		UNIT PRICE	AMOUNT	
		MO	ACCT	DF			QTY	UM	QTY	UM			
325		2				Standard CMT	150	S/KS			8.80	1320	00
276		2				Flocele	38	lbs			1.10	41	80
283		2				Salt	750	lbs			1.7	127	50
284		2				Cd-Seal	7	S/KS			30.00	210	00
285		2				CFR	70	lbs			3.50	245	00
581		2				Service Chg CMT	150	S/KS			1.10	165	00
583		2				Drayage	313	lb	Tm		1.00	313	16

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CONTINUATION TOTAL 2422.46

JOB LOG

SWIFT Services, Inc.

DATE 08-13-05 PAGE NO. 1

CUSTOMER American Well WELL NO. 1-8 LEASE Winkler JOB TYPE 5 1/2 Long String TICKET NO. 8435

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0435							DUPLICATION, Laying Down DP.
	0600							Laydown Ref Hole, Mouse Hole, Change over 150SKS, EA-2 CMT, 500MF, 20bbl VCL Cent. 1, 3, 5, 7, 9, 11.52 Basket on 53 P.C. on top of Joint 53 1744' ^{PT} . 5 1/2 CSG, 140 #/FT
	0755							Start 5 1/2 CSG w/ Floot EQU
	0930							Drop Ball
	0940							Hookup, Break Circ. Rotate CSG
	1010		3/2					Plug RH & MH
	1015	4.5	0			✓	150	St. MUD FLUSH
			12			✓		St. VCL
			32			✓		END Flush
	1026	4.5	0			✓	150	St. CMT
	1038		33			✓		end CMT 135 SKS
	11							WASH PL., Drop Latch Down Plug
	1048	5.2	0			✓	150	Start Drop
	1055	5.2	70			✓	450	Catch CMT
		5.2	80			✓	450	
		5.2	90			✓	675	
		5.2	92			✓	700	
	1110	38	946			✓	1500	Lead Plug
	1112							Release
	1120							WASH UP Rehookup Tickets
	1200							Job Complete

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THANK YOU!
DAVE Blaine, Rob



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

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TICKET
 N^o 9027


PAGE 1 OF 1

SERVICE LOCATIONS 1. NESS CITY KS	WELL/PROJECT NO. 1-8	LEASE WALKER	COUNTY/PARISH ROOKS	STATE KS	CITY	DATE 8-24-05	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR EXPRESS WELL SERVICE	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE CONWT PORT COLLAR	WELL PERMIT NO.	WELL LOCATION PARCE, KS- 36 3/4 W, S 070		
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 # 106	40	MC			4.00	160.00
577		1			PUMP SERVICE	1	JOB			800.00	800.00
105		1			PORT COLLAR OPENING TOOL	1	JOB			400.00	400.00
330		1			SWIFT MULTI-DENSITY SPACERS	150	SK			11.00	1650.00
276		1			FLOCEL	38	LB			1.10	41.80
581		1			SERVICE CHARGE CONWT	150	SKS			1.10	165.00
583		1			DAMAGE	14978	TM	299.56	TM	1.00	299.56

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

X 
 DATE SIGNED: **8-24-05** TIME SIGNED: **0800** 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?					3516.36
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				TOTAL	3627.23

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

SWIFT OPERATOR

 APPROVAL

Thank You!

ALLIED CEMENTING CO., INC. 16524

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

SERVICE POINT:
Russell

DATE: <u>8-8-05</u>	SEC: <u>8</u>	TWP: <u>10</u>	RANGE: <u>20</u>	CALLED OUT: <u>12:45pm</u>	ON LOCATION: <u>3:00pm</u>	JOB START: <u>5:00pm</u>	JOB FINISH: <u>4:00pm</u>
LEASE: <u>WANKER</u>	WELL #: <u>H-8</u>	LOCATION: <u>PAIRO BOOSTER STATION</u>			COUNTY: <u>ROCK</u>	STATE: <u>KANSAS</u>	
OLD OR NEW (Circle one)				<u>2 S 1/2 W 1/4 S</u>			

CONTRACTOR: <u>Discovery #1</u>	OWNER:
TYPE OF JOB: <u>SURFACE</u>	
HOLE SIZE: <u>12 1/4</u>	I.D. <u>225</u>
CASING SIZE: <u>8 5/8</u>	DEPTH: <u>225</u>
TUBING SIZE: <u>23</u>	DEPTH:
DRILL PIPE:	DEPTH:
TOOL:	DEPTH:
PRES. MAX:	MINIMUM:
MEAS. LINE:	SHOE JOINT:
CEMENT LEFT IN CSG: <u>15</u>	
PERFS:	
DISPLACEMENT: <u>13 1/4 / BAL</u>	
EQUIPMENT	
PUMP TRUCK # <u>3415</u>	CEMENTER: <u>CLAW</u>
	HELPER: <u>CRAIG</u>
BULK TRUCK # <u>282</u>	DRIVER: <u>BRAYN</u>
BULK TRUCK #	DRIVER:

CEMENT AMOUNT ORDERED: <u>150 SK COM</u>	
<u>2% GEL</u>	
<u>3% CC</u>	
COMMON: <u>150</u>	@ <u>8.70</u> <u>1305.00</u>
POZMIX:	@
GEL: <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>158</u>	@ <u>1.60</u> <u>252.80</u>
MILEAGE: <u>6.8 / 56.4 miles</u>	@ <u>587.76</u>
	TOTAL <u>2,377.56</u>

REMARKS:
Cement Circ!
THANKS

SERVICE	
DEPTH OF JOB:	
PUMP TRUCK CHARGE:	<u>670.00</u>
EXTRA FOOTAGE:	@
MILEAGE: <u>6.2</u>	@ <u>5.00</u> <u>310.00</u>
	@
	@
	@
	@
	TOTAL <u>980.00</u>

CHARGE TO: AMERICAN WARRIOR INC.
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT	
MANIFOLD:	@
	@
	@
	@
	@
	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: [Signature]

PRINTED NAME _____

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