

ORIGINAL

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM**

Form ACO-1
September 1999
Form Must Be Typed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

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. _____

7/17/04 7/23/04 7.23.04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 185-23229-00-00
County: Stafford
C SW SW NE Sec. 6 Twp. 22 S. R. 13 East West
2310 feet from S (circle one) Line of Section
2350' 3150 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Kirkman Well #: 1-6
Field Name: Curtis

Producing Formation: _____
Elevation: Ground: 1912' Kelly Bushing: 1920'
Total Depth: 3832' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 309' 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
(Data must be collected from the Reserve Pit) *P&A HR 2/22/0E*
Chloride content 12,000 ppm Fluid volume 280 bbls
Dewatering method used Hauled off location.

Location of fluid disposal if hauled offsite: _____
Operator Name: American Warrior
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

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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: 8/13/04
Subscribed and sworn to before me this 13th day of August
04
Notary Public: [Signature]

Date Commission Expires: 11/4
DEBRA J. PURCELL
Notary Public, State of Kansas
My Appt. Expires 11/4

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

Operator Name: American Warrior inc. Lease Name: Kirkman Well #: 1-6
 Sec. 6 Twp. 22 S. R. 13 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 <i>(Attach Additional Sheets)</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Log Formation (Top), Depth and Datum | <input checked="" 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 | Heebner | 3287' -1367 |
| Electric Log Run <i>(Submit Copy)</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Brown Lime | 3416' -1496 |
| List All E. Logs Run: | | Lansing | 3427' -1504 |
| None | | BKC | 3639' -1719 |
| | | Viola | 3704' -1784 |
| | | Arbuckle | 3803' -1883 |

| 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 | # Sacks Used | Type and Percent Additives |
| Surface | 12 1/4" | 85/8 | 20# | 309 | 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 |
| 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 | |

| | | |
|--|---|---------------------|
| 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 type="checkbox"/> Other (Specify) _____ | _____ |

ALLIED CEMENTING CO., INC.

15869

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

SERVICE POINT:

Medicine Lodge

| | | | | | | | |
|--------------------------------|-------------------|--|------------------|---------------------------|-----------------------------|---------------------------|---------------------------|
| DATE <u>7-23-04</u> | SEC. <u>6</u> | TWP. <u>22s</u> | RANGE <u>13w</u> | CALLED OUT <u>9:30 AM</u> | ON LOCATION <u>11:00 AM</u> | JOB START <u>12:00 PM</u> | JOB FINISH <u>1:30 PM</u> |
| LEASE <u>Killman</u> | WELL # <u>1-6</u> | LOCATION <u>281 + 6-19 Jct 2 3/4 W 3/4 N</u> | | | COUNTY <u>Stafford</u> | STATE <u>KS.</u> | |
| OLD OR <u>NEW</u> (Circle one) | | | | <u>into</u> | | | |

CONTRACTOR Duke #8
 TYPE OF JOB Rotary plug
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 8 7/8 DEPTH 309'
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2" DEPTH 3831'
 TOOL DEPTH
 PRES. MAX 250 MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT Freshwater

OWNER American Warrior

CEMENT AMOUNT ORDERED
65 5x 60-40=6

| | | | | | |
|----------|-----------|----------|---|--------------|---------------|
| COMMON | <u>75</u> | <u>A</u> | @ | <u>7.65</u> | <u>573.75</u> |
| POZMIX | <u>50</u> | | @ | <u>4.00</u> | <u>200.00</u> |
| GEL | <u>6</u> | | @ | <u>11.00</u> | <u>66.00</u> |
| CHLORIDE | | | @ | | |

EQUIPMENT
 PUMP TRUCK CEMENTER Carl Belding
 # 352 HELPER Tracy Cushing
 BULK TRUCK DRIVER Larry Goldsberry
 # 364 DRIVER
 BULK TRUCK DRIVER

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| | | | | |
|----------|-----------------------|---|-------------|----------------------|
| HANDLING | <u>131</u> | @ | <u>1.25</u> | <u>163.75</u> |
| AGE | <u>19 X 131 X .05</u> | | | <u>125.00</u> |
| | | | | <u>m. chg.</u> |
| | | | | TOTAL <u>1128.50</u> |

REMARKS:

SERVICE

Pump 50 5x - 900'
40 5x - 330'
10 5x - 40'
10 5x - mouse hole
15 5x - rat hole

| | | | | |
|-------------------|-------------|---|-------------|---------------------|
| DEPTH OF JOB | <u>900'</u> | | | |
| PUMP TRUCK CHARGE | | | | <u>500.00</u> |
| EXTRA FOOTAGE | | @ | | |
| MILEAGE | <u>19</u> | @ | <u>4.00</u> | <u>76.00</u> |
| PLUG | | @ | | |
| | | | | TOTAL <u>576.00</u> |

CHARGE TO: American Warrior
 STREET
 CITY STATE ZIP

FLOAT EQUIPMENT

| | | | |
|--|---|--|--|
| | @ | | |
| | @ | | |
| | @ | | |
| | @ | | |
| | @ | | |

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 ~~1128.50~~
 DISCOUNT ~~552.00~~ IF PAID IN 30 DAYS

SIGNATURE Shirley A. Lytle

SIGNATURE Steve H. Stephens
 PRINTED NAME

ANY APPLICABLE TAX
 WILL BE CHARGED
 UPON INVOICING

ALLIED CEMENTING CO., INC. 13012

~~XXXXXXXXXXXXXXXXXXXX~~
plug job

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

SERVICE POINT:
Great Bend

| | | | | | | | |
|-------------------------|---------------|-------------------|---|---------------------------|----------------------------|--------------------------|---------------------------|
| DATE <i>7-17-04</i> | SEC. <i>6</i> | TWP. <i>22</i> | RANGE <i>13</i> | CALLED OUT <i>5:00 PM</i> | ON LOCATION <i>7:00 PM</i> | JOB START <i>8:15 PM</i> | JOB FINISH <i>9:15 PM</i> |
| LEASE <i>Kirkman</i> | | WELL # <i>1-6</i> | LOCATION <i>281 & K-19 3 west, N into</i> | COUNTY <i>Stafford</i> | STATE <i>Ka</i> | | |
| OLD OR NEW (Circle one) | | | | | | | |

CONTRACTOR *Duke*
 TYPE OF JOB *Surface*
 HOLE SIZE *12 1/4* T.D. *309'*
 CASING SIZE *8 5/8* 20" DEPTH *309'*
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. *15'*
 PERFS.
 DISPLACEMENT *19.1 BBLs*

OWNER *American Warrior*
 CEMENT
 AMOUNT ORDERED *240 dx common*
3% CC 2% gel
 COMMON *240 M* @ *7.65* *1836.00*
 POZMIX @
 GEL *5 M* @ *11.00* *55.00*
 CHLORIDE *7 M* @ *30.00* *210.00*
 @
 @
 @
 @
 @
 HANDLING *252 M* @ *1.25* *315.00*
 MILEAGE *252 M* @ *05* *17* *214.20*
 TOTAL *2630.20*

EQUIPMENT
UB
 PUMP TRUCK CEMENTER *Don Demitt*
 # *181* HELPER
 BULK TRUCK DRIVER *Steve Turley*
 # *341*
 BULK TRUCK DRIVER

REMARKS:

Ran 7 joints used 20" casing to bottom. Circulate with rig mud, shut down, hook up to pump truck & mixed 240 dx common cement, 3% CC 2% gel, shut down, change valves over, release 8 5/8 TWP & displacer with 19' BBLs fresh h³⁰ & SI. Cement did circulate.

SERVICE

DEPTH OF JOB *309*
 PUMP TRUCK CHARGE *520.00*
 EXTRA FOOTAGE *9* @ *.50* *4.50*
 MILEAGE *17* @ *4.00* *68.00*
 @
 @
 @
 @
 TOTAL *592.50*

CHARGE TO *American Warrior*
 STREET *P.O. Box 339*
 CITY *Garden City* STATE *Kansas* ZIP *67846-0399*

FLOAT EQUIPMENT

1-Top 8 5/8" Waco @ *45.00* *45.00*
 @
 @
 @
 @
 TOTAL *45.00*

Thank you!

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]*

SIGNATURE *[Signature]*
 PRINTED NAME *STEVE H. STEPHENS*