

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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: PO Box 399 5' N & 35' W of
City/State/Zip: Garden City, KS 67846
Purchaser: NCRA
Operator Contact Person: Scott Corsair
Phone: (785) 398-2270
Contractor: Name: Petromark Drilling, LLC
License: 33323
Wellsite Geologist: Scott Corsair

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. _____

<u>10/26/2006</u>	<u>11/02/2006</u>	<u>11/02/2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 135-24552-00-00
County: Ness

S/2 NE SE NE Sec. 23 Twp. 19 S. R. 21 East West
1810 feet from S (N (circle one) Line of Section
365 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Anterem Well #: 2-23

Field Name: _____

Producing Formation: NA

Elevation: Ground: 2277' Kelly Bushing: 2283'

Total Depth: 4465' Plug Back Total Depth: NA

Amount of Surface Pipe Set and Cemented at 211 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 PA AIT # NH 7-9-08
(Data must be collected from the Reserve Pit)

Chloride content 48,000 ppm Fluid volume 775 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: _____

Title: Petroleum Engineer Date: 05/15/2007

Subscribed and sworn to before me this 15th day of May

19 2007

Notary Public: Bernice Moore

Date Commission Expires: 2/17/10



KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED

KANSAS CORPORATION COMMISSION

MAY 21 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: American Warrior, Inc. Lease Name: Antenen Well #: 2-23
 Sec. 23 Twp. 19 S. R. 21 East West County: Ness

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 checked="" 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 Anhydrite 1512 +771 Chase 2420 -130 Heebner 3792 -1509 Lansing 3838 -1555 Ft. Scott 4311 -2028 Cherokee 4326 -2043 Mississippian 4411 -2128 TD 4465 -2182
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List All E. Logs Run: Dual Induction, Neutron/Density		

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	12 1/4"	8 5/8"	23	211'	common	160	2% gel, 3% CC

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed 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 Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION

Production Interval Open Hole Perf. Dually Comp. Commingled _____

Other (Specify) _____

ALLIED CEMENTING CO., INC.

22690

Federal Tax I.D.#

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

SERVICE POINT:

Great Bend

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
10-26-06	23	19	21	3:30 PM	5:00 PM	5:45 PM	6:30 PM
LEASE	WELL #	LOCATION		COUNTY	STATE		
<i>American</i>	2-23	<i>American Warrior gas plant</i>			<i>Ko</i>		
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR *Felmark* OWNER *American Warrior*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/8* T.D. *211'* CEMENT AMOUNT ORDERED *1600 lb Common*

CASING SIZE *8 3/8* DEPTH *211'* *3% cc 2% gel*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM COMMON @

MEAS. LINE SHOE JOINT POZMIX @

CEMENT LEFT IN CSG. *15* GEL @

PERFS. CHLORIDE @

DISPLACEMENT *12.7 BBLs* ASC @

EQUIPMENT

MB @

PUMP TRUCK CEMENTER *JD* @

#120 HELPER *Brandon* @

BULK TRUCK @

#342 DRIVER *Kevin* @

BULK TRUCK @

DRIVER @

HANDLING @

MILEAGE @

REMARKS:

TOTAL

Ran 8 3/8 casing to Bottom
Circ w sig mud
Flood w/ 1600 lb common
3% cc 2% gel shut down
Change muds over, release 8 3/8 TWP
displace with 12.7 BBLs fresh h²⁰
Cement circulate shut in

SERVICE

DEPTH OF JOB *211'*

PUMP TRUCK CHARGE @

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

@

@

CHARGE TO *American Warrior Inc.*

STREET *P.O. Box 399*

CITY *Harden City* STATE *Ko.* ZIP *67846*

TOTAL

PLUG & FLOAT EQUIPMENT

1 8 3/8 TWP @

@

@

@

@

TOTAL

TAX

TOTAL CHARGE

DISCOUNT IF PAID IN 30 DAYS

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.

Thank you!

SIGNATURE *Kenneth R. ...*

Kenneth R. ...

PRINTED NAME



CHARGE TO: *Anderson Wells*
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
 № 10760

PAGE 1
 RECEIVED
 KANSAS CORPORATION COMMISSION
 MAY 21 2007
 CONSERVATION DIVISION
 WICHITA, KS

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNED
1. <i>AAAs</i>	<i>2-23</i>	<i>Anderson</i>	<i>Neosho</i>	<i>Ks</i>		<i>11-02-06</i>	
2. <i>A78</i>	TICKET TYPE	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
	<input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES		<i>Polispa H D 147</i>	<i>Car</i>	<i>4.4138 Paul B...</i>		
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
	<i>0-1</i>	<i>Abandon</i>	<i>P.T.A</i>	<i>15-135-2452</i>	<i>S23, T19, E22</i>		
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							
<i>575</i>		<i>1</i>			<i>MILEAGE 4105</i>	<i>30</i>	<i>m.</i>			<i>4.00</i>	<i>1200.00</i>
<i>576P</i>		<i>1</i>			<i>Pump Service</i>	<i>1</i>	<i>cs</i>			<i>500.00</i>	<i>500.00</i>
<i>270</i>		<i>1</i>			<i>D-Act</i>	<i>1</i>	<i>scf</i>			<i>30.00</i>	<i>30.00</i>
<i>328</i>		<i>2</i>			<i>Swift Light</i>	<i>220</i>	<i>SH</i>			<i>8.75</i>	<i>1925.00</i>
<i>551</i>		<i>2</i>			<i>Service Call</i>	<i>220</i>	<i>SH</i>			<i>1.10</i>	<i>242.00</i>
<i>573</i>		<i>2</i>			<i>Drilling</i>	<i>232.15</i>	<i>7m</i>			<i>1.10</i>	<i>255.36</i>

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: *11-02-06* TIME SIGNED: *09:30* 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	<i>3101 15</i>
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					

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

SWIFT OPERATOR: *Dan* APPROVAL: *Kenneth G. Koch*

Thank You!

