

**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: PO Box 399 65' S & 170' E
 City/State/Zip: Garden City, KS 67846
 Purchaser: _____
 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>01/29/2007</u>	<u>02/07/2007</u>	<u>02/07/2007</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 135-24582 -06-00
 County: NESS
 of NE SW NE NW Sec. 18 Twp. 19 S. R. 21 East West
1715 feet from S N (circle one) Line of Section
1480 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Foos Well #: 1-18
 Field Name: DeWald
 Producing Formation: NA
 Elevation: Ground: 2254' Kelly Bushing: 2260'
 Total Depth: 4392' 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-111 II 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: *Scott Corsair*
 Title: Petroleum Engineer Date: 05/10/2007

Subscribed and sworn to before me this 10th 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

Operator Name: American Warrior, Inc. Lease Name: Foos Well #: 1-18
 Sec. 18 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction, Neutron/Density, Micro & Sonic	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1490</td> <td>+770</td> </tr> <tr> <td>Heebner</td> <td>3729</td> <td>-1469</td> </tr> <tr> <td>Lansing</td> <td>3772</td> <td>-1512</td> </tr> <tr> <td>B KC</td> <td>4098</td> <td>-1926</td> </tr> <tr> <td>Ft. Scott</td> <td>4261</td> <td>-2001</td> </tr> <tr> <td>Cherokee</td> <td>4280</td> <td>-2020</td> </tr> <tr> <td>Mississippian</td> <td>4362</td> <td>-2102</td> </tr> <tr> <td>TD</td> <td>4392</td> <td>-2132</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Anhydrite	1490	+770	Heebner	3729	-1469	Lansing	3772	-1512	B KC	4098	-1926	Ft. Scott	4261	-2001	Cherokee	4280	-2020	Mississippian	4362	-2102	TD	4392	-2132
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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 (Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. NA		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, Sumit 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.

Federal Tax I.D.

26428

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

SERVICE POINT:

Acacia City

DATE <i>1-29-07</i>	SEC. <i>15</i>	TWP. <i>19</i>	RANGE <i>21</i>	CALLED OUT <input checked="" type="checkbox"/>	ON LOCATION <i>1:30 PM</i>	JOB START <i>2:00 PM</i>	JOB FINISH <i>3:00 PM</i>
LEASE <i>1-18</i>	WELL # <i>1-18</i>	LOCATION <i>Engine 4 south 1/2 sect</i>			COUNTY <i>Acacia</i>	STATE <i>Kansas</i>	
OLD OR NEW (Circle one)				<i>1/2 south</i>			

CONTRACTOR *Ed Miller # 1*

TYPE OF JOB *Surface*

HOLE SIZE *12"* T.D. *215'*

CASING SIZE *8 7/8" 23"* DEPTH *211'*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT *124 BBL'S*

OWNER *American Warrior Dmc*

CEMENT

AMOUNT ORDERED *1600x Common*

3% cc 2% gel

EQUIPMENT

PUMP TRUCK CEMENTER *Ed Miller*

224 HELPER *Jim Whighouse*

BULK TRUCK

357 DRIVER *Brandon Roach*

BULK TRUCK

_____ DRIVER _____

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

REMARKS:

Ran 2 1/2 hrs. going to bottom, circulate w/ air spread

1100 up to pump bit & mixed 1600x common 3% cc 2% gel. Shut down pump, run over, release 8 7/8" TWP & replace with 124 BBL'S pump bit. Cement circulate. Shut in.

SERVICE

DEPTH OF JOB *211'*

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

Head rental - _____ @ _____

CHARGE TO: *American Warrior Dmc*

STREET *P.O. Box 399*

CITY *Acacia City* STATE *Kansas* ZIP *67846*

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.

PLUG & FLOAT EQUIPMENT

1 8 7/8" TWP _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

SIGNATURE *Ed Miller*

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

Ed Miller

PRINTED NAME



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

RECEIVED
 OIL & GAS CORPORATION COMMISSION
 MAY 21 2007
 CONSERVATION DIVISION
 WICHITA, KS

TICKET
 No 11241

PAGE 1 OF 1

SERVICE LOCATIONS
 1. *114* WELL/PROJECT NO. *1-13* LEASE *Fur* COUNTY/PARISH *Ne* STATE *K* CITY _____ DATE *020707* OWNER _____
 2. *25* TICKET TYPE SERVICE SALES CONTRACTOR _____ RIG NAME/NO. *Kawalia #1* SHIPPED VIA _____ DELIVERED TO *2570000000000000* ORDER NO. _____
 3. WELL TYPE *Oil* WELL CATEGORY *Hydro* JOB PURPOSE *PT* WELL PERMIT NO. *15-15-240-2* WELL LOCATION *S/1 T19. E 310*
 4. REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
575		1			MILEAGE #105	25	MI			4.00	100	00	
577		1			Paint Service	1	EA			500.00	500	00	
290		1			D-Net	1	YAL			30.00	30	00	
28		2			60/40 17.000 CRT	215	SC			9.50	2042	00	
581		2			SERVICE CHG CRT	215	SHS			1.00	215	00	
582		2			DRAINAGE	289.72	TM			1.00	289	72	

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 *Ed [Signature]*
 DATE SIGNED *020707* TIME SIGNED *12:00* 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?				2110 78
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 *[Signature]* APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE _____ PAGE NO. _____

CUSTOMER _____ WELL NO. _____ LEASE _____ JOB TYPE _____ TICKET NO. _____

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	12.0		118					11.000 1500' 5000'
			118					11.000
			1					11.000
			10					11.000
			3					11.000 750' 5000'
			142					11.000
			1					11.000
			5					5.000
								30.000 300' 5000'
	14.0		2					11.000
			9					11.000
			1					11.000
								11.000 250' 5000'
	14.0		118					11.000
								5.000 100' 5000'
			6					
	14.0		5					11.000 1500'
	14.0		2					70.000 500'
								10.000
								11.000
								11.000
	14.0							30.000 1000'

THANK YOU
 RECEIVED
 KANSAS CORPORATION COMMISSION
 MAY 21 2007
 CONSERVATION DIVISION
 WICHITA, KS