

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

5/15/09
Form ACO-1
September 1999
Must Be Typed
ORIGINAL

Operator: License # 4058
Name: American Warrior, Inc.
Address: P. O. Box 399
City/State/Zip: Garden City, KS 67846
Purchaser: N/A
Operator Contact Person: Joe Smith
Phone: (620) 275-2963
Contractor: Name: Discovery Drilling Co, Inc.
License: 31548
Wellsite Geologist: Jason Alm

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>3-5-07</u>	<u>3-10-07</u>	<u>3-28-07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 065-23,287-00-00
County: Graham
NE NW SE Sec. 26 Twp. 9 S. R. 21 East West
2162 FSL feet from S / N (circle one) Line of Section
1594 FEL feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: CLAUDE Well #: 1-26
Field Name: COOPER

Producing Formation: Arbuckle
Elevation: Ground: 2264' Kelly Bushing: 2272'
Total Depth: 3900' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 211 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1792 Feet
If Alternate II completion, cement circulated from 1792
feet depth to SURFACE w/ 175 sx cmt.

Drilling Fluid Management Plan AIT II NH10-28 08
(Data must be collected from the Reserve Pit)
Chloride content 12,000 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: _____
Title: Compliance Coordinator Date: 5-4-07 5-15-07

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

20 07

Notary Public Erica Kuhlmeier  My Appt. Expires 09-22-09

Date Commission Expires: 09-22-09

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
MAY 17 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: American Warrior, Inc. Lease Name: CLAUDE Well #: 1-26
 Sec. 26 Twp. 9 S. R. 21 East West County: Graham

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 checked="" type="checkbox"/> No (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run: Borehole Compensated Sonic Log, Dual Compensated Porosity Log, Microresistivity Log, Dual Induction Log, Sonic Cement Bond Log,	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Topeka</td> <td>3253</td> <td>-981</td> </tr> <tr> <td>Heebner</td> <td>3459</td> <td>-1190</td> </tr> <tr> <td>Toronto</td> <td>3483</td> <td>-1211</td> </tr> <tr> <td>Lansing</td> <td>3500</td> <td>-1228</td> </tr> <tr> <td>BKC</td> <td>3720</td> <td>-1448</td> </tr> <tr> <td>ARBUCKLE</td> <td>3825</td> <td>-1553</td> </tr> </table>	Name	Top	Datum	Topeka	3253	-981	Heebner	3459	-1190	Toronto	3483	-1211	Lansing	3500	-1228	BKC	3720	-1448	ARBUCKLE	3825	-1553
Name	Top	Datum																				
Topeka	3253	-981																				
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Lansing	3500	-1228																				
BKC	3720	-1448																				
ARBUCKLE	3825	-1553																				

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 Pipe	12-1/4"	8-5/8"	23 #	212'	Common	150 SX	3% cc 2% gel
Production Pipe	7-7/8"	5-1/2"	14#	3899'	EA/2	150 SX	Flocele & CFR-1

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" 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	3837' TO 3843'	NONE	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8"	3872'	None	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method		
SI			<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
	N/A	N/A	N/A		

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

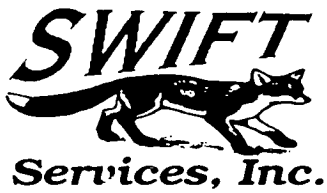
METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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CONSERVATION DIVISION
 WICHITA, KS



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

TICKET
 No 11480-

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Hays, Ks</u>	WELL/PROJECT NO. <u>1-26</u>	LEASE <u>Claude</u>	COUNTY/PARISH <u>Graham</u>	STATE <u>Ks.</u>	CITY	DATE <u>3-23-07</u>	OWNER <u>Same</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Express Well Serv.</u>	RIG NAME/NO.	SHIPPED VIA <u>CIT</u>	DELIVERED TO <u>loc.</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cont. Port Collar</u>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF			UM		UM		
575		1			MILEAGE # 106	40	mil	4	.00	160	.00
578		1			Pump Service	1	ea	1250	.00	1250	.00
581		1			Service Charge	200	SKs	1	.10	220	.00
583		1			Drayage	398	TON miles	1	.00	398	.00
330		1			SMDC	175	SKs	14	.00	2450	.00
276		1			Flocele	50	#	1	.25	62	.00

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 MAY 15 2007
 KCC

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 _____ TIME SIGNED _____ A.M. P.M.

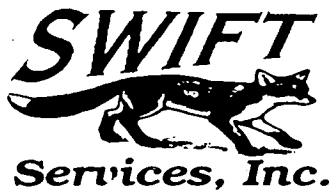
REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	4540	50
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?				Graham TAX 5.55%	139	44
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	4679	194
<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!



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

TICKET

No 11268

PAGE 1 OF 2

SERVICE LOCATIONS
 1. HMS WELL/PROJECT NO. 1-26 LEASE CLAUDE COUNTY/PARISH GRAHAM STATE KS CITY DATE 03-11-07 OWNER
 2. NES TICKET TYPE SERVICE CONTRACTOR RIG NAME/NO. DISCOVER/DRILL #1 SHIPPED VIA C.T. DELIVERED TO 15, 3rd, 1/2w, Winds Paces ORDER NO.
 3. WELL TYPE DIC WELL CATEGORY DEVELOP JOB PURPOSE LONGESTRINK WELL PERMIT NO. 15-065-23287 WELL LOCATION 26, 79, R21w
 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 #106	50	MI	4.00		200.00
578		1			PUMP SERVICE	1	EA	125.00		125.00
321		1			LIQUID HCL	2	GAL	26.00		52.00
281		1			MUD FLUSH	500	GAL	.75		375.00
290		1			D-AIR	1	GAL	32.00		32.00
402		1			CENTRALIZER	7	EA 5 1/2 IN	80.00		560.00
403		1			CMT BASKET	1	EA 5 1/2 IN	280.00		280.00
404		1			PORT COLLAR #D609118 1702 FT	1	EA 5 1/2 IN	2300.00		2300.00
406		1			LATE DOWN PUMP & BAFFLE	1	EA 5 1/2 IN	235.00		235.00
407		1			FEEL FROM SHALE w/ ANTIFELL	1	EA 5 1/2 IN	310.00		310.00

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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 03-11-07 TIME SIGNED 11:00 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		
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE TOTAL	5594.00
WE UNDERSTOOD AND MET YOUR NEEDS?				PAGE 2	2968.95
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				sub TOTAL	8562.95
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Graham TAX 5.55%	363.89
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	8926.84
<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 03-11-07 PAGE NO. 1

CUSTOMER AWI WELL NO. 1-26 LEASE CLAUDE JOB TYPE CONCRETE TICKET NO. 11268

CHART NO.	TIME	RATE (BPM)	VOLUME (BBB) (GAL)		PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
					T	C	TUBING	CASING	
	1100								ONLOCATION, DISCUSS JOB, 150EA-2 CMT TO 3900, SET @ 3898, SJ 20.11, INSECT 3878 PORT COLLAR ON 7052 @ 1702 CMT. 1, 3, 5, 7, 9, 11, 51 BASKET 52
	1135								START CK-FC
	1205								TRUCKS ONLOCATION
	1300								TAG BOTTOM - DROP BALL HOOKUP
	1305								BREAK CIRC.
	1330		3+2						PLUG RT - MH
	1335	50	0					300	ST. FLUSH ^{MF} FLUSH 500 GAL
			11						ST. HCL FLUSH 20 BBL
			32						SAND FLUSHES
			0						ST. CMT EA-2
			31						SAND CMT DROP PLUG - WASHOUT P.L.
	1355	60	0					200	ST. DISP. w/ 1120
		60	64					200	CMT ON BOTTOM
		60	75					400	
		60	80					500	
		60	85					600	
		60	90					700	
	1415	40	94.3					1500	LAND PLUG RELEASE
									WASHUP TICKET RACKUP
	1500								JOB COMPLETE

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MAY 17 2007
CONSERVATION DIVISION
WICHITA, KS

THANK YOU!
DAVE, BLAINE, JEFF

ALLIED CEMENTING CO., INC.

33190

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

SERVICE POINT:

Russell

DATE <i>3-5-07</i>	SEC. <i>26</i>	TWP. <i>9</i>	RANGE <i>21</i>	CALLED OUT <i>4:00pm</i>	ON LOCATION <i>5:30pm</i>	JOB START	JOB FINISH <i>6:45pm</i>
LEASE <i>Claude</i>	WELL # <i>1-26</i>	LOCATION <i>PP100 15 4W 1/2 N</i>			COUNTY <i>Graham</i>	STATE <i>KI</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Discovery #1*

TYPE OF JOB *SURFACE*

HOLE SIZE *12 1/2* T.D. *213*

CASING SIZE *8 5/8* DEPTH *211*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *15'*

PERFS.

DISPLACEMENT *125 bbls*

EQUIPMENT

PUMP TRUCK CEMENTER *Bill*

366 HELPER *PAUL*

BULK TRUCK

345 DRIVER *Chris*

BULK TRUCK

DRIVER

REMARKS:

Ran 5 Jts of 8 5/8 etc 211

Cent of 150 lb Cent

pump plug with bbls of water

Cent did cure.

CHARGE TO: *American Warrior Inc.*

STREET _____

CITY _____ STATE _____ ZIP _____

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.

SIGNATURE *[Signature]*

OWNER _____

CEMENT AMOUNT ORDERED *150 lb Com 3-2*

COMMON	<i>150</i>	@	<i>1065</i>	<i>159750</i>
POZMIX		@		
GEL	<i>3</i>	@	<i>1665</i>	<i>4995</i>
CHLORIDE	<i>5</i>	@	<i>4660</i>	<i>23300</i>
ASC		@		

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HANDLING	<i>158</i>	@	<i>190</i>	<i>30020</i>
MILEAGE	<i>94 SK/mile</i>			<i>85320</i>
TOTAL				<i>303305</i>

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<i>81500</i>
EXTRA FOOTAGE		@		
MILEAGE	<i>60</i>	@	<i>600</i>	<i>36000</i>
MANIFOLD		@		
		@		
		@		

TOTAL *117500*

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____