

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

6/7/09

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
City/State/Zip: Garden City, KS 67846
Purchaser: N/A
Operator Contact Person: Joe Smith
Phone: (620) 275-2963
Contractor: Name: Anderson Drilling
License: 33237
Wellsite Geologist: Jason Alm

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>4-23-07</u>	<u>4-30-07</u>	<u>5-30-07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 065-23,302 -60-00
County: Graham
NW SW SE SW Sec. 15 Twp. 7 S. R. 22 East West
460 FSL feet from S / N (circle one) Line of Section
1500 FWL feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: DAVIS Well #: 1-15
Field Name: WILDCAT
Producing Formation: ARBUCKLE
Elevation: Ground: 2300' Kelly Bushing: 2305'
Total Depth: 3960' Plug Back Total Depth: 3902'
Amount of Surface Pipe Set and Cemented at 217 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1912 Feet
If Alternate II completion, cement circulated from 1912'
feet depth to SURFACE w/ 175 sx cmt.

Drilling Fluid Management Plan ANNUAL 2009
(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: 6-07-07

Subscribed and sworn to before me this 2nd day of June
20 07

Notary Public: Erica Kuhlmeier
Date Commission Expires: 09-12-09
ERICA KUHLMIEIER
Notary Public - State of Kansas
My Appt. Expires 09-12-09

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received **RECEIVED**
 Geologist Report Received **KANSAS CORPORATION COMMISSION**
 UIC Distribution **JUN 08 2007**

CONSERVATION DIVISION
WICHITA, KS

Operator Name: American Warrior, Inc. Lease Name: DAVIS Well #: 1-15
 Sec. 15 Twp. 7 S. R. 22 East West County: Graham

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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 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	Anhydrite	3923'	+382
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Base	1954'	+351
List All E. Logs Run:		Topeka	3285'	-980
		Heebner	3482'	-1177
		Toconto	3506'	-1201
		Lansing	3523'	-1213
		BKC	3717'	-1412
		Arbuckle	3830'	-1525

Dual Induction Log, Borehole Compensated Sonic Log, Microresistivity Log, Dual Compensated Porosity Log, Sonic Cement Bond Log

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#	3928'	EA-2	150 sx	

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	3830' to 3833'		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8"				
Date of First, Resumerd Production, SWD or Enhr.			Producing Method			
Shut In			<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	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	

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 CONSERVATION DIVISION
 WICHITA, KS



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

TICKET No 11519

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>HAYS</u>	<u>1-15</u>	<u>DAVIS</u>	<u>GRAHAM</u>	<u>KS</u>		<u>05-08-07</u>	
2. <u>NESS</u>	TICKET TYPE	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
	<input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES		<u>Express Well</u>	<u>C.T.</u>	<u>4w, 5w, 1/2c, Pinn, 300wks</u>		
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
	<u>Oil</u>	<u>DEVELOP</u>	<u>CM7 PORT COLLAR</u>				
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE #105	65		mi		4.00	260	00
578		1			Pump Service	1		EA		1250.00	1250	00
290		1			DRAR	1		Gal		32.00	32	00
330		2			SMO CM7	175		SH		14.50	2537	50
276		2			Fucose	44		LB		1.25	55	00
581		2			SERVICE CHG CM7	175		SH		1.10	192	50
583		2			DRAYAGE	56791		Tm		1.00	567	91

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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 Joe Smith BY JAG
 DATE SIGNED 05-08-07 TIME SIGNED 0830
 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?				4894	91
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%	145 06
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	5040 15
<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 DAVASH APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE: 05-08-07 PAGE NO. 1

CUSTOMER: Aw1 WELL NO.: 1-15 LEASE: DAVIS JOB TYPE: CMT: PORT CULAR TICKET NO.: 11519

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
0830								ONLOCATION SETUP, DISCUSS TEST 175 SKS SMO P.C. @ 1914, 2 ³ /8 X 5 ¹ / ₂
0950				✓	✓	1000	1000	RECEIVED PSI TEST OPEN P.C.
0955		3.0	3.0	✓		350		TRJ RATE - Blow on Annus
1000		5.0	Ø	✓		300		START CMT SMO @ 11.2*
		5.0	5.0	✓		300		ST. TO CIRC END
		5.0	94.0	✓		300		ST. TO CIRC. CMT, MIX 14" CMT
1020		5.0	100.0	✓		400		END CMT
		5.0	Ø	✓		400		ST. DISP
1022		5.0	6.5	✓		400		END DISP
1027				✓	✓	1000	1000	CLOSE P.C. CIRC CMT TO PIT PSI TEST 255 SKS RUN 8 JOINT
1040		3.0	Ø	✓		300		REV. CMT
		3.0	7.0	✓		300		1ST FLAG
		3.0	12.0	✓		200		2ND FLAG
1049		3.0	20.0	✓		200		ALL CLEAN
								WASHUP RACHUP TICKETS
1130								JOB COMPLETE
								THANK YOU! DAVE, BEAUNE, RYAN

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JUN 07 2007
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CHARGE TO: *Americas Wellco*
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET
 No. 11916

PAGE 1 OF 2

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SERVICE LOCATIONS 1. <i>167</i>	WELL/PROJECT NO. <i>1-15</i>	LEASE <i>Dave</i>	COUNTY/PARISH <i>Graham</i>	STATE <i>Ks</i>	CITY	DATE <i>5-1-07</i>	OWNER <i>Same</i>
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Anderson Oils</i>	RIG NAME/NO.	SHIPPED VIA <i>SIT</i>	DELIVERED TO <i>Loc.</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Cont. 5 1/2" Prod. Csg.</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
575		1			MILEAGE "106	70	mi.			4	81	280	81
578		1			Pump Service	1	ea.			1250	81	1250	81
407		1			Inner Float Shoe	1	ea.	5 1/2	in.	310	81	310	81
406		1			Latch down Plug + Baffle	1	ea.			235	81	235	81
402		1			Centralizers	8	ea.			95	81	760	81
403		1			Baskets	2	ea.			270	81	540	81
404		1			Port Collar	1	ea.			2300	81	2300	81
221		1			Mud Flap	500	gal.			75	81	375	81
221		1			RCL	2	gal.			26	81	52	81
												3212	81

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See Continuation

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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 _____ 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	9,354	81
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 *[Signature]*

APPROVAL _____ Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 8/1/07 PAGE NO. 7

CUSTOMER American sub WELL NO. 1-15 LEASE Am JOB TYPE Long string TICKET NO. 11916

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0700							On loc.
	0730							Start hole with 5 1/2" csg. Insert Float Shoe Latch down Bit Cone "1" "3" "5" "7" "9" "11" "46" "49" Packer "5" "48" Part Collar "48 @ 1909"
	0900							Drop Ball Hook up to circulate Hole in collar wait on welder
	0930							Circulate w/ Rig pump
	0945							Plug Rat hole
	0945		12					Pump 500 gal Mud Flush Pump 30" 2% KCL Flush
			36					Start mixing 150 SR E.A. 2 cat Finished mixing wash out pump + line
	10:15	6.5						Diag. latch down Plug
	10:35		95.2			1500		Plug down 1500 psi Rat hole plug. Float hold wash and race up track Job Complete

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