

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

6/04/11

OPERATOR: License # 4058

Name: American Warrior, Inc.

Address 1: P. O. Box 399

Address 2: _____

City: Garden City State: KS Zip: 67846 + _____

Contact Person: Joe Smith

Phone: (620) 275-2963

CONTRACTOR: License # 31548

Name: Discovery Drilling Co., Inc.

Wellsite Geologist: Jason Alm

Purchaser: NCRA

Designate Type of Completion:

- New Well _____ Re-Entry _____ Workover _____
- Oil _____ SWD _____ SLOW _____
- _____ Gas _____ ENHR _____ SIGW _____
- _____ CM (Coal Bed Methane) _____ Temp. Abd. _____
- _____ Dry _____ Other _____

(Core, WSW, Expl., Gathering, 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. _____ Conv. to SWD _____

_____ Plug Back: _____ Plug Back Total Depth _____

_____ Commingled _____ Docket No.: _____

_____ Dual Completion _____ Docket No.: _____

_____ Other (SWD or Enhr.?) _____ Docket No.: _____

3-10-09 3-16-09 5-1-09

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 083-21,597-000

Spot Description: _____

_____ NW _____ SW Sec. 25 Twp. 22 S. R. 24 East West

2300 Feet from North / South Line of Section

335 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: HODGEMAN

Lease Name: SOREM Well #: 1-25

Field Name: WILDCAT

Producing Formation: MISSISSIPPIAN

Elevation: Ground: 2384' Kelly Bushing: 2392'

Total Depth: 4700' Plug Back Total Depth: 4672'

Amount of Surface Pipe Set and Cemented at: 210' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 1584 Feet

If Alternate II completion, cement circulated from: 1584'

feet depth to: SURFACE w/ 125 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 14,000 ppm Fluid volume: 240 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.: _____

RECEIVED

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CONFIDENTIAL

JUN 04 2009

KCC

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: 6-2-09

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

20 09

Notary Public: _____

Date Commission Expires: _____

KCC Office Use ONLY

- Letter of Confidentiality Received
- If Denied, Yes Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution

