

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 # 30606
Name: Murfin Drilling Company, Inc.
Wellsite Geologist: Scott Corsair
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., 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. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled Docket No.: _____
_____ Dual Completion Docket No.: _____
_____ Other (SWD or Enhr.?) Docket No.: _____
6-4-04 6-14-04 7-15-04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 199-20,314 -0000
Spot Description: _____
SW _SW_ SW_ Sec. 5 Twp. 15 S. R. 41 East West
330 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: WALLACE
Lease Name: FLYING V Well #: 1-5
Field Name: OKESON NORTHWEST
Producing Formation: MORROW LIMESTONE
Elevation: Ground: 3755' Kelly Bushing: 3765'
Total Depth: 5104' Plug Back Total Depth: 5067'
Amount of Surface Pipe Set and Cemented at: 378 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2700' Feet
If Alternate II completion, cement circulated from: 2700'
feet depth to: SURFACE w/ 400 *Alt 2-Dlg - 6/15/09* ^{sx cmt.}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 11,000 ppm Fluid volume: 320 bbls
Dewatering method used: EVAPORATED
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: [Signature]
Title: COMPLIANCE COORDINATOR Date: 6-11-09
Subscribed and sworn to before me this 11th day of June
20 09
Notary Public: [Signature]
Date Commission Expires: 11/4/2011

DEBRA J. PURCELL
Notary Public - State of Kansas
My Appt. Expires 11/4/2011

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution

RECEIVED
JUN 15 2009

KCC WICHITA

Operator Name: American Warrior, Inc. Lease Name: FLYING V Well #: 1-5
 Sec. 5 Twp. 15 S. R. 41 East West County: WALLACE

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: BOREHOLE COMPENSATED SONIC LOG; DUAL INDUCTION LOG; DUAL COMPENSATED PRORSITY LOG; MICRORESISTIVITY 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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>2744</td> <td>+1021</td> </tr> <tr> <td>Cherokee Shale</td> <td>4703</td> <td>-938</td> </tr> <tr> <td>Morrow Shale</td> <td>4939</td> <td>-1174</td> </tr> <tr> <td>Morrow Sandstone</td> <td>4954</td> <td>-1189</td> </tr> <tr> <td>Morrow Limestone</td> <td>5032</td> <td>-1267</td> </tr> </table>	Name	Top	Datum	Anhydrite	2744	+1021	Cherokee Shale	4703	-938	Morrow Shale	4939	-1174	Morrow Sandstone	4954	-1189	Morrow Limestone	5032	-1267
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Morrow Limestone	5032	-1267																	

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#	378'	Common	290	3%cc, 2%Gel
PRODUCTION	7-7/8"	5-1/2"	14#	5103'	ASC	175	2% CC

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	4960' to 4970'		SAME

TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>5053'</u> Packer At: <u>NONE</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. July 15, 2004		Producing Method: <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. <u>N/A</u>	Gas Mcf <u>N/A</u>	Water Bbls. <u>N/A</u> Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., INC. 13504

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

SERVICE POINT:
Oakley

DATE <u>6-5-04</u>	SEC. <u>5</u>	TWP. <u>15s</u>	RANGE <u>4/w</u>	CALLED OUT	ON LOCATION <u>6:30 AM</u>	JOB START <u>8:45 AM</u>	JOB FINISH <u>9:15 AM</u>
LEASE <u>Plying V</u>	WELL # <u>1-5</u>	LOCATION <u>Sharon Springs 9W 7 3/4 S</u>			COUNTY <u>Wallace</u>	STATE <u>Ks</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)				E/S			

CONTRACTOR Murfin Drlg Rig 14
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 378'
 CASING SIZE 8 5/8 DEPTH 378'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 45.64'
 CEMENT LEFT IN CSG. 45.64
 PERFS. _____
 DISPLACEMENT 2 1/4 Bbls

OWNER Same
 CEMENT AMOUNT ORDERED 290 sks Com 35 cc 2% Gel

COMMON	<u>290 sks</u>	@ <u>8.85</u>	<u>2566.50</u>
POZMIX		@	
GEL	<u>5 sks</u>	@ <u>11.00</u>	<u>55.00</u>
CHLORIDE	<u>10 sks</u>	@ <u>30.00</u>	<u>300.00</u>
		@	
		@	
		@	
		@	
HANDLING	<u>305 sks</u>	@ <u>1.25</u>	<u>381.25</u>
MILEAGE RECEIVED	<u>54 sk/mile</u>		<u>1037.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER Dean
 # 191 HELPER Wayne
 BULK TRUCK
 # 377 DRIVER Mike
 BULK TRUCK
 # 315 DRIVER Terry

JUN 15 2009 TOTAL 4339.75

KCC WICHITA

REMARKS:

Cement did circulate
Plug didn't land on Baffle
Thank you

SERVICE

DEPTH OF JOB	<u>378'</u>		
PUMP TRUCK CHARGE			<u>520.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>68 miles</u>	@ <u>4.00</u>	<u>272.00</u>
PLUG		@	
		@	
		@	

TOTAL 792.00

CHARGE TO: Pelican Hill Oil & Gas Inc
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

<u>Baffle Plate</u>	@	<u>45.00</u>
<u>1-Centralizer</u>	@	<u>55.00</u>
<u>8 5/8 Surface Plug</u>	@	<u>45.00</u>
	@	
	@	

TOTAL 145.00

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.

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Greg Unruh

Greg Unruh
 PRINTED NAME

ALLIED CEMENTING CO., INC. 13512

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

SERVICE POINT:
Oakley

DATE <u>6-13-04</u>	SEC. <u>5</u>	TWP. <u>15S</u>	RANGE <u>41W</u>	CALLED OUT	ON LOCATION <u>7:30 PM</u>	JOB START <u>6:15 AM</u>	JOB FINISH <u>7:15 AM</u>
LEASE <u>Plying V</u>	WELL # <u>1-5</u>	LOCATION <u>Sharon Spring 9W 7 1/4 S E1S</u>			COUNTY <u>Wallace</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Murfin Drilling Rig 14
 TYPE OF JOB 5 1/2" Production Spring
 HOLE SIZE 7 1/2" T.D. 5100'
 CASING SIZE 5 1/2" DEPTH 5103'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL Port Collar DEPTH 2700'
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 42.88'
 CEMENT LEFT IN CSG. 42.88'
 PERFS.
 DISPLACEMENT 120 1/2 Bbls

OWNER same
 CEMENT
 AMOUNT ORDERED 17.55 SKS ASC
500 gals WFR-2, 2 gals clg-Pro

COMMON <u>ASC</u>	<u>17.55 SKS</u>	@	<u>10.35</u>	<u>1811.25</u>
POZMIX		@		
GEL		@		
CHLORIDE		@		
		@		
<u>500 gal WFR-2</u>		@	<u>1.00</u>	<u>500.00</u>
<u>2 gals clg-Pro</u>		@	<u>22.90</u>	<u>45.80</u>
		@		
		@		
HANDLING <u>17.55 SK</u>		@	<u>1.25</u>	<u>218.75</u>
MILEAGE <u>5¢/sk/miles</u>				<u>595.00</u>

TOTAL 3170.80

EQUIPMENT

PUMP TRUCK CEMENTER Dean
 # 373-281 HELPER Andrew
 BULK TRUCK
 # 212 DRIVER Mike
 BULK TRUCK
 # DRIVER

RECEIVED
JUN 15 2004

REMARKS:

pump 500 gals wfr-2,
Mix 10 SKS in Annuse Hole
Mix 15 SKS in Rat Hole, Mix 150 SK
ASC down 5 1/2" CSG, Disp 1st 20 Bbls
w/ 2 gals clg-Pro Total Disp 120 1/2 Bbls
Plug Landed at 1200'
Float Held.
Thank you

KCC WICHITA

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>1130.00</u>
EXTRA FOOTAGE		@		
MILEAGE <u>68 miles</u>		@	<u>4.00</u>	<u>272.00</u>
PLUG		@		
		@		
		@		

TOTAL 1402.00

CHARGE TO: Pelican Hill Oil & Gas Inc
 STREET _____
 CITY _____ STATE _____ ZIP _____

5 1/2"

FLOAT EQUIPMENT

Guide shoe				<u>150.00</u>
Latch down Plug Assy		@		<u>350.00</u>
7 - Centralizers		@	<u>50.00</u>	<u>350.00</u>
2 - Baskets		@	<u>128.00</u>	<u>256.00</u>
Port collar		@		<u>1750.00</u>
		@		

TOTAL 2856.00

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.

TAX _____
 TOTAL CHARGE ~~3170.80~~
 DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

SIGNATURE [Signature]

GREG URRUT
 PRINTED NAME

ALLIED CEMENTING CO., INC. 13486

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

SERVICE POINT: DAKLEY

DATE <u>6-24-04</u>	SEC <u>5</u>	TWP. <u>155</u>	RANGE <u>41W</u>	CALLED OUT	ON LOCATION <u>8:00 AM</u>	JOB START <u>8:15 AM</u>	JOB FINISH <u>9:15 AM</u>
LEASE <u>FLYING V</u>	WELL # <u>1-5</u>	LOCATION <u>SHARON SPRINGS 9W-74S-E1N</u>			COUNTY <u>WALLACE</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR EASTERN COLORADO WELL SERVICE OWNER SAME
TYPE OF JOB PORT COLLAR

HOLE SIZE	T.D.
CASING SIZE <u>5 1/2"</u>	DEPTH
TUBING SIZE <u>2 1/2"</u>	DEPTH <u>2700'</u>
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT

AMOUNT ORDERED
500 SKS 60/40 POZ 69661 1/4" FLO-SEAL
USED 400 SKS 60/40 POZ 69661 1/4" FLO-SEAL

COMMON <u>240 SKS</u>	@ <u>8.85</u>	<u>2124.00</u>
POZ MIX <u>160 SKS</u>	@ <u>4.00</u>	<u>640.00</u>
GEL <u>21 SKS</u>	@ <u>11.00</u>	<u>231.00</u>
CHLORIDE	@	
<u>FLO-SEAL 125#</u>	@ <u>1.40</u>	<u>175.00</u>
HANDLING <u>528 SKS</u>	@ <u>1.25</u>	<u>660.00</u>
MILEAGE <u>0.54 PER SK / MILE</u>		<u>1795.20</u>
		TOTAL <u>5625.20</u>

EQUIPMENT

PUMP TRUCK # <u>191</u>	CEMENTER <u>TERRY</u>
	HELPER <u>WAYNE</u>
BULK TRUCK # <u>361</u>	DRIVER <u>JARROD</u>
BULK TRUCK #	DRIVER

RECEIVED
JUN 15 2009

KCC WICHITA SERVICE

REMARKS:

TEST SYSTEM TO 1500 PSI, HELD
OPEN PORT COLLAR. MIX 400SKS 60/40
POZ 69661 1/4" FLO-SEAL + DISPLACE 15 BAR,
CLOSE PORT COLLAR PRESSURE TO 1500 PSI
HELD. RUN 4 JTS. REVERSE OUT

DEPTH OF JOB	<u>2700'</u>
PUMP TRUCK CHARGE	<u>650.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>68 MI</u>	@ <u>4.00</u> <u>272.00</u>
PLUG	@
TOTAL <u>922.00</u>	

THANK YOU

CHARGE TO: PELICAN HILL OIL & GAS, INC.
STREET _____
CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

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.

TAX _____
TOTAL CHARGE _____
DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

Casey D. Renner
PRINTED NAME