

Kevin Wiles Sr
6/15/09

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

ORIGINAL

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: Kevin Wiles, Sr.
Phone: (620) 275-2963
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Jim Dilts
Purchaser: N/A
Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
____ Oil ____ SWD ____ SIOW
 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.: _____
12-11-08 12-21-08 NOT COMPLETED YET
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 077-21,647-0000
Spot Description: _____
SE NW NW Sec. 3 Twp. 34 S. R. 7 East West
1844 Feet from North / South Line of Section
624 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: HARPER
Lease Name: KOEHLEN Well #: 1-3
Field Name: WILDCAT
Producing Formation: _____
Elevation: Ground: 1320' Kelly Bushing: 1328'
Total Depth: 5110' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 306 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.cml} Alt 1-Dig - 6/25/09

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 11,000 ppm Fluid volume: 320 bbls
Dewatering method used: HAULED OFF SITE
Location of fluid disposal if hauled offsite:
Operator Name: MESSINGER PET
Lease Name: NICHOLAS SWD License No.: 4706
Quarter _____ Sec. 20 Twp. 30 S. R. 8 East West
County: KINGMAN Docket No.: D-27,434

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: *Erica Kuhlmeier*
Title: COMPLIANCE COORDINATOR Date: 6-6-09
Subscribed and sworn to before me this 6th day of June, 2009.
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 No Date: 6/23/09
 Wireline Log Received
 Geologist Report Received **RECEIVED**
 UIC Distribution
JUN 15 2009

KCC WICHITA

Operator Name: American Warrior, Inc. Lease Name: KOEHLEN Well #: 1-3
 Sec. 3 Twp. 34 S. R. 7 East West County: HARPER

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 (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 INDUCTION LOG; DUAL COMPENSATED PRORSITY LOG; MICRORESISTIVITY LOG;	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Waiting on Jim Dilts
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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#	306'	60:40 Poz	200	3%cc, 2%Gel
PRODUCTION	7-7/8"	5-1/2"	17#	5102'	AA2	175	1/4* Floccle

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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: NONE Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. NOT COMPLETED YET	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. N/A Gas Mcf N/A Water Bbls. N/A Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Date: June 12 2009

Kansas Corporation Commission
Finney State Office Building
130 S. Market, Room 2078
Wichita, Kansas 67202-3802

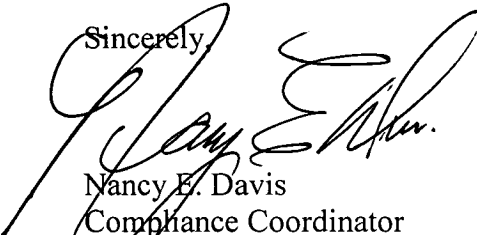
RE: Well Koehlen 1-3

API#: 015-077-21,647

Dear Corporation Commission,

American Warrior, Inc. request that you please hold the enclosed information confidential for as long as the law allows.

Sincerely,



Nancy E. Davis
Compliance Coordinator

NED

Enclosure

RECEIVED

JUN 15 2009

KCC WICHITA

American Warrior, Inc.

P.O. Box 399 • Garden City, Kansas 67846 • (620) 275-9231

Customer <i>AMERICAN WARRIOR</i>		Lease No.		Date	
Lease <i>KOEHLER</i>		Well # <i>1-3</i>		<i>12-21-08</i>	
Field Order # <i>19233</i>	Station <i>PRATT</i>	Casing <i>5 1/2</i>	Depth <i>5107</i>	County <i>HARPER</i>	State <i>Ks.</i>
Type Job <i>CNW-L.S.</i>			Formation	Legal Description <i>3-34-7</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>				<i>175% H₂O₂</i>				
Depth <i>5107</i>	Depth	From	To	Pre Pad <i>1.44 FT³</i>	Max		5 Min.	
Volume <i>178.5</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>1500</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>5107</i>	Packer Depth	From	To	Flush <i>118 Bbl.</i>	Gas Volume		Total Load	

Customer Representative <i>Jim DULTZ</i>	Station Manager <i>SCOTTY</i>	Treater <i>BOBBY</i>
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Service Units	<i>19866</i>	<i>19806</i>	<i>19826</i>	<i>19860</i>					
Driver Names	<i>DRAKE</i>	<i>SHANLIN</i>	<i>FREEMAN</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0715</i>					<i>ON LOCATION - SAFETY MEETING</i>
<i>1130</i>					<i>RUN 125 yds. 17th CNT. 1,2,3,4,10,14,12 Back-3,11</i>
<i>1315</i>					<i>CSG. ON BOTTOM</i>
<i>1325</i>					<i>HOOK UP TO CSG. - BRECK CIRC. w/ RIG</i>
<i>1429</i>	<i>100</i>		<i>24</i>	<i>5.0</i>	<i>SWABFLUSH IT</i>
<i>1434</i>	<i>100</i>		<i>3</i>	<i>5.0</i>	<i>ADD SPACER</i>
<i>1435</i>	<i>300</i>		<i>47</i>	<i>6.0</i>	<i>MIX CNT @ 15.0th</i>
<i>1442</i>					<i>RELEASE PLUG - CLEAR PUMP + LINES</i>
<i>1445</i>	<i>150</i>			<i>6.5</i>	<i>START DISP.</i>
<i>1500</i>	<i>400</i>		<i>58</i>	<i>5.8</i>	<i>LIFT PRESSURE</i>
<i>1505</i>	<i>1500</i>		<i>114</i>		<i>PLUG DOWN</i>
<i>1510</i>			<i>5/3</i>		<i>PLUG RATHOLE + MOUSE HOLE</i>

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BASIC

energy services, L.P.

FIELD ORDER 19233

Subject to Correction

Date	12-21-08	Customer ID		Lease	KOETHLEM	Well #	1-3	Legal	3-34-7
				County	HARPER	State	KS.	Station	PRAIT
C H A R G E	AMERICAN WARRIOR			Depth		Formation		Shoe Joint	27.59
				Casing	5/2	Casing Depth	5107	TD	5110
				Customer Representative	JIM DITZ			Treater	BOBBY DRAKE

AFE Number		PO Number		Materials Received by	X <i>[Signature]</i>	
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Station Code	Product Code	QUANTITY	MATERIALS, EQUIPMENT, and SERVICES USED	UNIT PRICE	AMOUNT
P	CP105	175 sk.	AH2	/	2975 ⁰⁰
P	CP103	25 sk.	60/40 P02	/	300 ⁰⁰
P	CC105	42 lb.	DE-FOAMER (POWDER)	/	168 ⁰⁰
P	CC111	911 lb.	SALT (FINE)	/	455 ⁵⁰
P	CC112	50 lb.	CEMENT FRICTION REDUCER	/	300 ⁰⁰
P	CC115	165 lb.	GAS BLOCK	/	849 ⁷⁵
P	CC129	83 lb.	FLA-322	/	1622 ⁵⁰
P	CC201	873 lb.	GILSONITE	/	584 ⁹¹
P	CC155	1000 gal.	SUPER FLUSH II	/	1530 ⁰⁰
P	CF607	1 ea.	LATCH DOWN PLUG & BAFFLE, 5/2" (BLUE)	/	400 ⁰⁰
P	CF1251	1 ea.	AUTO FILL FLOAT STOP, 5/2" (BLUE)	/	360 ⁰⁰
P	CF1651	7 ea.	TURBOLIZER, 5/2" (BLUE)	/	770 ⁰⁰
P	CF1901	2 ea.	5/2" BASKET (BLUE)	/	580 ⁰⁰
P	E701	150 mi.	HEAVY EQUIPMENT MILEAGE		1050 ⁰⁰
P	E713	701 tm.	BULK DELIVERY		1121 ⁶⁰
P	E100	75 mi.	PICKUP MILEAGE		318 ⁷⁵
P	CE240	190 sk.	BLENDING & MIXING SERVICE CHARGE		266 ⁰⁰
P	S003	1 ea.	SERVICE SUPERVISOR		175 ⁰⁰
P	CE206	1 ea.	DEPTH CHARGE, 5001' - 6000'		2880 ⁰⁰
P	CE504	1 ea.	PLUG CONTAINER		250 ⁰⁰
RECEIVED JUN 15 2009 KOCWICHTA					
DISCOUNTED PRICE -					# 11,967 ²⁶

LOG-TECH
 1013 240th Ave.
HAYS, KANSAS 67601
 (785) 625-3858

27326

Date 12-20-2008

CHARGE TO: American Warrior Inc.
 ADDRESS _____
 R/A SOURCE NO. 0 112 114558 CUSTOMER ORDER NO. NW 11
 LEASE AND WELL NO. _____ FIELD _____
 NEAREST TOWN Lawrence COUNTY Lawrence STATE KS
 SPOT LOCATION 1344 FNL # 624 FNL SEC. 3 TWP. 7N RANGE 7W
 ZERO 5-1 CASING SIZE 1 1/2" 36 WEIGHT 22
 CUSTOMER'S T.D. 5109 LOG TECH _____ FLUID LEVEL _____
 ENGINEER David OPERATOR John

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	

DEPTH AND OPERATIONS CHARGES					
Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
Dual Perforation Log	0	5109	5109	.40	2043 60
	5109	300	4809	.40	1923 60
PNL DL Log	0	5109	5109	.80	4087 20
	5109	2200	2909	.70	2036 30
M. 105000 4' x 4' Log	0	5109	5109	.40	2043 60
	5109	2200	2909	.40	1163 60
Full P. Log	0	5109	5109	.50	2554 50
	5109	300	4809	.50	2404 50

MISCELLANEOUS		
Description	Quantity	Amount
Service Charge <u>Truck Rental #017</u>		950 00
T.J. 11:00 am		
A.O.L. 3:15 pm		
S.J. 5:00 pm		
F.J. 11:15 pm		
T.W.T.		

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

RECEIVED
 JUN 15 2009

KCC WICHITA

.....Sub Total	19,206 90
.....Tax	
.....	
.....	

Customer Signature _____ Date _____

ALLIED CEMENTING CO., LLC. 32536

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

SERVICE POINT:
Medicine Lodge

DATE <u>12-11-08</u>	SEC. <u>3</u>	TWP <u>34 S</u>	RANGE <u>7W</u>	CALLED OUT <u>0530 PM</u>	ON LOCATION <u>0800 PM</u>	JOB START <u>0915 PM</u>	JOB FINISH <u>0130 PM</u>
LEASE <u>Koehlen</u>		WELL # <u>1-3</u>		LOCATION <u>ANTONY KS McDonalds, 1/2 way</u>		COUNTY <u>Harper</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>2 1/2 S, W/INTO</u>				

CONTRACTOR Duke 2 OWNER American Warrior

TYPE OF JOB Sulfate
 HOLE SIZE 12 1/4 T.D. 300' 307
 CASING SIZE 8 5/8 DEPTH 309
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM 100 PSI
 MEAS. LINE _____ SHOE JOINT 20'
 CEMENT LEFT IN CSG. 20' per customer Request
 PERFS. _____
 DISPLACEMENT 18 1/4 Bbls. Fresh Water

CEMENT AMOUNT ORDERED 2005x 60:40:2 + 380 CC

EQUIPMENT

PUMP TRUCK CEMENTER Greg G.
 # 414-302 HELPER Newton D
 BULK TRUCK
 # 363-249 DRIVER Larry J.
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>120 A</u>	@	<u>15.45</u>	<u>1854.00</u>
POZMIX	<u>80</u>	@	<u>8.00</u>	<u>640.00</u>
GEL	<u>4</u>	@	<u>20.80</u>	<u>83.20</u>
CHLORIDE	<u>7</u>	@	<u>58.20</u>	<u>407.40</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>211</u>	@	<u>2.40</u>	<u>506.40</u>
MILEAGE	<u>43 x 2.11 x .10</u>			<u>907.30</u>
TOTAL				<u>4398.30</u>

REMARKS:

Pipe on Bottom, Break Circulation, Pump 5 Bbls Fresh Ahead, Pump Cement - 2005x + Additives, Stop Pumps, Release Plug, Start Disp, See lift, slow Rate, Disp. with 18 1/4 Bbls Fresh Water, shut in, Cement Circulated to Surface

SERVICE

DEPTH OF JOB	<u>309'</u>		
PUMP TRUCK CHARGE	<u>0-300'</u>		<u>1018.00</u>
EXTRA FOOTAGE	<u>9'</u>	@	<u>.85</u> <u>7.65</u>
MILEAGE	<u>43</u>	@	<u>7.00</u> <u>301.00</u>
MANIFOLD		@	
Head Rental	<u>1</u>	@	<u>113.00</u> <u>113.00</u>
TOTAL <u>1439.65</u>			

CHARGE TO: American Warrior
 STREET _____
 CITY _____ STATE _____ ZIP _____

8 5/8 PLUG & FLOAT EQUIPMENT

Wooden Plug	<u>1</u>	@	<u>68.00</u> <u>68.00</u>
		@	
		@	
		@	
TOTAL <u>68.00</u>			

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES ~~_____~~
 DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

PRINTED NAME JOHN J. ARM BRUSTER
 SIGNATURE John J. Armbruster

**ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING**

* Thank You *