

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL**

Form ACO-1  
October 2008  
Form Must Be Typed

**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 # 31548  
Name: Discovery Drilling Co., Inc.  
Wellsite Geologist: Marc Downing  
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.: \_\_\_\_\_  
3-5-09    3-11-09    6-10-09  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 065-23,535-0008  
Spot Description: 40'S OF  
N/2 - S/2 - S/2 Sec. 5 Twp. 8 S. R. 21  East  West  
950 Feet from  North /  South Line of Section  
2636 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW

County: GRAHAM  
Lease Name: KENYON Well #: 4-5  
Field Name: WILDCAT  
Producing Formation: ARBUCKLE  
Elevation: Ground: 2029' Kelly Bushing: 2037'  
Total Depth: 3651' Plug Back Total Depth: 3625'  
Amount of Surface Pipe Set and Cemented at: 221 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: 1620' Feet  
If Alternate II completion, cement circulated from: 1620'  
feet depth to: SURFACE w/ 150 <sup>sq cm</sup>

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: 13,000 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.: \_\_\_\_\_

**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: 7-13-09  
Subscribed and sworn to before me this 13<sup>th</sup> day of July  
09  
Notary Public: Kelsi Hoffmann  
Date Commission Expires: 7-2-13

**KCC Office Use ONLY**

Letter of Confidentiality Received  
 If Denied, Yes  Date: 7/29/09  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

**KELSI HOFFMAN**  
Notary Public - State of Kansas  
My Appt. Expires

Operator Name: American Warrior, Inc. Lease Name: KENYON Well #: 4-5  
 Sec. 5 Twp. 8 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 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: DUAL INDUCTION LOG; DUAL COMPENSATED PRORSITY LOG; MICRORESISTIVITY LOG; SONIC CEMENT BOND LOG; TRACER SURVEY	<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>Top Anhydrite</td> <td>1620</td> <td>-418</td> </tr> <tr> <td>B/Anhydrite</td> <td>1650</td> <td>-388</td> </tr> <tr> <td>Topeka</td> <td>2998</td> <td>-960</td> </tr> <tr> <td>Heebner</td> <td>3210</td> <td>-1172</td> </tr> <tr> <td>LKC</td> <td>3246</td> <td>-1208</td> </tr> <tr> <td>BKC</td> <td>3450</td> <td>-1412</td> </tr> <tr> <td>Arbuckle</td> <td>3536</td> <td>-1498</td> </tr> </table>	Name	Top	Datum	Top Anhydrite	1620	-418	B/Anhydrite	1650	-388	Topeka	2998	-960	Heebner	3210	-1172	LKC	3246	-1208	BKC	3450	-1412	Arbuckle	3536	-1498
Name	Top	Datum																							
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LKC	3246	-1208																							
BKC	3450	-1412																							
Arbuckle	3536	-1498																							

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#	221'	Common	150	3%cc, 2%Gel
PRODUCTION	7-7/8"	5-1/2"	14#	3650'	EA/2	175	FLOCELE

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 <small>Specify Footage of Each Interval Perforated</small>	Acid, Fracture, Shot, Cement Squeeze Record <small>(Amount and Kind of Material Used)</small>	Depth
4	3538' TO 3543'		SAME

TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>3541'</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. <b>SHUT IN</b>	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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Date: 7-13-09

RECEIVED  
JUL 14 2009  
KCC WICHITA

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

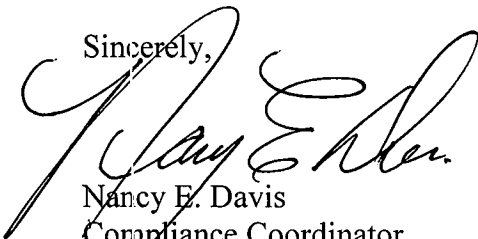
RE: Well Kenyon 4-15

API#: 015-065-23,535

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



CHARGE TO: AMERICAN WARRIOR  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

TICKET  
 No 15392

PAGE 1 OF 1

1. SERVICE LOCATIONS <u>HAYS</u>	WELL/PROJECT NO. <u>4-5</u>	LEASE <u>WENTON</u>	COUNTY/PARISH <u>GRAHAM</u>	STATE <u>KS</u>	CITY	DATE <u>03-20-09</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR		RIG NAME/NO. <u>Express Well</u>	SHIPPED VIA <u>C.T.</u>	DELIVERED TO <u>BOSWELL 1/2W, NINTO</u>	ORDER NO.
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOP</u>	JOB PURPOSE <u>CMT: FOOT CELL</u>		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 #112	30		MI		5.00	150	00
576D		1			Pump SERVICE	1		EA		1100.00	1100	00
290		1			D-AIR	1		GAL		35.00	35	00
330		2			SMD CMT	150		SH		14.00	2100	00
276		2			FLOCELE	44		LB		1.50	66	00
581		2			SERVICE CHG CMT	175		SH		1.50	262	50
583		2			DRAVAGE	262.11		TM		1.00	262	11

RECEIVED  
 JUL 14 2009  
 KCC WICHITA

**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 JOESMITH BY JAE

DATE SIGNED 03-20-09 TIME SIGNED 1000  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?				3975 161
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% 122 16
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL 4097 77
<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 Dave Bell APPROVAL

Thank You!

**JOB LOG**

**SWIFT Services, Inc.**

DATE 23-20-09 PAGE NO. 1

CUSTOMER AWI WELL NO. 4-5 LEASE VENYON JOB TYPE CMT: PORT COLLAR TICKET NO. 15392

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							ON LOCATION CMT 17550 SMO 1/4" FROCELL 2 3/8" X 5/8" PORT COLLAR @ 1620
	1315							RUN IN TUBE TOOL
	1420					1000	1000	PSI TEST OPEN PC
	1430	3.0		/		300		INJ. RATE
		3.5	0	/		300		START CMT @ 112'
		4.0	4.0	/		400		" TO CIRC MUD
		4.0	71.0	/		400		CIRC CMT TO PT MIX 2050 @ 11'
		4.0	76.0	/		400		END CMT
		4.0	0	-		400		START DISP
	1450	4.0	5.5	/		400		END
	1455							CLOSE P.C.
	1500			/	/	1000	1000	PSI TEST RUN 5 JOINTS
	1505	2.5	0	/		250		REV. OUT
			5.0	/		250		1st FEED
			11.0	/		200		2nd FEED
	1515		20.0	/		200		ALL CLEAR
								TOTAL CMT 1505 @ 2050 2050 TO PT!
	1545							JOB COMPLETE
								THANK YOU! DAVE JOSH, DAVE

RECEIVED  
JUL 14 2009  
KCC WICHITA



CHARGE TO:  
**AMERZON WOODRIDGE INC.**  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

TICKET  
 No 15720

PAGE 1 OF 2

SERVICE LOCATIONS 1. <b>NESS CITY, KS</b>	WELL/PROJECT NO. <b>4-5</b>	LEASE <b>VENYON</b>	COUNTY/PARISH <b>OSAGE</b>	STATE <b>KS</b>	CITY	DATE <b>3-12-09</b>	OWNER <b>SAME</b>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <b>DISCOVERY DRILL #1</b>	RIG NAME/NO.	SHIPPED VIA <b>CT</b>	DELIVERED TO <b>LOCATION</b>	ORDER NO.	
3.	WELL TYPE <b>OIL</b>	WELL CATEGORY <b>DEVELOPMENT</b>	JOB PURPOSE <b>5 1/2" LONGSTRIK</b>	WELL PERMIT NO.	WELL LOCATION <b>BOGUE JCT - 1/2 W, STATE</b>		
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 # 110	60		MI		5.00	300.00
578		1			PUMP CHARGE	1	JOB		3650	14.00	1400.00
221		1			LITERS KCI	2		Gal		25.00	50.00
281		1			MUD FLUSH	500		Gal		1.00	500.00
402		1			CENTRALIZERS	8		EA	5 1/2"	55.00	440.00
403		1			CEMENT BASKET	1		EA		180.00	180.00
404		1			PORT COLLAR TOP JT # 52	1		EA	1620 FT	1900.00	1900.00
406		1			LATCH DOWN PLUG - RAFFLE	1		EA		225.00	225.00
407		1			INSERT FLOAT SHOE W/AUTO FILL	1		EA		275.00	275.00

RECEIVED  
 JUL 14 2009  
 KCC WICHITA

**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 *[Signature]*  
 DATE SIGNED: **3-12-09** TIME SIGNED: **1:00**

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	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#1	5270.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	4047.51
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: **Wayne Wilson** APPROVAL: \_\_\_\_\_

**Thank You!**



**JOB LOG**

**SWIFT Services, Inc.**

DATE 3-12-09 PAGE NO. 1

CUSTOMER AMERICAN WARRIOR INC. WELL NO. 4-5 LEASE KENYON JOB TYPE 5 1/2 LONGSTRING TICKET NO. 15720

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							ON LOCATION
	1145							START 5 1/2" CASING IN WELL
								TD- 3651 SET = 3650
								TP- 3652 5 1/2" # 14
								RECEIVED SJ- 18'
								JUL 14 2009 CENTRALIZERS - 1, 3, 5, 7, 9, 11, 13, 51
								KCC WICHITA CMT BSKT - 52
								PORT COLUR = 1620' TOP JT # 52
	1305							DROP BALL - CIRCULATE
	1335	6	12		✓		500	PUMP 500 GAL MUD FLUSH
	1337	6	20		✓		500	PUMP 20 BBIS KCL- FLUSH
	1345		7-5					PLUG RH - MH (30 SKS - 20 SKS)
	1350	5	30		✓		300	MIX CEMENT - 125 SKS EA-2 = 15.5 PPG
	1358							WASH OUT PUMP - LEVES
	1359							RELEASE LATCH DOWN PLUG
	1400	7	0		✓			DISPLACE PLUG
		7	86				800	
	1414	6 1/2	88.7				1500	PLUG DOWN - PSE UP LATCH IN PLUG
	1415						OK	RELEASE PSE- HEED
								WASH TRUCK
	1500							JOB COMPLETE
								THANK YOU
								WARJE, BRETT, <del>MARK</del> SCOTT



