

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 4058  
Name: American Warrior Inc.  
Address: P.O Box 399  
City/State/Zip: Garden City Kansas 67846  
Purchaser: None  
Operator Contact Person: Jody Smith  
Phone: (620) 272-1023  
Contractor: Name: Express Well Service  
License: 6426  
Wellsite Geologist: None

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:  
Operator: American Warrior Inc.

Well Name: West #1  
Original Comp. Date: 9/15/83 Original Total Depth: 3620'  
 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. NA

<u>3/31/06</u>	<u>4/27/06</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 065-21799-00-01  
County: Graham  
C NE SW SW Sec. 7 Twp. 8 S. R. 21  East  West  
990' 1016 feet from (S) N (circle one) Line of Section  
1220' 4055 feet from (E) (W) (circle one) Line of Section  
GPS-KCC-DIG  
Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW  
Lease Name: West Well #: #1

Field Name: Luck east  
Producing Formation: None

Elevation: Ground: 2032' Kelly Bushing: 2037'  
Total Depth: 3635' Plug Back Total Depth: 3535'

Amount of Surface Pipe Set and Cemented at 241' 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 cmt.

ATI WO - Dig - 9/19/08  
**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)

Chloride content 12,000 ppm Fluid volume 80 bbls  
Dewatering method used Haul off fluids.

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: American Warrior Inc.

Lease Name: Clark License No.: 4058

Quarter SW Sec. 32 Twp. 850' S. R. 21  East  West

County: Graham Docket No.: D-20546

**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: Foreman Date: 4/27/06

Subscribed and sworn to before me this 27th day of April

20 06

Notary Public: [Signature]

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

Geologist Report Received

UIC Distribution

**RECEIVED**  
**MAY 04 2006**

**KCC WICHITA**

Operator Name: American Warrior Inc. Lease Name: West Well #: #1  
 Sec. 7 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 type="checkbox"/> Yes <input checked="" 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:  <b>2- bond logs.</b>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	85/8	NA	241'	NA	150sx	NA
Production	77/8	51/2	14#	3620'	NA	150sx.	
Liner		41/2	10.5	3620'	SMD	175	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input 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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	23/8 seal tite.	3615'	3615'	

Date of First, Resumerd Production, SWD or Enhr. NA	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	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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RECEIVED  
 MAY 04 2006  
 KCC WICHITA