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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

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 Ks. 67846
Purchaser: Oneok
Operator Contact Person: Jody Smith
Phone: (620) 272-1023
Contractor: Name: Cheyenne Drilling, LP.
License: 33375
Wellsite Geologist: Steve Murphy

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: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 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. _____

<u>5/12/05</u>	<u>5/14/05</u>	<u>10/25/05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 055-21871 0000
County: Funny
C SW NE SE Sec. 24 Twp. 22 S. R. 33 East West
1350' feet from (S) / N (circle one) Line of Section
1250' feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Ediger Well #: #2
Field Name: Hugoton Gas Area
Producing Formation: Chase
Elevation: Ground: 2860' Kelly Bushing: 2866'
Total Depth: 2800' Plug Back Total Depth: 2744'
Amount of Surface Pipe Set and Cemented at 350' 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.

Drilling Fluid Management Plan AH I NR
(Data must be collected from the Reserve Pit) 9-3-08
Chloride content 11,000 ppm Fluid volume 80 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: Foreman Date: 10/31/05

Subscribed and sworn to before me this 31ST day of OCTOBER

2005
Notary Public: Erica Kuhlmeier
Date Commission Expires: 09-12-09



KCC Office Use ONLY

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

ORIGINAL

Operator Name: American Warrior Inc. Lease Name: Ediger Well #: #2
 Sec. 24 Twp. 22 S. R. 33 East West County: Finny

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: Gamma ray/ Neutron and Bond.	<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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Herrington</td> <td>2532'</td> <td></td> </tr> <tr> <td>Krider</td> <td>2561'</td> <td></td> </tr> </table>	Name	Top	Datum	Herrington	2532'		Krider	2561'	
Name	Top	Datum								
Herrington	2532'									
Krider	2561'									

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	23#	350'	Comm.	275sx.	2% gel,3%CC
Production	77/8	51/2	15.5	2796'	SMD	375sx	1/4# Flocele

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
4	2561' to 2576'	2000 gal 20% FE	
4	2585' to 2596'	Profrac 25 w/ 16,000#Brady 12/20 sand	

TUBING RECORD		Size <u>23/8</u>	Set At <u>2731'</u>	Packer At <u>None</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>NA</u>		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>NA</u>	Gas Mcf <u>NA</u>	Water Bbls. <u>NA</u>	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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CHARGE TO: *American Warrior Inc*
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET
 No 8067

PAGE 1 OF 1

SERVICE LOCATIONS
 1. *Hays, Ks*
 2. *Ness City, Ks*
 3.
 4. REFERRAL LOCATION

WELL/PROJECT NO. *#2*
 LEASE *Ediger*
 COUNTY/PARISH *Finney*
 STATE *Ks*
 CITY

TICKET TYPE
 SERVICE
 SALES
 CONTRACTOR *Chevron Drly*
 RIG NAME/NO. *#8*
 SHIPPED VIA *ELT*
 DELIVERED TO *Location*
 DATE *5-14-05*
 OWNER *Sume*
 ORDER NO.

WELL TYPE *Gas*
 WELL CATEGORY *Development*
 JOB PURPOSE *cement longstring*
 WELL PERMIT NO.
 WELL LOCATION

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
575		1			MILEAGE <i>#103</i>	90	mi	4	00	360 00
578		1			<i>pump charge Longstring</i>	1	ea	2796	ft	1250 00
407		1			<i>Insert Float Shoe</i>	1	ea	5 1/2	in	230 00
406		1			<i>L.D. Plug & Baffle</i>	1	ea	"	"	200 00
403		1			<i>Baskets</i>	3	ea	"	"	155 00
402		1			<i>Centralizers</i>	8	ea	"	"	55 00
281		1			<i>Mud Flush</i>	500	gal		75	375 00
221		1			<i>KCL Liquid</i>	2	gal		25 00	50 00
330		2			<i>SMD Cement</i>	375	skts		10 50	3937 50
276		2			<i>Flocate</i>	94	#		1 00	94 00
581		2			<i>Cement Service Charge</i>	375	skts		1 10	412 50
583		2			<i>Drayage</i>	1653.93	TM		1 00	1653 93

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

DATE SIGNED *5-14-05* TIME SIGNED *0830*
 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?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<i>Finney TAX 6.3%</i>	<i>364 86</i>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	<i>9832 79</i>
<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 *Nick Korbe*

APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5-14-05 PAGE NO. 1

CUSTOMER American Warrior Tool WELL NO. #2 LEASE Ediger JOB TYPE cement Longstring TICKET NO. 8067

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0240							on loc 1 set up Trks 5 1/2" x 17" x 2796' x 42' 55"
								Cent. Top of 1, 3, 5, 7, 9, 11, 13, 41 Basket Bottom 3, 10, 42
	0430							start F.E.
	0700							Break circulation
	0715	4	0				400	start pre flushes 500 gal Mud flush 20 bbl KCL flush
	0724	7	32/0				450	start Lead cement 275 sks @ 11.2"
	0747	7	152/0				450	Tail cement 100 sks @ 13.5"
	0752		31					end cement wash P&L Drop plug
	0756	6	0				300	start displacement
	0810		64				800/1500	Bump plug Release pressure float held
								Circ 50 bbl

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Thank you
Nick, Dan + Rob

Oakley

DATE 5/12/05	SEC. 24	TWP. 29s	RANGE 33W	CALLED OUT	ON LOCATION 4:30 PM	JOB START 9:50 AM	JOB FIN 7:15
LEASE Ediger	WELL # 2	LOCATION 83+50 Jct 8 1/4 N W/S			COUNTY Finney	STATE KS	
OLD OR NEW (Circle one)							

CONTRACTOR Cheyenne
 TYPE OF JOB Cmt 8 3/4 Surface csg
 HOLE SIZE 12 1/4 T.D. 353
 CASING SIZE 9 5/8 DEPTH 353
 TUBING SIZE / DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 250 MINIMUM 50
 MEAS. LINE SHOE JOINT 30
 CEMENT LEFT IN CSG. 30
 PERFS.
 DISPLACEMENT 20k

OWNER Same

CEMENT AMOUNT ORDERED 275sks Class A + 27 gal 370cc

COMMON	<u>275 sk</u>	@	<u>10.00</u>	<u>2750</u>
POZMIX		@		
GEL	<u>5 sk</u>	@	<u>14.00</u>	<u>70.</u>
CHLORIDE	<u>10 sk</u>	@	<u>38.00</u>	<u>380.</u>
ASC		@		

EQUIPMENT

PUMP TRUCK CEMENTER Max
 # 177 HELPER Terry
 BULK TRUCK
 # 218 DRIVER Larry
 BULK TRUCK
 # DRIVER

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HANDLING	<u>290 sk</u>	@	<u>1.60</u>	<u>464</u>
MILEAGE	<u>681 sk/mi</u>	@		<u>1218</u>
TOTAL				<u>4882</u>

REMARKS:

CMT 8 3/4 Surface csg with 275sks
Cmt Displace 20 1/2 BBL
Close in csg
Cement did circulate

THANK YOU

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

SERVICE

DEPTH OF JOB	<u>355</u>			
PUMP TRUCK CHARGE				<u>670.00</u>
EXTRA FOOTAGE	<u>55 FT</u>	@	<u>.55</u>	<u>30.25</u>
MILEAGE	<u>70 MI</u>	@	<u>5.00</u>	<u>350.00</u>
MANIFOLD		@		
TOTAL				<u>1050.25</u>

PLUG & FLOAT EQUIPMENT

<u>2-8 1/2 Centralizers</u>	@	<u>55.00</u>	<u>110.00</u>
	@		
	@		
	@		
TOTAL			<u>110.00</u>

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

Blind Loyd

PRINTED NAME