

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: PO Box 399
 Address 2: _____
 City: Garden City State: KS Zip: 67846 + 0399
 Contact Person: Scott Corsair
 Phone: (785) 398-2270
 CONTRACTOR: License # 33323
 Name: Petromark Drilling, LLC
 Wellsite Geologist: Scott Corsair
 Purchaser: NCRA
 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.)

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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.: _____

<u>06/21/2007</u>	<u>06/29/2007</u>	<u>07/10/2007</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 135-24651-0000
 Spot Description: 65' S & 130' E
S/2 NW NW Sec. 24 Twp. 20 S. R. 22 East West
1055 Feet from North / South Line of Section
790 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Ness
 Lease Name: Dave Albers Well #: 1-24
 Field Name: Bondurant
 Producing Formation: Mississippian
 Elevation: Ground: 2244' Kelly Bushing: 2250'
 Total Depth: 4389' Plug Back Total Depth: NA
 Amount of Surface Pipe Set and Cemented at: 220 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: 2431 Feet
 If Alternate II completion, cement circulated from: 2431
 feet depth to: surface w/ 300 ^{sq cm}

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: 42.00 ppm Fluid volume: 400 bbls
 Dewatering method used: evaporate
 Location of fluid disposal if hauled offsite:
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

Alt 2-Dlg - 8/5/09

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: _____
 Title: Petroleum Engineer Date: 12/10/208
 Subscribed and sworn to before me this 15th day of December,
20 08.
 Notary Public: Denise Corsair
 Date Commission Expires: 8-15-12

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

NOTARY PUBLIC - State of Kansas
 DENISE CORSAIR
 My Appt. Exp. 8-15-12

Operator Name: American Warrior, Inc. Lease Name: Dave Albers Well #: 1-24
 Sec. 24 Twp. 20 S. R. 22 East West County: Ness

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, Compensated Neutron/Density, Borehole Compensated Sonic & Microresistivity	<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>1459</td> <td>-797</td> </tr> <tr> <td>Heebner</td> <td>3726</td> <td>-1476</td> </tr> <tr> <td>Lansing</td> <td>3778</td> <td>-1528</td> </tr> <tr> <td>Pawnee</td> <td>4208</td> <td>-1958</td> </tr> <tr> <td>Ft. Scott</td> <td>4289</td> <td>-2039</td> </tr> <tr> <td>Cherokee</td> <td>4312</td> <td>-2062</td> </tr> <tr> <td>Mississippian</td> <td>4378</td> <td>-2128</td> </tr> </table>	Name	Top	Datum	Anhydrite	1459	-797	Heebner	3726	-1476	Lansing	3778	-1528	Pawnee	4208	-1958	Ft. Scott	4289	-2039	Cherokee	4312	-2062	Mississippian	4378	-2128
Name	Top	Datum																							
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Mississippian	4378	-2128																							

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	220'	Common	160	2% gel, 3% CC
Production	7 7/8"	5 1/2"	15.5	4388'	Swift EA-2	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	2431-Surface	Swift SMD	300	1/4# flocele

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
1	4382-4385'		

TUBING RECORD: Size: <u>2 3/8"</u>	Set At: <u>4356'</u>	Packer At: <u>NA</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>07/10/2007</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>40</u>	Gas Mcf	Water Bbls. <u>0</u> Gas-Oil Ratio Gravity <u>37</u>

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4382-4385'</u>
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CHARGE TO:
 AMERZAW WARRIOR LLC
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET
 No 12255

PAGE	OF
1	2

SERVICE LOCATIONS 1. NESS CITY KS	WELL/PROJECT NO. 1-24	LEASE DAVE ALBERS	COUNTY/PARISH NESS	STATE KS	CITY	DATE 6-29-07	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR PETRO MARK DRIG #1	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 5 1/2" LONGSTRENG	WELL PERMIT NO.	WELL LOCATION BARN, KS - 105, 3/11W, S. JND		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 104	20	ME			4.00	80.00
578		1			PUMP SERVICE	1	JOB	4389	FT	1250.00	1250.00
221		1			LIQUID KCL	2	GAL			26.00	52.00
281		1			MUD FLUSH	500	GN			.75	375.00
402		1			CENTRALIZERS	11	EA	5 1/2"		95.00	1045.00
403		1			C/MWT BASKETS	2	EA			290.00	580.00
404		1			PORT COLLAR TOP JT # 48	1	EA	2431	FT	2300.00	2300.00
406		1			LIFT DOWN PLUG - BAFFLE	1	EA			235.00	235.00
407		1			INSERT FLOAT SHOE W/ AUTO FILL	1	EA			310.00	310.00
419		1			ROTATING HEAD RENTAL	1	JOB			250.00	250.00

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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: 6-29-07 TIME SIGNED: 0030 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 #1	6477.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				#2	2845.09
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					

JOB LOG

SWIFT Services, Inc.

DATE 6-29-09 PAGE NO. 1

CUSTOMER AMYCRENS WASHING TANK WELL NO. 1-24 LEASE DAVE AURDS JOB TYPE 5/2" LOGS/TUBING TICKET NO. 11258

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0030							ON LOCATION
	0045							START 5/2" CASING IN WELL
								TD-4389 SITE 4388
								TD-4392 5/2" / FT 15.5
								ST-42.58
								CENTRAL 25- 1, 2, 3, 5, 45, 47, 49, 50, 51, 52, 70
								CMT POINTS- 4, 48
								POD# COL# 2431 TOP IT # 48
	0255							DROP BALL. CIRCULATE ROTATE
	0405	6	12		✓		450	PUMP 500 GAL MUDFLUSH "
	0407	6	20		✓		450	PUMP 20 BBLs KCL FLUSH "
	0415		4					PLUG RH
	0417	4 1/2	36		✓		300	MAX CSMAT - 150 SCS SA-2 W/ADDITIONS "
	0428							WASH OUT PUMP. LINES
	0429							RELEASE UNTIL DOWN PLUG
	0432	7	0		✓			DISPLACE PLUG "
		6 1/2	93				700	SLOW OFF ROTATING
	0448	6 1/2	103.5				1500	PLUG DOWN - PSE UP UNTIL IN PLUG
	0450						OK	RELEASE PSE. HEAD
								WASH TRUCK
	0530							JOB COMPLETE
								THANK YOU WANDA BOYD DEAN

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

TICKET
 No 12262

PAGE 1 OF 1

SERVICE LOCATIONS 1. NESS CITY, KS	WELL/PROJECT NO. 1-24	LEASE DAVE ALBERS	COUNTY/PARISH NESS	STATE KS	CITY	DATE 7-3-07	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR H.D.	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOAN/ROW	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE COMMIT PORT COLLAR	WELL PERMIT NO.	WELL LOCATION BASED KS-10s, 3/4W, S 22W		
4. REFERRAL 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 #104	20	MC		4.00	80.00
577		1			PUMP SERVICES	1	JOB		850.00	850.00
105		1			PORT COLLAR OPERATOR	1	JOB		400.00	400.00
330		1			SWIFT MULTIPLE DENSITY STEWARDS	300	SKS		14.50	4350.00
276		1			FLOCCS	88	LBS		1.25	110.00
287		1			GASSTOP	100	LBS		7.00	700.00
290		1			DARE	2	GAL		32.00	64.00
581		1			SERVICE CHARGE COMMIT	350	SKS		1.10	385.00
583		1			DAMAGE	349.98	LBS	349.98	1.00	349.98

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X
 DATE SIGNED 7-3-07 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	7288.98
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?				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: [Signature] APPROVAL: _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 7-3-09 PAGE NO. 1

CUSTOMER AM 21000 WICHITA 230 WELL NO. 1-24 LEASE DMV 90105 JOB TYPE C-MWT PORT COLLAR TICKET NO. 13262

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							ON LOCATION
								TUBING - 2 3/8
								CASING 5 1/2
								PORT COLLAR - 2431'
	1030				✓		1000	PRE TEST CASING - HFD
	1035	3	2	✓		600		OPSD PORT COLLAR - ZWT RATE
	1040	4	139	✓		600		MAX C-MWT - 43 SMD / FROCK 250 SPS
		3	14	✓		450		TR SMD / FROCK / GESSOP 50 SPS
	1130	3	8 1/2	✓		600		DESSPACE C-MWT
	1140			✓		1000		CLOSE PORT COLLAR - PRE TEST - HFD
								CIRCULATE & 20 SPS C-MWT TO PET
	1150	3 1/2	25	✓		500		RUN 4 STS - CIRCULATE CLEAN
								RECEIVED JUL 31 2009 KCC WICHITA
								WASH TRUCK
								PULL TOOL
	1230							JOB COMPLETE
								THANK YOU WARR, BRITT, RYAN J. TT