

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: 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: NA

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.: \_\_\_\_\_  
09/26/2007      10/03/2007      10/03/2007  
Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date                Recompletion Date

API No. 15 - 135-24659-0000  
Spot Description: 50' N & 70' W  
\_\_\_\_\_ N/2 \_\_\_\_\_ S/2 \_\_\_\_\_ NW Sec. 34 Twp. 19 S. R. 21  East  West  
1600 Feet from  North /  South Line of Section  
1250 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Ness  
Lease Name: B Schaben Well #: 2-34  
Field Name: Corsair

Producing Formation: NA  
Elevation: Ground: 2269' Kelly Bushing: 2275'  
Total Depth: 4455' Plug Back Total Depth: NA  
Amount of Surface Pipe Set and Cemented at: 227 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/ \_\_\_\_\_

**Drilling Fluid Management Plan**  
*(Data must be collected from the Reserve Pit)*  
Chloride content: 43,000 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.: \_\_\_\_\_

**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: 04/30/2009  
Subscribed and sworn to before me this 7th day of May,  
20 09  
Notary Public: Denise Corsair  
Date Commission Expires: 8-15-12

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

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

Operator Name: American Warrior, Inc. Lease Name: B Schaben Well #: 2-34  
 Sec. 34 Twp. 19 S. R. 21  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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample	
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Anhydrite	Top 1493	Datum +782
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	3774	-1499
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing	3820	-1545
List All E. Logs Run:		Pawnee	4278	-2003
		Ft. Scott	4318	-2043
		Cherokee	4335	-2060
		Mississippian	4427	-2152

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	227'	Common	160	2% gel, 3% CC

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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

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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CHARGE TO:  
**AMERICAN WARRIOR ZNC.**  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET  
 No **12835**

PAGE **1** OF **1**

SERVICE LOCATIONS 1. <b>NESS CAT #</b>	WELL/PROJECT NO. <b>2-34</b>	LEASE <b>B. SCHAREN</b>	COUNTY/PARISH <b>NESS</b>	STATE <b>Ks</b>	CITY	DATE <b>10-3-07</b>	OWNER <b>SAME</b>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <b>PETRO-MARK DRILL</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>ABANDONED</b>	JOB PURPOSE <b>PTA</b>	WELL PERMIT NO.	WELL LOCATION <b>BAZZE KS-4F, 6S, 1/2 W, SS</b>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

**RECEIVED**  
**JUL 31 2009**  
**KCC WICHITA**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 104	25	MI			4.00	100.00
576P		1			PUMP SERVICE - PTA	1	JOB			800.00	800.00
410		1			WOOD - TOP PLUG	1	PL	8-1/2"		100.00	100.00
328		1			SWIFT LIGHT 60/40 POZMAX (4906.1)	215	LBS			9.80	2107.00
276		1			FLOCCIE	54	LBS			1.25	67.50
290		1			D-DR	2	GAL			32.00	64.00
581		1			SERVICE CHARGE CMWT	215	LBS			1.10	236.50
583		1			DRYAGE	18005	LBS	226.31	MM	1.00	226.31

**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 Scott  
 DATE SIGNED **10-3-07** TIME SIGNED **0800**  A.M.  P.M.

**REMIT PAYMENT TO:**

**SWIFT SERVICES, INC.**  
**P.O. BOX 466**  
**NESS CITY, KS 67560**  
**785-798-2300**

<b>SURVEY</b>	AGREE	UN-DECIDED	DIS-AGREE	<b>PAGE TOTAL</b>	<b>3701.31</b>
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?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				<b>TOTAL</b>	<b>3697.48</b>

**TAX**  
 7.05%  
 5.37%  
**196.17**

**CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES** The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR  
Wade Wasow

APPROVAL

**Thank You!**

**JOB LOG**

**SWIFT Services, Inc.**

DATE 10-3-07 PAGE NO. 1

CUSTOMER Amesbury / WARRIOR I WELL NO. 2-24 LEASE B. SWANSON JOB TYPE PTA TICKET NO. 12835

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0820							ON LOCATION
								TA - 4455'
								RS/O = 277'
	0830		13					1 <sup>ST</sup> PLUG 50 SKS = 1520'
	0900		21					2 <sup>ND</sup> PLUG 80 SKS = 700'
	0930		13					3 <sup>RD</sup> PLUG 50 SKS = 260'
	0940		5					4 <sup>TH</sup> PLUG 20 SKS = 60'
	0945		4					5 <sup>TH</sup> PLUG 15 SKS = RATHOLE
								WASH UP
	1030							JOB COMPLETE
								THANK YOU
								WARRIOR, BERT, RYAN

RECEIVED  
 JUL 31 2009  
 KCC WICHITA

# ALLIED CEMENTING CO., INC.

30449

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

SERVICE POINT: Great Bend

DATE <u>9-27-07</u>	SEC <u>34</u>	TWP <u>19S</u>	RANGE <u>21W</u>	CALLED OUT <u>7:30 PM</u>	ON LOCATION <u>10:00 PM</u>	JOB START <u>12:00 AM</u>	JOB FINISH <u>12:30 AM</u>
LEASE <u>B. Schaben</u>		WELL # <u>2-34</u>	LOCATION <u>Bazine, KS, <del>0230</del> 3 1/2 E</u>	COUNTY <u>NESS</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one) <u>NEW</u>			<u>South into</u>				

CONTRACTOR Petconmark #1 OWNER American Warrior

TYPE OF JOB Surface Job

HOLE SIZE 12 1/4" T.D. 228' CEMENT

CASING SIZE 8 3/8" DEPTH 227' AMOUNT ORDERED 160 Sx Common 3%CC

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_ 2% Gel

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX 200 # PSI MINIMUM 0

MEAS. LINE \_\_\_\_\_ SHOE JOINT 15'

CEMENT LEFT IN CSG. 15'

PERFS. \_\_\_\_\_

DISPLACEMENT 13 1/2 BBLs of freshwater

EQUIPMENT \_\_\_\_\_

PUMP TRUCK CEMENTER Rick H.

# 120 HELPER David S.

BULK TRUCK \_\_\_\_\_

# 357 DRIVER Tyler W.

BULK TRUCK \_\_\_\_\_

# \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS: \_\_\_\_\_

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COMMON \_\_\_\_\_ @ \_\_\_\_\_

POZMIX \_\_\_\_\_ @ \_\_\_\_\_

GEL \_\_\_\_\_ @ \_\_\_\_\_

CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_

ASC \_\_\_\_\_ @ \_\_\_\_\_

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RECEIVED

JUL 31 2009

KCC WICHITA

HANDLING \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

## SERVICE

DEPTH OF JOB 227'

PUMP TRUCK CHARGE \_\_\_\_\_

EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_

Head Rent \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

## PLUG & FLOAT EQUIPMENT

1 5/8 Swagelok plug \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE Ed Miller

PRINTED NAME

CHARGE TO: American Warrior

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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.

SIGNATURE [Signature]