

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: \_\_\_\_\_  
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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**JUL 31 2009**  
**KCC WICHITA**

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.: \_\_\_\_\_  
07/19/2007      07/28/2007      08/24/2007  
Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date                Recompletion Date

API No. 15 - 135-24650-0000  
Spot Description: 25' E  
\_\_\_\_\_ \_NW \_NE \_NW Sec. 24 Twp. 20 S. R. 22  East  West  
330 Feet from  North /  South Line of Section  
1675 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 #: 2-24  
Field Name: Bondurant  
Producing Formation: Chase Group  
Elevation: Ground: 2235' Kelly Bushing: 2241'  
Total Depth: 4453' Plug Back Total Depth: 2511'  
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/ \_\_\_\_\_

1172-Dg-8/5/09 <sup>5x cmt</sup>

**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.: \_\_\_\_\_

**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: 12/10/2008  
Subscribed and sworn to before me this 16th day of December,  
20 08.  
Notary Public: Denise Corsair  
Date Commission Expires: 8-15-13

NOTARY PUBLIC - State of Kansas  
DENISE CORSAIR  
My Appt. Exp. 8-15-13

**KCC Office Use ONLY**

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

Operator Name: American Warrior, Inc. Lease Name: Dave Albers Well #: 2-24  
 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: <b>Dual Induction, Compensated Neutron/Density</b>	<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>Anhydrite</td> <td>1444</td> <td>+797</td> </tr> <tr> <td>Heebner</td> <td>3716</td> <td>-1475</td> </tr> <tr> <td>Lansing</td> <td>3763</td> <td>-1522</td> </tr> <tr> <td>Pawnee</td> <td>4203</td> <td>-1962</td> </tr> <tr> <td>Ft. Scott</td> <td>4282</td> <td>-2041</td> </tr> <tr> <td>Cherokee</td> <td>4306</td> <td>-2065</td> </tr> <tr> <td>Mississippian</td> <td>4374</td> <td>-2133</td> </tr> </table>	Name	Top	Datum	Anhydrite	1444	+797	Heebner	3716	-1475	Lansing	3763	-1522	Pawnee	4203	-1962	Ft. Scott	4282	-2041	Cherokee	4306	-2065	Mississippian	4374	-2133
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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"	8 5/8"	23	227'	Common	160	2% gel, 3% CC
Production	7 7/8"	5 1/2"	14	2515'	Swift SMD	310	

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
2	2395-2405'	750 gallons 20% HCL	2395'

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. <b>SIGW</b>		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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 2395-2405' _____ _____
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# ALLIED CEMENTING CO., INC.

30513

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

SERVICE POINT:  
N-35 City

DATE <u>7-19-07</u>	SEC <u>24</u>	TWP <u>20</u>	RANGE <u>22</u>	CALLED OUT <u>7 PM</u>	ON LOCATION <u>10 PM</u>	JOB START <u>11 AM</u>	JOB FINISH <u>12 AM</u>
LEASE <u>Deke Albers</u>	WELL # <u>2-24</u>	LOCATION <u>Bazine 10 5 1/2 W S15</u>			COUNTY <u>N-35</u>	STATE <u>K.S.</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Btromark Rig 1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 227 ft

CASING SIZE 8 3/4 DEPTH 228 ft

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

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

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

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. 15 ft

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

DISPLACEMENT 13 bbl

OWNER \_\_\_\_\_

CEMENT AMOUNT ORDERED 160 sk common

32 cc 28 gal

EQUIPMENT

PUMP TRUCK # 221 CEMENTER Mike M. HELPER Jim W.

BULK TRUCK # 260 DRIVER Derek

BULK TRUCK # \_\_\_\_\_ DRIVER \_\_\_\_\_

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

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

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

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

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

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

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

REMARKS:

Circulate with Rig mud pump  
Mix cement + Release plug  
Displace Plug Down with water

Cement did circulate  
to surface

CHARGE TO: American Warrior Inc

STREET \_\_\_\_\_

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

SERVICE

DEPTH OF JOB 228 ft

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

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

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

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

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

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

TOTAL \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

1-8 1/2 wooden Plug

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

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

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

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

TOTAL \_\_\_\_\_

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 Ed Miller

Ed Miller  
PRINTED NAME



CHARGE TO: *Am... W...*  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

TICKET  
 No 11573

PAGE 1 OF 2

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1.	<i>201</i>	<i>De... ..</i>	<i>Ness</i>	<i>KS</i>		<i>07-28-07</i>	
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3.			<i>...</i>	<i>...</i>	<i>10... ..</i>		
4.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
		<i>...</i>	<i>...</i>	<i>15...</i>	<i>...</i>		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF			UM		UM		
		1			MILEAGE #105	30	mi			4.50	1350.00
		1			Pump Service	1	ea			1250.00	1250.00
		1			PROTEST	500	GM			7.50	3750.00
		1			DAE	2	ea			32.00	64.00
		1			CONTAINER	6	ea	5 1/2	ea	95.00	570.00
		1			CAT BUCKET	2	ea	5 1/2	ea	290.00	580.00
		1			FRONT END BUCK	1	ea	5 1/2	ea	1400.00	1400.00
		1			LADDER	1	ea	5 1/2	ea	235.00	235.00

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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: *07-28-07* 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

<b>SURVEY</b>	AGREE	UN-DECIDED	DIS-AGREE	<b>PAGE TOTAL</b>	<i>4594.00</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				<i>6432.00</i>	
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				<i>7000.00</i>	<i>11000.00</i>
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<b>TAX</b>	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			<b>TOTAL</b>	
<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!**





PO Box 466  
Ness City, KS 67560  
Of: 785-798-2300

# TICKET CONTINUATION

TICKET No. 1122

CUSTOMER *A. [unclear]*

WELL *24/ [unclear]*

DATE 07-20-07 PAGE 2 OF 2

QTY	DESCRIPTION	UNIT	PRICE	TOTAL
2	SPTD	YD	41.50	83.00
2	FEUSUC	LD	125	250
2	Glt. 5702	LD	71.50	143.00
2	SPTREC 46.50/T	YD	175	350
2	DRAIN	YD	175	350

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SERVICE CHARGE

TOTAL WEIGHT

LOADED MILES

CUBIC FEET

TON MILES

6424