

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: 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.)

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.: _____
08/30/2007 09/07/2007 09/07/2007
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

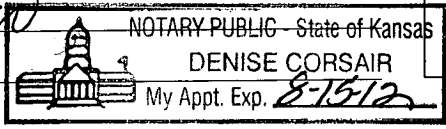
API No. 15 - 135-24662-0000
Spot Description: 70' S & 230' W
W/2 -SW -NW - _____ Sec. 24 Twp. 20 S. R. 22 East West
2050 Feet from North / South Line of Section
100 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ness
Lease Name: Albers-Cox Well #: 1
Field Name: Wildcat
Producing Formation: Chase
Elevation: Ground: 2222' Kelly Bushing: 2228'
Total Depth: 4425' Plug Back Total Depth: 2551'
Amount of Surface Pipe Set and Cemented at: 223 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/ _____ Alt 2 - Dlg - 8/5/09 ^{5x cmt.}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 41,000 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 30th day of April,
20 09.
Notary Public: _____
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

Operator Name: American Warrior, Inc. Lease Name: Albers-Cox Well #: 1
 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 checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction, Compensated Neutron/Density	<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>1438</td> <td>+790</td> </tr> <tr> <td>Chase</td> <td>2324</td> <td>-96</td> </tr> <tr> <td>Heebner</td> <td>3706</td> <td>-1478</td> </tr> <tr> <td>Lansing</td> <td>3755</td> <td>-1527</td> </tr> <tr> <td>Ft. Scott</td> <td>4280</td> <td>-2052</td> </tr> <tr> <td>Cherokee</td> <td>4297</td> <td>-2069</td> </tr> <tr> <td>Mississippian</td> <td>4394</td> <td>-2166</td> </tr> </table>	Name	Top	Datum	Anhydrite	1438	+790	Chase	2324	-96	Heebner	3706	-1478	Lansing	3755	-1527	Ft. Scott	4280	-2052	Cherokee	4297	-2069	Mississippian	4394	-2166
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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	223'	Common	160	2% gel, 3% CC
Production	7 7/8"	5 1/2"	14	2594'	SMD	335	

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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ALLIED CEMENTING CO., INC. 30776

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

SERVICE POINT: West Bend

DATE <u>8-31-07</u>	SEC. <u>24</u>	TWP. <u>20</u>	RANGE <u>22</u>	CALLED OUT <u>2:00 AM</u>	ON LOCATION <u>4:00 AM</u>	JOB START <u>4:30 AM</u>	JOB FINISH <u>5:00 AM</u>
LEASE <u>Albers</u>	WELL# <u>1</u>	LOCATION <u>Bozina 10'2 south</u>			COUNTY <u>Neosho</u>	STATE <u>Ks</u>	
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR Patromark

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 228

CASING SIZE 8 5/8 DEPTH 223'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 13.5 BBLs

OWNER American Warrior Dmc

CEMENT

AMOUNT ORDERED 160 lbs Common

3% CC 2% gel.

EQUIPMENT

Y.B.

PUMP TRUCK CEMENTER J.D. Dreding

120 HELPER Randy Pray

BULK TRUCK

342 DRIVER Tyler Witty

BULK TRUCK

_____ DRIVER _____

COMMON	@	_____
POZMIX	@	_____
GEL	@	_____
CHLORIDE	@	_____
ASC	@	_____
RECEIVED		
JUL 31 2009		
KCC WICHITA		
HANDLING	@	_____
MILEAGE	@	_____

REMARKS:

Ran 8 5/8 casing to Bottom

Circulate w gel mud.

Cement load 8 5/8 sledge with

160 lb common 3% cc 2% gel.

Displace with 13.5 BBLs. Press

1- Cement did circulate

CHARGE TO: American Warrior Dmc.

STREET P.O. Box 399

CITY Garden City STATE Kansas ZIP 67846

TOTAL _____

SERVICE

DEPTH OF JOB 223'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

_____ @ _____

_____ @ _____

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.

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature] [Signature]

PRINTED NAME _____

Thank you!



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

TICKET

No 12777

PAGE 1 OF 2

SERVICE LOCATIONS 1. <i>NESS CITY, KS</i>	WELL/PROJECT NO. # <i>1</i>	LEASE <i>ALBERS - COX</i>	COUNTY/PARISH <i>NESS</i>	STATE <i>KS</i>	CITY	DATE <i>9-7-07</i>	OWNER <i>SAME</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>PEROMYX DRIG</i>	RIG NAME/NO.	SHIPPED VIA <i>CT</i>	DELIVERED TO <i>LOUISIANA</i>	ORDER NO.	
3.	WELL TYPE <i>GAS</i>	WELL CATEGORY <i>DEVELOPMENT</i>	JOB PURPOSE <i>5 1/2" LOGS/STRUNG</i>	WELL PERMIT NO.	WELL LOCATION <i>BASED. V. - 100' 10" 1/2" E.</i>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
215		1			MILEAGE " 104	30	MI			4.00	120.00
219		1			PUMP SERVICE	1	JOB	2594	FT	1250.00	1250.00
221		1			ROUND HCL	2	GAL			26.00	52.00
231		1			MUDFLUSH	500	GAL			.75	375.00
402		1			CENTERS	8	EA	5 1/2"		95.00	760.00
403		1			CENT BASKETS	2	EA			290.00	580.00
405		1			BASKET SHOE	1	EA			1400.00	1400.00
406		1			UTCH BOWL PLUG - RAFFLE	1	EA			235.00	235.00
419		1			ROTARIG HEAD RENTAL	1	JOB			250.00	250.00

RECEIVED
 JUL 31 2009
 KCC WICHITA

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
 DATE SIGNED *9-7-07* TIME SIGNED *1215* 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	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#1	5022.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	7329.56
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 *Wilson* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 9-7-09 PAGE NO. 1

CUSTOMER AMERICAN WINDS OF IOWA WELL NO. #1 LEASE ALBERS - COX JOB TYPE S/L LONGSTRAIL TICKET NO. 12777

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1130							ON AGLATION
	1145							START 5/8" CASING IN WELL
								TD - 4424 SIT - 2594
								MP - 2597 S/L "/IT 14.0
								SI - 42.60
								CURRENTS - 1, 2, 3, 4, 5, 6, 7, 27
								CUT BEHS - 8.28
	1300							BREAK CIRCULATION ROTATE
	1305				✓		800	DEEP BALL SET BASKET SHOE
	1330	6	12		✓		400	PUMP 500 GAL MUDFLUSH "
	1332	6	20		✓		400	PUMP 20 BEHS KCL-FLUSH "
	1340		4					PLUG BH
	1345	7	130		✓		350	MIX CMWT WD - 235 SWS - 11.2 PPG "
		5/2	28		✓		250	TL - 100 SWS w/CASING - 14.0 PPG "
	1415							WASH OUT PUMP LEVES
	1416							RELEASE CATCH DOWN PLUG
	1418	7	0					RELEASE PLUG
	1427	6	62.3				1500	PLUG DOWN - PSE UP CATCH IN PLUG
	1430						OK	RELEASE PSE - HEED CIRCUMSTANCES STOP PCT
								WASH TRUCK
	1530							JOB COMPLETE THANK YOU WAWR, BRETT, RYAN

RECEIVED
JUL 31 2009
KCC WICHITA