

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 _____ SLOW
_____ 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.: _____
09/08/2007 09/15/2007 11/20/2007
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 135-24585-0000
Spot Description: 65' S
E/2 E/2 NW Sec. 24 Twp. 19 S. R. 22 East West
1385 Feet from North / South Line of Section
2310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ness
Lease Name: Rohr Well #: 3-24
Field Name: Wildcat
Producing Formation: Ft. Scott
Elevation: Ground: 2236' Kelly Bushing: 2242'
Total Depth: 4378' Plug Back Total Depth: 4334'
Amount of Surface Pipe Set and Cemented at: 229 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1447 Feet
If Alternate II completion, cement circulated from: 1447
feet depth to: surface w/ 365

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 42,500 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.: _____

AP 2-DG-85109

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.

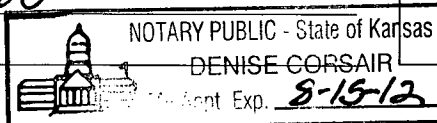
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: _____
Title: Petroleum Engineer Date: 05/06/2009

Subscribed and sworn to before me this 6th day of May,
20 09.

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

Operator Name: American Warrior, Inc. Lease Name: Rohr Well #: 3-24
 Sec. 24 Twp. 19 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	<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>1474</td> <td>+768</td> </tr> <tr> <td>Heebner</td> <td>3708</td> <td>-1466</td> </tr> <tr> <td>Lansing</td> <td>3758</td> <td>-1516</td> </tr> <tr> <td>Pawnee</td> <td>4179</td> <td>-1937</td> </tr> <tr> <td>Ft. Scott</td> <td>4258</td> <td>-2016</td> </tr> <tr> <td>Cherokee</td> <td>4276</td> <td>-2034</td> </tr> <tr> <td>Mississippian</td> <td>4356</td> <td>-2114</td> </tr> </table>	Name	Top	Datum	Anhydrite	1474	+768	Heebner	3708	-1466	Lansing	3758	-1516	Pawnee	4179	-1937	Ft. Scott	4258	-2016	Cherokee	4276	-2034	Mississippian	4356	-2114
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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	218'	Common	160	2% gel, 3% CC
Production	7 7/8"	5 1/2"	15.5	4377'	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	1447'-Surface	Swift SMD	365	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
2	4262-66'	750 gallons 15% FE	4262'

TUBING RECORD:	Size: 2 3/8"	Set At: 4309'	Packer At: NA	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 11/20/2007		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. 10	Gas Mcf	Water Bbls. 100	Gas-Oil Ratio 40

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: 4262-4266' Perf
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CHARGE TO: American Wadrol Inc
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
 No 13125

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>NESS CITY KS</u>	WELL/PROJECT NO. <u>3-24</u>	LEASE <u>ROHR</u>	COUNTY/PARISH <u>NESS</u>	STATE <u>KS</u>	CITY	DATE <u>11-19-07</u>	OWNER <u>SAME</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>H-D</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>COMMIT PORT COLLAR</u>	WELL PERMIT NO.	WELL LOCATION <u>BAZZW KS-35 1/2 W, S8</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF			U/M		U/M		
575		1			MILEAGE # 104	20	ME	4	00	80	00
577		1			PUMP SERVICE	1	JOB	850	00	850	00
105		1			PORT COLLAR OPENING TOOL	1	JOB	400	00	400	00
330		1			SWIFT MULT. DENSITY STANDARD	200	SKS	14	50	2900	00
276		1			FUEL	50	UBS	1	25	62	50
288		1			SACK SAND 20/40	1	SKS	25	00	25	00
290		1			D-AND	3	GN	32	00	96	00
681		1			SERVICE CHARGE COMMIT	200	SKS	1	10	220	00
583		1			DRAWAGE	19970	UBS	199.7	00	19970	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 Scott
 DATE SIGNED 11-19-07 TIME SIGNED 1630
 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	4833
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	2106
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	7219

TAX
11.25
5.03
280
03

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

SWIFT OPERATOR Scott Wilson APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 11-19-07 PAGE NO. 1

CUSTOMER American Wagon, Inc. WELL NO. 3-24 LEASE R0112 JOB TYPE CEMENT PORT COLLAR TICKET NO. 13125

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1630							NEW LOCATION
								2 3/8 x 5/8 RBP - 3950'
								PORT COLLAR @ 1 1/4"
	1645				✓		1000	LOAD HOSE - TEST RBP - HELD
	1700		5	✓				SPOT 1 SK SAND
	1720	2 1/2	2	✓		400		OPEN PORT COLLAR - INTS RATE
	1725	4	111	✓		500/1200		MIX CEMENT 200 SMD 1/4" FLOCELE
	1945	3	32	✓		600		" 150 STD
	2000	3	5	✓		650		DISPLACE CEMENT
	2005				✓		1000	CLOSE PORT COLLAR - PIZ TEST - HELD
								CIRCULATES @ SKS CEMENT TO PIZ
	2015	3 1/2	25	✓			500	RUN 4 RS - CIRCULATE CLEAN
								WASH TRUCK
					✓			RUN 2 RS - CIRCULATE SAND OFF RBP
								LEAVE RBP SET - PORT R/W TEMP, SURVEY IN A.M.
	2100							JOB COMPLETE
								THANK YOU
								WANDA BEITZ SEAN

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CHARGE TO: *Lawrence Williams Inc*
 ADDRESS:
 CITY, STATE, ZIP CODE:

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 KCC WICHITA

TICKET No 12680

PAGE 1 OF 2

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <i>Well #1</i>	<i>2-27</i>	<i>FAIR</i>	<i>NASS</i>	<i>KS</i>		<i>7-15-07</i>	
2. <i>Well #2</i>	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3.				<i>CT</i>	<i>5/12/2009 KS</i>		
4.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
	<i>oil</i>	<i>Development</i>	<i>Leasent 5 1/2 Prod Coy</i>				
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			UM		UM	
575		1			MILEAGE #106	25	mi		400	10000
578		1			Pump Charge - Longstring	1	hr	1357		135700
231		1			Liquid KCL	2	gal	2600		5200
231		1			Mudflush	5	gal	75		37500
230		1			D-AIR	2	gal	3200		6400
402		1			Centralizers	5	5 1/2 in	75		37500
403		1			Cement Baskets	2	5 1/2 in	29000		58000
404		1			Port Collar	1	5 1/2 in	23000		23000
406		1			Latch Down Plug + Fiddle	1	5 1/2 in	23500		23500
407		1			Insert Float shoe w/ Auto fill	1	5 1/2 in	31000		31000
410		1			Rotating Head Rental	1	5 1/2 in	25000		25000

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

X *[Signature]*
 DATE SIGNED: TIME SIGNED: 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	<i>1571100</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					<i>112221216</i>
WE UNDERSTOOD AND MET YOUR NEEDS?					<i>7837116</i>
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!

ALLIED CEMENTING CO., INC.

30411

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

SERVICE POINT:

Great Bend KS

DATE <u>9-9-07</u>	SEC. <u>24</u>	TWP. <u>19S</u>	RANGE <u>22W</u>	CALLED OUT <u>7:30 PM</u>	ON LOCATION <u>10:30 PM</u>	JOB START <u>12:00 AM</u>	JOB FINISH <u>1:00 AM</u>
LEASE <u>AMERICAN</u>	WELL # <u>3-24</u>	LOCATION <u>Bazine 45 1W 51S</u>			COUNTY <u>NESS</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR PETROMARK Rig #1

TYPE OF JOB SURFACE

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

CASING SIZE 8 5/8 DEPTH 212.35

TUBING SIZE DEPTH 224'

DRILL PIPE 4 1/2 DEPTH _____

TOOL DEPTH _____

PRES. MAX 700 MINIMUM 50

MEAS. LINE SHOE JOINT 15'

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT FRESH WATER

OWNER AMERICAN WARRIOR

CEMENT

AMOUNT ORDERED 1605x common 3% CCT

2% GEL

EQUIPMENT

PUMP TRUCK CEMENTER DWAYNE W

181 HELPER DAVID J

BULK TRUCK

342 DRIVER STEVE T

BULK TRUCK

DRIVER _____

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

REMARKS:

PIPE ON BOTTOM BREAK

CIRCULATION PUMP 1605X

COMMON 3% CCT + 2% GEL SHUT DOWN

RELEASED PLUG AND DISP WITH 12 1/2

FRESH WATER SHUT IN

CEMENT DID CIRCULATE

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SERVICE

DEPTH OF JOB 212.35

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD HEAD RENT _____ @ _____

_____ @ _____

_____ @ _____

KCC WICHITA

CHARGE TO: AMERICAN WARRIOR

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL _____

THANK YOU

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.

PLUG & FLOAT EQUIPMENT

1 wooden PLUG

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

[Signature]
PRINTED NAME