

KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
 WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
 September 1999
 Form Must Be Typed

ORIGINAL

Operator: License # 4058
 Name: American Warrior, Inc.
 Address: PO Box 399
 City/State/Zip: Garden City KS 67846-0399
 Purchaser: _____
 Operator Contact Person: Cecil O'Brate
 Phone: (620) 275-9231
 Contractor: Name: Berentz Drilling Company, Inc.
 License: 5892
 Wellsite Geologist: _____
 Designate Type of Completion:
 _____ New Well _____ Re-Entry _____ Workover
 _____ Oil _____ SWD _____ SLOW _____ Temp. Abd.
 _____ Gas _____ ENHR _____ SIGW
 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./SWD
 _____ Plug Back _____ Plug Back Total Depth
 _____ Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 _____ Other (SWD or Enhr.?) _____ Docket No. _____
 12-07-05 12-15-05 12-15-05
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

RECEIVED
 KANSAS CORPORATION COMMISSION
 APR 26 2006
 CONSERVATION DIVISION
 WICHITA, KS

API No. 15 - 163-23503-00-00
 County: Rooks
 App. SW NW NE Sec. 23 Twp. 8 S. R. 18 East West
1125 feet from S / N (circle one) Line of Section
2890 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Dechant-Muir Well #: 1 - 23
 Field Name: U S 183
 Producing Formation: _____
 Elevation: Ground: 1976 Kelly Bushing: 1981
 Total Depth: 3500 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 207 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/ _____ sx cmt.

Drilling Fluid Management Plan P+A Alt I NE
 (Data must be collected from the Reserve Pit) 10-30-08
 Chloride content 40000 ppm Fluid volume 900 bbls
 Dewatering method used Evaporation
 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: Operator Date: 4-24-06
 Subscribed and sworn to before me this 24th day of April
 20 06.
 Notary Public: Erica Kuhlmeier
 Date Commission Expires: 09-12-09

ERICA KUHLMIEIER
 Notary Public - State of Kansas
 My Appt. Expires 09-12-09

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: Dechant-Muir Well #: 1 - 23
 Sec. 23 Twp. 8 S. R. 18 East West County: Rooks

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 (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input 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 (Submit Copy) List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: center;"> RECEIVED KANSAS CORPORATION COMMISSION APR 26 2006 CONSERVATION DIVISION WICHITA, KS </div>
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CASING RECORD <input 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#	207	Common	150	3% CC/2% Gel

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
	Plugged. D&A		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumerd 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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity		

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

Production Interval

ALLIED CEMENTING CO., INC. 25769

F

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

SERVICE POINT:
Russell

DATE <u>12-15-05</u>	SEC <u>23</u>	TWP. <u>8</u>	RANGE <u>18</u>	CALLED OUT <u>9:00 Am</u>	ON LOCATION <u>10:30 Am</u>	JOB START	JOB FINISH <u>3:00 Am</u>
LEASE <u>Dechant Muir</u>		WELL # <u>1-2</u>	LOCATION <u>P.ulle & N P.ulle</u>		COUNTY <u>Rock</u>	STATE <u>K</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR MJB Delg
 TYPE OF JOB Plug
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 1/2 DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER _____
 CEMENT AMOUNT ORDERED 215 lbs 6 1/4 6% Gel 1/2 # Flt

COMMON	<u>129</u>	@	<u>8 70</u>	<u>1122 30</u>
POZMIX	<u>86</u>	@	<u>4 70</u>	<u>404 20</u>
GEL	<u>11</u>	@	<u>14 00</u>	<u>154 00</u>
CHLORIDE		@		
ASC		@		
<u>Rissal SA#</u>		@	<u>1 70</u>	<u>91 80</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>226</u>	@	<u>1 60</u>	<u>361 60</u>
MILEAGE	<u>64/sk/mile</u>			<u>705 12</u>
TOTAL				<u>2839 02</u>

EQUIPMENT

PUMP TRUCK CEMENTER Bill
 # HELPER Mark
 BULK TRUCK DRIVER _____
 # DRIVER _____
 BULK TRUCK DRIVER _____
 # DRIVER _____

REMARKS:

1st plug c 3450 w/ 2.5 spw
2nd plug c 1350 w/ 2.5 spw
3rd plug c 875 w/ 100 spw
4th plug c 260 w/ 40 spw
10.00' e 40'
15.00' R.H.

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 785 00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 52 @ 5 00 260 00
 MANIFOLD _____ @ _____
1-5 wood @ _____
 @ _____
 @ _____
 @ _____
 TOTAL 1045 00

CHARGE TO: American Wagon
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____
8 5/8 Day Hole @ 35 00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 35 00

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 [Signature]

PRINTED NAME