

**ORIGINAL**

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

Operator: License # 4058  
Name: American Warrior, Inc.  
Address: PO Box 399  
City/State/Zip: Garden City, KS 67846  
Purchaser: NCRA  
Operator Contact Person: Scott Corsair  
Phone: (785) 398-2270  
Contractor: Name: Petromark Drilling, LLC  
License: 33323  
Wellsite Geologist: Scott Corsair

**RECEIVED**  
**MAR 31 2006**  
**KCC WICHITA**

Designate Type of Completion:  
 New Well     Re-Entry     Workover  
 Oil     SWD     SIOW     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. \_\_\_\_\_  
10/23/2005    10/31/2005    01/05/2006  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 135-24397--00-00  
County: Ness CO.  
NE \_\_\_\_\_ Sec. 26 Twp. 19 S. R. 22  East  West  
1050 feet from S (N) (circle one) Line of Section  
1050 feet from (E) W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) (NE) SE NW SW  
Lease Name: Lent Well #: 3  
Field Name: Schaben  
Producing Formation: Mississippian  
Elevation: Ground: 2263' Kelly Bushing: 2269'  
Total Depth: 4394' Plug Back Total Depth: NA  
Amount of Surface Pipe Set and Cemented at 329 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set 2505 Feet  
If Alternate II completion, cement circulated from 2505  
feet depth to surface w/ 350 sx cmt.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit) AII II NR  
10-24-08  
Chloride content 42500 ppm Fluid volume 715 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: [Signature]  
Title: Petroleum Engineer Date: 03/09/2006  
Subscribed and sworn to before me this 9th day of March,  
19 2006.  
Notary Public: Bernice Moore  
Date Commission Expires: 2/7/10

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

**NOTARY PUBLIC - State of Kansas**  
**BERNICE MOORE**  
My Appt. Exp. 2/7/10

**JANIGIRO ORIGINAL**

Operator Name: American Warrior, Inc. Lease Name: Lent Well #: \_\_\_\_\_  
 Sec. 26 Twp. 19 S. R. 22  East  West County: Ness CO.

**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 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 (Submit Copy)  List All E. Logs Run:  Dual Induction, 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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1500</td> <td>+769</td> </tr> <tr> <td>Heebner</td> <td>3730</td> <td>-1461</td> </tr> <tr> <td>Lansing</td> <td>3776</td> <td>-1507</td> </tr> <tr> <td>Ft. Scott</td> <td>4282</td> <td>-2013</td> </tr> <tr> <td>Cherokee</td> <td>4301</td> <td>-2032</td> </tr> <tr> <td>Mississippian</td> <td>4391</td> <td>-2122</td> </tr> <tr> <td>TD</td> <td>4394</td> <td>-2125</td> </tr> </table>	Name	Top	Datum	Anhydrite	1500	+769	Heebner	3730	-1461	Lansing	3776	-1507	Ft. Scott	4282	-2013	Cherokee	4301	-2032	Mississippian	4391	-2122	TD	4394	-2125
Name	Top	Datum																							
Anhydrite	1500	+769																							
Heebner	3730	-1461																							
Lansing	3776	-1507																							
Ft. Scott	4282	-2013																							
Cherokee	4301	-2032																							
Mississippian	4391	-2122																							
TD	4394	-2125																							

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	329'	common	190	2% gel, 3% CC
Production	7 7/8"	5 1/2"	15.5	4393'	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	2505'-surf.	SMD	350	

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
4	4375-85, 4383.5-4393.5 & 4391-4395'		

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8"	4282'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method		
01/05/2006			<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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	25		200		

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Sumit ACO-18.)	<input checked="" type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	4375-93' 4393-94' OH

# ALLIED CEMENTING CO., INC. 22548

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

SERVICE POINT:

Area of Bend  
10-24-05

DATE <u>10-23-05</u>	SEC <u>26</u>	TWP <u>19</u>	RANGE <u>22W</u>	CALLED OUT <u>6 AM</u>	ON LOCATION <u>10 AM</u>	JOB START <u>12 AM</u>	JOB FINISH <u>12 AM</u>
LEASE <u>LeNT</u>	WELL.# <u>3</u>	LOCATION <u>Bogine 5S 12W 3/4</u>	COUNTY <u>Ness</u>	STATE <u>KS.</u>			

CONTRACTOR Petromark Drilling Rig 1 OWNER \_\_\_\_\_

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 331 ft

CASING SIZE 9 5/8 DEPTH 330 ft

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

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

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

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

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

CEMENT LEFT IN CSG. 15 ft

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

DISPLACEMENT 20 bbl

EQUIPMENT \_\_\_\_\_

PUMP TRUCK # 181 CEMENTER Mike M.

HELPER Robert B.

BULK TRUCK # 342 DRIVER Steve T.

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

CEMENT AMOUNT ORDERED 190 Common

32cc 22gel

COMMON <u>190</u>	@ <u>8.70</u>	<u>1653.00</u>
POZMIX _____	@ _____	_____
GEL <u>4</u>	@ <u>14.00</u>	<u>56.00</u>
CHLORIDE <u>6</u>	@ <u>38.00</u>	<u>228.00</u>
ASC _____	@ _____	_____

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HANDLING <u>200</u>	@ <u>1.60</u>	<u>320.00</u>
MILEAGE <u>200</u>	@ <u>1.08</u>	<u>216.00</u>
TOTAL		<u>2473.00</u>

REMARKS:

Circulate Hole with Rig mud pump  
mix cement + Release Plug Displace  
Plug Down with water

Cement did Circulate

SERVICE

DEPTH OF JOB <u>330 ft</u>		
PUMP TRUCK CHARGE _____		<u>670.00</u>
EXTRA FOOTAGE <u>30</u>	@ <u>.55</u>	<u>16.50</u>
MILEAGE <u>18</u>	@ <u>5.00</u>	<u>90.00</u>
MANIFOLD _____	@ _____	_____

TOTAL 776.50

CHARGE TO: American Warrior Inc

STREET \_\_\_\_\_

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

PLUG & FLOAT EQUIPMENT

<u>1-8 1/2 wooden Plug</u>	@ <u>55.00</u>	<u>55.00</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
TOTAL		<u>55.00</u>

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 David Morgan

TAX \_\_\_\_\_

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

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

PRINTED NAME \_\_\_\_\_

*Thank You*  
*4/9*



CHARGE TO: *Amco*

ADDRESS:

CITY, STATE, ZIP CODE:

TICKET  
NR 8730

PAGE 1 OF 2

SERVICE LOCATIONS 1. <i>1147515</i>	WELL/PROJECT NO. <i>PC</i>	LEASE <i>LC-11</i>	COUNTY/PARISH <i>Mc</i>	STATE <i>KS</i>	OWNER	DATE <i>10-31-05</i>
2. <i>NESS CITY, KS</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	DRILLING <i>Mc</i>	SHIPPER VIA <i>67</i>	DELIVER TO <i>5611 Main St, Ness City, KS</i>	ORDER NO.
3.	WELL TYPE <i>D-1</i>	WELL CATEGORY <i>Develop</i>	JOB ADDRESS <i>Shelburne</i>	WGM PROJECT NO. <i>15-15-1147515-00-00</i>	WELL LOCATION <i>Salt, T1, &amp; 220</i>	
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF		QTY.	UM	QTY.	UM			
575		1			MILEAGE #105	40				4.00	160	00
571		1			Pump Service	1				1250.00	1250	00
281		1			Equip. Use	2				25.00	50	00
281		1			Mud Filter	500				.75	375	00
270		1			D.A.	1				20.00	20	00
402		1			Connections	9		5/8	IN	60.00	540	00
403		1			Bucket	2		5/8	IN	225.00	450	00
404		1			Pipe & Collet 1/2" x 100'	1		5/8	IN	2000.00	2000	00
406		1			Latch Down Plug & Collar	1		5/8	IN	210.00	210	00
407		1			Insert Foot Shoe 3/4" x 10'	1		5/8	IN	250.00	250	00
417		1			Foot & Insert Rental	1		5/8	IN	250.00	250	00

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 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 *[Signature]*

DATE SIGNED: *11-30-05* TIME SIGNED: *0630*

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		
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				P6-1	5555 00
WE UNDERSTOOD AND MET YOUR NEEDS?				P6-2	2507 96
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				T6-1	3064 96
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

SWIFT OPERATOR *[Signature]*

Thank You!



PO Box 466  
 Next City KS 67508  
 Off: 785-799-2888

POWER OF ATTORNEY

No. 8735

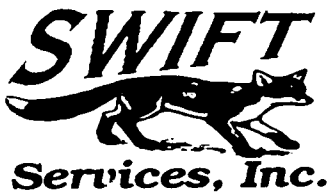
Approved: [Signature] Date: 10/1/05

Item	QTY	UNIT	PRICE	TOTAL
Flour	2	1/2	30.00	60.00
Oil	2	1/2	75.00	150.00
Colored	2	1/2	75.00	150.00
CEL	2	1/2	70.00	140.00
Service Charge	2	1/2	150.00	300.00
Dishes	2	1/2	31.00	62.00

RECEIVED  
 MAR 3 12 28 06  
 KCC WCHITA

0209.96





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

TICKET  
**9459**

PAGE 1 OF 1

SERVICE LOCATIONS  
 1. **113** LEASE **LWT** COUNTY/PARISH **NESS** STATE **K.** CITY **NESS** DATE **11-7-05** OWNER **SAME**  
 2. TICKET TYPE  SERVICE  SALES CONTRACTOR **H.S.** RIG NAME/NO. **LOCATION** SHIPPED VIA **CT** DELIVERED TO **LOCATION** ORDER NO.  
 3. WELL TYPE **OIL** WELL CATEGORY **DEV. COMPLET** JOB PURPOSE **COMPLET PORT COLLAR** WELL PERMIT NO. WELL LOCATION **BAZIN #2 - S., 11/23/05**  
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
575		1			MILEAGE # 104	20	MI		4.00	80.00
577		1			PUMPS SERVICE	1	JOB		800.00	800.00
105		1			PORT COLLAR OPN. JOE TOOL	1	JOB		400.00	400.00
330		1			SWIFT MULTI DENSITY STAINERS	350	PCS		11.50	4025.00
276		1			FLUKE	88	PCS		1.10	96.80
287		1			GALLOP	100	PCS		6.50	650.00
531		1			SERVICE CHARGE CMWT	350	PCS		1.10	385.00
583		1			DAMAGE	34998	PCS	349.98	1.00	349.98

RECEIVED  
 MAR 31 2006  
 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 *[Signature]*  
 DATE SIGNED **11-7-05** TIME SIGNED **1530**  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?				6736.73
WE UNDERSTOOD AND MET YOUR NEEDS?				
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 invoice.

SWIFT OPERATOR *Wass Wass* APPROVAL

**Thank You!**

**JOB LOG**

**SWIFT Services, Inc.**

DATE 11 7 05 PAGE NO. 1

CUSTOMER AM. PUMP WADD. SP 2JC WELL NO. # 3 LEASE LEAT JOB TYPE CEMENT PORT COLLAR TICKET NO. 9459

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1530							QJ LOCATION
								2 1/2 x 3/4 PORT COLLAR = 2505
	1555				✓		1000	POST TEST - CEMENT - 11.2
	1600	2	2	✓		475		OPEN PORT COLLAR - WJT. RATE
	1610	3 1/2	166	✓		450		MIX CEMENT 300 SPS SMD = 11.2 PPG
		3 1/2	14	✓		350		50 SPS SMD w/ CASING 14.0 PPG
	1710	3	9 3/4	✓		650		DESIGN CEMENT
	1720			✓		1000		CLOSE PORT COLLAR - POST TEST
								CIRCULATE 20 SPS CEMENT TO BIT
	1730	2 1/2	25	✓		400		RUN 3 SPS CIRCULATE CLEAN
								WASH UP
								RECEIVED MAR 31 2006 KCC WICHITA
	1800							JOB COMPLETE
								THANK YOU WAW, DUSTY, ROB, JIMMY