

**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: Duke Drilling Co., Inc. **RECEIVED**  
 License: 5929  
 Wellsite Geologist: Scott Corsair **MAR 31 2006**  
 Designate Type of Completion: **KCC WICHITA**  
 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. \_\_\_\_\_  

<u>8-29-2005</u>	<u>9-7-2005</u>	<u>10-26-05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 135-24395-00-00  
 County: Ness  
 NW \_\_\_\_\_ Sec. 36 Twp. 19 S. R. 22  East  West  
1300 feet from S (N) (circle one) Line of Section  
1300 feet from E (W) (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE (NW) SW  
 Lease Name: Williams Well #: 7  
 Field Name: Schaben  
 Producing Formation: Mississippian  
 Elevation: Ground: 2245' Kelly Bushing: 2253'  
 Total Depth: 4374 Plug Back Total Depth: NA  
 Amount of Surface Pipe Set and Cemented at 332 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set 2443 Feet  
 If Alternate II completion, cement circulated from 2443  
 feet depth to surface w/ 320 sx cmt.  
 Drilling Fluid Management Plan Air II NR  
 (Data must be collected from the Reserve Pit) 10-24-08  
 Chloride content 38,000 ppm Fluid volume 450 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: 02/27/2006  
 Subscribed and sworn to before me this 27th day of February,  
 19 2006.  
 Notary Public: [Signature]  
 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



ORIGINAL

Operator Name: American Warrior, Inc. Lease Name: Williams Well #: 7  
 Sec. 36 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 type="checkbox"/> Yes <input checked="" 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, Dual Compensated Porosity, and Sonic.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1474</td> <td>+779</td> </tr> <tr> <td>Heebner</td> <td>3722</td> <td>-1469</td> </tr> <tr> <td>Lansing</td> <td>3772</td> <td>-1519</td> </tr> <tr> <td>B KC</td> <td>4101</td> <td>-1848</td> </tr> <tr> <td>Pawnee</td> <td>4188</td> <td>-1935</td> </tr> <tr> <td>Ft. Scott</td> <td>4270</td> <td>-2017</td> </tr> <tr> <td>Cherokee</td> <td>4292</td> <td>-2039</td> </tr> <tr> <td>Mississippian</td> <td>4356</td> <td>-2103</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Anhydrite	1474	+779	Heebner	3722	-1469	Lansing	3772	-1519	B KC	4101	-1848	Pawnee	4188	-1935	Ft. Scott	4270	-2017	Cherokee	4292	-2039	Mississippian	4356	-2103
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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	332'	Common	180	3% CC, 2% gel
Production	7 7/8"	5 1/2"	15.5	4364'	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	2443'-surf.	SMD	320	

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record		Depth
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 7/8"	4260'			
Date of First, Resumed Production, SWD or Enhr.			Producing Method			
10-26-05			<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	
	20		110			

Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

Production Interval 4364'-4374'

*(If vented, Sumit ACO-18.)*





CHARGE TO: AMERBAJ WARROR 216  
 ADDRESS:  
 CITY, STATE, ZIP CODE

TICKET No 9052

PAGE 1 OF 2

SERVICE LOCATIONS: 1. NESS CITY, KS  
 WELL/PROJECT NO. # 7  
 LEASE: WILMANS  
 COUNTY: NESS  
 STATE: KS  
 CITY: NESS CITY  
 DATE: 9-2-05  
 ORDER: SMC  
 TICKET TYPE:  SERVICE  SALES  
 CONTRACTOR: DUKE DRILL # B  
 SHIPPED VIA: CT  
 WELL NO.: LOCATION  
 WELL TYPE: OTI  
 WELL CATEGORY: DEVELOPMENT  
 JOB PURPOSE: 5 1/2" LOGS/SHOES  
 WELL PERMIT NO.:  
 WELL LOCATION: RAZOR - 65, 7/14, SWD  
 REFERRAL LOCATION:  
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE * 106	20	MI			4.00	80.00
578		1			RAMP SCALES	1	HR	4364	FT	1250.00	1250.00
221		1			KUDRICK KIL	2	HR			25.00	50.00
281		1			MUDWASH	500	GA			.75	375.00
402		1			CENTRALIZER	10	EA	5 1/2"		60.00	600.00
403		1			CORNER BASKETS	2	EA			200.00	400.00
404		1			PORT CONAR TOP 3" 45	1	EA	2443	FT	1900.00	1900.00
405		1			FORMATION PAPER SHEET	1	EA			1350.00	1350.00
406		1			LABEL DOW/AUG - BATH	1	EA			210.00	210.00

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: 9-2-05  
 TIME SIGNED: 12:30  
 A.M.  
 P.M.

**REMIT PAYMENT TO:**  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2390

**SURVEY**

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWNS?  AGREE  DISAGREE

WE UNDERSTOOD AND MET YOUR NEEDS?  AGREE  DISAGREE

OUR SERVICE WAS PERFORMED WITHOUT DELAY?  AGREE  DISAGREE

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  AGREE  DISAGREE

ARE YOU SATISFIED WITH OUR SERVICE?  YES  NO

CUSTOMER DID NOT WANT TO RESPOND

PAGE TOTAL	# 1	6215.00
TAX	# 2	2006.52
TOTAL		

SWIFT OPERATOR: *[Signature]*

Thank You!



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

TICKET CONTINUATION

TICKET No. 9052

CUSTOMER AMYRAJ LINDSEY LLC	WELL LORDSMITH #7	DATE 9-8-05	PAGE 2	OF 2
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Item	Quantity	Description	Rate	Total
330	1	SWEPT FLOOR - 25000	150.00	1650.00
276	1	FLORELL	110.00	4180.00
581	1	SERVICE CHARGE	150.00	165.00
583	1	TOTAL WEIGHT 1498 LBS	149.78	149.78

RECEIVED  
 MAR 31 2006  
 KGG WICHITA

2006.58

JOB LOG

SWIFT Services, Inc.

DATE 9-8-05 PAGE NO. 7

CUSTOMER AMBLAND WOOD, OR LLC WELL NO. 7 LEASE WILLIAMS JOB TYPE 5/2 AUGUSTINE TICKET NO. 9052

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1800							ON LOCATION
	1845							START 5/8" CASING 2ND WELL
								TD- 4374 ST- 4364
								TP- 4366 5/8" 15.5
								ST- 42.75
								CORRECTORS 1, 2, 3, 4, 5, 44, 46, 47, 48, 67
								CMT BSLTS - 45, 68
								PORT COLLAR 2443' TOP-J # 45
	2100						1200	DROP BALL - CIRCUMETIC SET PACKERSHOE
	2233	6 1/2	12		✓		450	PUMP 500 GAL MUD FLUSH
	2235	6 1/2	20		✓		450	PUMP 20 BBL KCL FLUSH
	2242		4-2					PUG RH - MH
	2304	5 1/2	51		✓		300	MIX CEMENT 12.2 PPG RAMP TO 13.5 PPG
	2318							RECEIVED MAR 31 2006 KCC WICHITA WASH OUT PUMP - LINES
	2320							RELEASE LATCH BLOW PUG
	2321	7	0		✓			DISPLACE PUG
		6 1/2	102				725	
	2338	6 1/2	102.9				1450	PUG BLOW - PSE UP LATCH 2ND PUG
	2340						OK	RELEASE PSE HEAD
								WASH - UP
	0030							JOB COMPLETE
								THANK YOU WAW - DUSTY BE TI



CHARGE TO: *American Washed*  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

TICKET  
 No. **8643**

PAGE 1 OF 1

SERVICE LOCATIONS  
 1. *Hay Co*  
 WELL/PROJECT NO. *117* LEASE *Williams* COUNTY/PARISH *No.* STATE *Ks.* CITY DATE *9/14/05* OWNER *Some*  
 2. TICKET TYPE  SERVICE  SALES CONTRACTOR *H D Well Serv.* RIG NAME/NO. SHIPPED VIA *CLT* DELIVERED TO *1st* ORDER NO.  
 3. WELL TYPE *Oil* WELL CATEGORY *Development* JOB PURPOSE *Cond. Port Calk* WELL PERMIT NO. WELL LOCATION  
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE "105"	20		mi		4.00	80	00
578		1			Pump Service	1		ea		12.00	12	00
581		1			Service Charge	352		hr		1.00	352	00
582		1			Drayage	319		hr	319.35	1.00	319	35
330		1			SINOC	3520		hr		1.00	3520	00
276		1			Floodle	88		hr		1.00	88	00
275		1			Gas top	95		hr		5.75	546	25

RECEIVED  
 MAR 31 2006  
 KCC WICHITA

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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	TAX	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				6,155		60
WE UNDERSTOOD AND MET YOUR NEEDS?						
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						

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services stated on this invoice.  
 SWIFT OPERATOR *[Signature]* APPROVAL *[Signature]* Thank You!

**JOB LOG**

**SWIFT Services, Inc.**

DATE 9-14-05 PAGE NO. 1

CUSTOMER American Well WELL NO. 7 LEASE Will... JOB TYPE Prod. Per. Cellar TICKET NO. 8643

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0815							0-1 hr. set up truck Air Ann Blow out stoppage tool pulled Test Ann 1000' hold Open Per. Cellar
	0910	4				400		Pump 4 BPM 400 PSI Start mixing SMD 11.2" hpl 5" mixed air to surface 2 10" mixed air cont. to surface mix 50% SMD w 5% Gas 500
	10:00	F	13				1000	Finished mixing Displace 13" Close Per. Cellar 1000 PSI Run 3 Jt.
	10:20							Reverse cut
	10:30							hole clean wash and recirculate Pull opening tool out of hole Job Complete

RECEIVED  
MAR 31 2006  
KCC WICHITA

*[Handwritten signature]*  
Bist





CHARGE TO: *American National*  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

TICKET  
 No. 8645

PAGE 1 OF 1

1. SERVICE LOCATIONS	WELL/PROJECT NO. <i>7</i>	LEASE <i>Williams</i>	COUNTRY <i>Mo.</i>	STATE <i>Ks.</i>	CITY	DATE <i>9-14-05</i>	OWNER <i>Same</i>
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>1/D Well Serv.</i>	REGISTRATION	SHIPPED <i>VIA</i>	DELIVERED TO <i>Lee</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Cont. Well Cuts</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>105</i>		<i>1</i>			<i>MILEAGE</i> <i>Per Cullen Opening Tool</i>	<i>1</i>	<i>ea</i>			<i>400</i>	<i>400</i>

RECEIVED  
 MAR 31 2006  
 KCC WIGHTA

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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.

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 SWIFT SERVICES, INC.  
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 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				
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

SWIFT OPERATOR *[Signature]* APPROVAL \_\_\_\_\_

Thank You!