

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

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. _____

1/2/2006 1/11/2006 3/1/2006
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 135-24409-00-00
County: Ness
SW SW NW Sec. 24 Twp. 19 S. R. 22 East West

2310 feet from S (N) (circle one) Line of Section
330 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW

Lease Name: Rohr Well #: 1-24
Field Name: Schaben

Producing Formation: Mississippian

Elevation: Ground: 2247' Kelly Bushing: 2253'

Total Depth: 4375' Plug Back Total Depth: NA

Amount of Surface Pipe Set and Cemented at 212 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 2470 Feet

If Alternate II completion, cement circulated from 2470

feet depth to surface w/ 400 sx cmt.

Drilling Fluid Management Plan Air II nr
(Data must be collected from the Reserve Pit) 11-12-08

Chloride content 48000 ppm Fluid volume 775 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: 7/6/2006

Subscribed and sworn to before me this 6th day of July

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

RECEIVED
JUL 26 2006

KCC WICHITA

Operator Name: American Warrior, Inc. Lease Name: Rohr Well #: 1-24
 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, Neutron/Density, Sonic & Micro	<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>1441</td> <td>+774</td> </tr> <tr> <td>Chase</td> <td>2322</td> <td>-107</td> </tr> <tr> <td>Heebner</td> <td>3684</td> <td>-1469</td> </tr> <tr> <td>Lansing</td> <td>3732</td> <td>-1517</td> </tr> <tr> <td>Ft. Scott</td> <td>4226</td> <td>-2011</td> </tr> <tr> <td>Cherokee</td> <td>4244</td> <td>-2029</td> </tr> <tr> <td>Mississippian</td> <td>4324</td> <td>-2109</td> </tr> <tr> <td>TD</td> <td>4338</td> <td>-2123</td> </tr> </table>	Name	Top	Datum	Anhydrite	1441	+774	Chase	2322	-107	Heebner	3684	-1469	Lansing	3732	-1517	Ft. Scott	4226	-2011	Cherokee	4244	-2029	Mississippian	4324	-2109	TD	4338	-2123
Name	Top	Datum																										
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TD	4338	-2123																										

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	212'	common	160	2% gel, 3% CC
Production	7 7/8"	5 1/2"	15.5	4374'	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	2470'-surf.	SMD	400	

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
4	4364'-4374'		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8"	4350'		
Date of First, Resumed Production, SWD or Enhr.		Producing Method		
3/1/2003		<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 Bbbls.	Gas Mcf	Water Bbbls.	Gas-Oil Ratio Gravity
	30		3	

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

METHOD OF COMPLETION 4364-74' perf & 4374-75' OH

(If vented, Submit ACO-18.)

ALLIED CEMENTING CO., INC.

22456

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

SERVICE POINT:
Near City

DATE <u>1-2-06</u>	SEC. <u>24</u>	TWP. <u>19</u>	RANGE <u>22</u>	CALLED OUT <u>5:10pm</u>	ON LOCATION <u>7:40pm</u>	JOB START <u>8:15pm</u>	JOB FINISH <u>8:45pm</u>
LEASE <u>Rohn</u>	WELL # <u>1-24</u>	LOCATION <u>Near City</u>	<u>8E 4S 2E 1/2S 35</u>	COUNTY <u>Near</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)							

CONTRACTOR Petromark Day # 1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 224

CASING SIZE 8 7/8 DEPTH 222

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15

PERFS.

DISPLACEMENT

OWNER

CEMENT

AMOUNT ORDERED 1600 Comm 30/cc 20/ft

EQUIPMENT

PUMP TRUCK CEMENTER MIKE

224 HELPER J. Wright

BULK TRUCK

260 DRIVER Dan

BULK TRUCK

DRIVER

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

RECEIVED @

JUL 26 2006 @

KCC WICHITA @

HANDLING @

MILEAGE 15 @

REMARKS:

Casing 8 7/8 casing w/ no pump
More cement, deep plug w/ 13 1/2 BBL
cannot drill case

Thanks

CHARGE TO: American Warrior

STREET

CITY STATE ZIP

TOTAL

SERVICE

DEPTH OF JOB 222

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE 15 @

MANIFOLD @

TOTAL

PLUG & FLOAT EQUIPMENT

8 3/8 Top Wood @

@

@

@

@

TOTAL

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 Jim R. Wright
Allied Cementing

PRINTED NAME



CHARGE TO: American Warrior
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET
 № 9605

PAGE 1 OF 2

SERVICE LOCATIONS: 1. 11/22/06
 WELL/PROJECT NO.: 1-24 LEASE: Rhor COUNTY/PARISH: Nes STATE: Ks. CITY: _____ DATE: 1-11-06 OWNER: Some
 2. TICKET TYPE: SERVICE SALES CONTRACTOR: Promark RIG NAME/NO.: _____ SHIPPED VIA: ET DELIVERED TO: Loc. ORDER NO.: _____
 3. WELL TYPE: Oil WELL CATEGORY: Development JOB PURPOSE: Cont. 5 1/2" Production Csg. WELL PERMIT NO.: _____ WELL LOCATION: Sec 24-15-22W
 4. REFERRAL LOCATION: _____ INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
575		1			MILEAGE ¹ 103	20	mi			4	00	80	00
578		1			Pump Service	1	ea			1250	00	1250	00
407		1			Insert Float Shoe	1	ea	5 1/2	in	250	00	250	00
406		1			Latch Down Plug + Basket	1	ea	"		210	00	210	00
402		1			Centralizers	8	ea	"		60	00	480	00
403		1			Cont. Basket	2	ea	"		225	00	450	00
404		1			Port Collar	1	ea	"		2000	00	2000	00
231		1			Mud Flush	500	gal			75	00	375	00
221		1			RCL	2	gal			25	00	50	00
419		1			Rotating head	1	ea			250	00	250	00
					See Continuation							2332	38

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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 [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
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				17,727
WE UNDERSTOOD AND MET YOUR NEEDS?				4,007
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				7,707
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

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!

JOB LOG

SWIFT Services, Inc.

DATE: 7-11-06 PAGE NO. 1

CUSTOMER: American Water Service WELL NO.: 1-24 LEASE: Rhoer JOB TYPE: Long string TICKET NO.: 9605

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1:00							On loc. Rig Laying down D.P.
	1:55							Start on hole with 5 1/2" 150' Cig.
								Insert Float Valve
								Let hole down 20'
								Cont. on "1 422", "3 4716", "4 4718",
								"46 2711", "48 2437", "49 2334",
								"50 2342", "70 1491"
								Run "5 4211", "47 2711"
								Per called "47 2470"
	1:25							Open Bail
	1:45							Circulate Cig down tag Bottom
								Circulate Denco in try Rotator cage
	2:15							Plug rat hole
			12					pump 500gal Mud Flush
								Pump 30' 2% KCL FLU L
	2:35	6						Mix 150 gal STD. EA-2 cont.
			36					Finished mixing
								wash out pump + line
	2:50							Displ. hatch down Plug
	2:05		103				1510	Plug down 1500 psi holding
								Relax press. Float 1.5'
								wash and rack up 1000'
								Job Complete

2.9.2006
KCC WICHITA

Thanks
Bill [unclear]



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

TICKET
 № **9737**

PAGE **1** OF **1**

SERVICE LOCATIONS 1. NESS CITY, KS	WELL/PROJECT NO. 1-24	LEASE ROHR	COUNTY/PARISH NESS	STATE KS	CITY	DATE 1-19-06	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR 11-D	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE CEMENT PORT COLLAR	WELL PERMIT NO.	WELL LOCATION BRICK, W. 55, 1W		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE * 104	20		mi		4.00	80.00
577		1			PUMP SERVICE	1		JOB		800.00	800.00
105		1			PORT COLLAR OPENING TOOL	1		JOB		400.00	400.00
330		1			SWIFT MULTI-DENSITY STAMPS	400		PCS		11.50	4600.00
276		1			FLOCCUL	100		lbs		1.10	110.00
287		1			GASSTOP	100		lbs		6.50	650.00
581		1			SERVICE CHARGE CEMENT	400		lbs		1.10	440.00
583		1			DENYAGE	39990		lbs	399.9	1.00	399.90

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 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 **1-19-06** TIME SIGNED **1230** 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	7479.90
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 checked="" 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 stated on this invoice.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 1-19-06 PAGE NO. 7

CUSTOMER AMERICAN WARDING EJC WELL NO. 1-24 LEASE R0112 JOB TYPE CMWT PORT COLLAR TICKET NO. 9737

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1200							ON LOCATION
								2 3/8 x 5/8 PORT COLLAR = 2470
	1240				✓		1000	PSE TEST - H/L
	1245	3	2	✓		350		OPN PORT COLLAR - 2WT RATE
	1250	4	194	✓		500 ^{M/G}		MAX CMWT 350 SKS SMD 1/4 FROGUE
		3	11	✓		650 ^{M/G}		50 SKS SMD 1/4 FROGUE 270 GASTOP
	1355	3	8 1/2	✓		750		DISPARE CMWT
	1405			✓		1000		CLOSE PORT COLLAR - PSE TEST - H/L
								CIRCULATE 15 SKS CMWT TO PST
	1415	3	20		✓	350		RUN 4 JTS - CIRCULATE CLEAN
								WASH UP TRUCK
	1500							JOB COMPLETE

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KCC WICHITA

THANK YOU
TED, WANE, JUST, BERTT