

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 55' N & 60' E  
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  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>12/10/2005</u>	<u>12/20/2005</u>	<u>3/1/2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 135-24413-00-00  
County: Ness  
S/2 S/2 NE NE Sec. 24 Twp. 19 S. R. 22  East  West  
1100 feet from S N (circle one) Line of Section  
600 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Schaben Well #: 1-24  
Field Name: Schaben  
Producing Formation: Cherokee  
Elevation: Ground: 2209' Kelly Bushing: 2215'  
Total Depth: 4440' Plug Back Total Depth: 4435'  
Amount of Surface Pipe Set and Cemented at 211 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set 2485 Feet  
If Alternate II completion, cement circulated from 2485  
feet depth to surface w/ 350 sx cmt.

Drilling Fluid Management Plan Alt II nr  
(Data must be collected from the Reserve Pit) 11-12-08  
Chloride content 47,000 ppm Fluid volume 750 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: 7/5/2006  
Subscribed and sworn to before me this 5th 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



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JUL 26 2006  
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Operator Name: American Warrior, Inc. Lease Name: Schaben 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  Yes  No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No  
 (Submit Copy)

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
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

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	211'	common	190	2% gel, 3% CC
Production	7 7/8"	5 1/2"	15.5	4338'	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	2485'-surf.	SMD	350	

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	4251-4253'		

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8"	4262'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
2/1/2006		<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
	15		2		

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

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled

Production Interval 4251-4253'

Other (Specify) \_\_\_\_\_

# ALLIED CEMENTING CO., INC. 22619

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

SERVICE POINT: West Bend  
12-13-05

DATE <u>12-12-05</u>	SEC <u>24</u>	TWP <u>19</u>	RANGE <u>22 W</u>	CALLED OUT <u>5:00 PM</u>	ON LOCATION <u>10:00 AM</u>	JOB START <u>11:00 PM</u>	JOB FINISH <u>12:00 AM</u>
LEASE <u>Schaben</u>			WELL# <u>1-24</u>	LOCATION <u>Bazine 3 1/2 S W/5</u>		COUNTY <u>W. SS</u>	STATE <u>K.S.</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Bitzmark Rig #1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 220 ft

CASING SIZE 8 1/2 DEPTH 220 ft

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

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

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

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

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

CEMENT LEFT IN CSG. 15 ft

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

DISPLACEMENT 13 bbl

OWNER \_\_\_\_\_

CEMENT AMOUNT ORDERED 190<sup>sk</sup> Common  
32cc 285<sup>pl</sup>

COMMON \_\_\_\_\_ @ \_\_\_\_\_

POZMIX \_\_\_\_\_ @ \_\_\_\_\_

GEL \_\_\_\_\_ @ \_\_\_\_\_

CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_

ASC \_\_\_\_\_ @ \_\_\_\_\_

**EQUIPMENT**

PUMP TRUCK CEMENTER Mike M.

# 120 HELPER Robert B.

BULK TRUCK DRIVER Brandon R.

# 342

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

# \_\_\_\_\_

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HANDLING \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

**REMARKS:**

Circulate Hole with Rig mud pump  
Mix Cement + Release Plug Displace  
Plug Down with water

Cement did Circulate To  
Surface

**SERVICE**

DEPTH OF JOB 220 ft

PUMP TRUCK CHARGE \_\_\_\_\_

EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

CHARGE TO: American Variator

STREET \_\_\_\_\_

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

**PLUG & FLOAT EQUIPMENT**

1-6 1/2 wooden Plug @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

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 \_\_\_\_\_

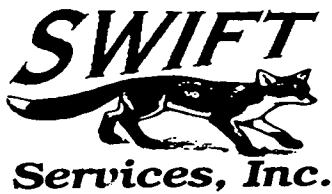
TOTAL CHARGE \_\_\_\_\_

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

SIGNATURE Dave Morgan

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

*Thank you  
445*



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

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**KCC WICHITA**

TICKET  
 No **9498**

PAGE **1** OF **2**

SERVICE LOCATIONS 1. <b>NESS CO, KS</b>	WELL/PROJECT NO. <b>1-24</b>	LEASE <b>SCHABEN</b>	COUNTY/PARISH <b>NESS</b>	STATE <b>Ks</b>	CITY	DATE <b>12-20-05</b>	OWNER <b>SAME</b>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <b>PERDOMAR DRIG #1</b>	RIG NAME/NO.	SHIPPED VIA <b>CT</b>	DELIVERED TO <b>LOUNTON</b>	ORDER NO.	
3.	WELL TYPE <b>OIL</b>	WELL CATEGORY <b>DEVELOPMNT</b>	JOB PURPOSE <b>5 1/2" LONGSLEEVE</b>	WELL PERMIT NO.	WELL LOCATION <b>BAZNE KS - 4 1/2 S, W 4TH</b>		
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
578		1			PUMP SERVICE	1		JOB	4339	1250.00	1250.00
221		1			LIQUID KCL	2		GAL		25.00	50.00
281		1			MUDFLUSH	500		GAL		.75	375.00
402		1			CONTRALIZERS	9		EA	5 1/2"	60.00	540.00
403		1			CEMENT BASKETS	2		EA		225.00	450.00
404		1			PORT COLLAR TOP JT # 44	1		EA	2485	2000.00	2000.00
406		1			CATCH DOWN PLUG - BAFFLE	1		EA		210.00	210.00
407		1			INSTAT FLOAT SHOE W/AUTO FILL	1		EA		250.00	250.00
419		1			ROTATING HEAD ASSEMBLY	1		JOB		250.00	250.00

**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 **12-20-05** TIME SIGNED **0130**  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	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#1	5455.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	2377.39
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  
*Wade Wason*

APPROVAL

*Thank You!*



JOB LOG

SWIFT Services, Inc.

DATE 12-20-05 PAGE NO. 1

CUSTOMER AMERICAN WACHTOR LLC WELL NO. 1-24 LEASE SCHABEN JOB TYPE 5/2 LOWSTRING TICKET NO. 9498

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) GAL	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0230							ON LOCATION
	0615							START 5/2" CASING IN WELL
								TD - 4340 SITE 4339
								TP - 4340 5/2" "/FT 15.5
								ST - 42.90
								CMDRAWZUS - 1, 2, 3, 4, 43, 45, 46, 47, 69
								OUT BIVIS - 5, 44
								PORT COLLAR = 2485 TOP JT # 44
	1010							DROPBALL - CALCULATE ROTATE
	1215	6	12		✓		500	PUMP 500 GAL MUDFLUSH "
	1217	6	20		✓		500	PUMP 20 BBIS KILL FLUSH "
	1225		4					PLUG RH
	1228	5	36		✓		350	MX CMWT 150 SWS "A-2" "
	1236							WASH OUT PUMP, LEVIES
	1238							RELEASE LATCH DOWN PLUG
	1240		0		✓			DISPLACE PLUG "
		6 1/2	92				700	SHUT OFF ROTATE
	1300	6	102.3				1750	PLUG DOWN - PSE UP WITH IN PLUG
	1302						OK	RELEASE PST. HEAD
								WASH UP
	1400							JOB COMPLETE

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THANK YOU  
WAVE, DUSTY, BROT



CHARGE TO: *American Electric*

ADDRESS

CITY, STATE, ZIP CODE

TICKET No 9364

PAGE 1 OF 1

1. SERVICE LOCATIONS	WELL/PROJECT NO. <i>1-24</i>	LEASE <i>Sub</i>	COUNTY/PARISH <i>No</i>	STATE <i>Ks</i>	CITY	DATE <i>12/2/05</i>	OWNER <i>ame</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>110</i>	RIG NAME/NO.	SHIPPED VIA <i>11</i>	DELIVERED TO <i>Loc</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Depleted</i>	JOB PURPOSE <i>Cont. Prod. Cont.</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>10</i>		<i>1</i>			<i>MILEAGE</i>						
					<i>Part Center Tool Rental</i>	<i>1</i>	<i>ea</i>	<i>5/12</i>	<i>in</i>	<i>400</i>	<i>400</i>

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

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>400</i>
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 The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!



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

TICKET  
 No 9363

PAGE 1 OF 1

1. SERVICE LOCATIONS: *1-24* WELL/PROJECT NO. *Schoben* LEASE COUNTY/PARISH STATE CITY DATE OWNER  
 2. TICKET TYPE  SERVICE  SALES CONTRACTOR *110* RIG NAME/NO. SHIPPED VIA *217* DELIVERED TO *Lvs* ORDER NO.  
 3. WELL TYPE *Oil* WELL CATEGORY *Drilling* JOB PURPOSE *Cont. Bit Cells* WELL PERMIT NO. WELL LOCATION  
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
<i>575</i>		<i>1</i>			<i>MILEAGE 105</i>	<i>20</i>	<i>mi</i>			<i>4</i>	<i>00</i>	<i>80</i>	<i>00</i>
<i>543</i>		<i>1</i>			<i>Pump Service</i>	<i>1</i>	<i>ea</i>			<i>17</i>	<i>00</i>	<i>17</i>	<i>00</i>
<i>521</i>		<i>1</i>			<i>Seal Change</i>	<i>3</i>	<i>hr</i>			<i>1</i>	<i>10</i>	<i>300</i>	<i>00</i>
<i>503</i>		<i>1</i>			<i>Drilling</i>	<i>350</i>	<i>hr</i>			<i>1</i>	<i>00</i>	<i>300</i>	<i>00</i>
<i>330</i>		<i>1</i>			<i>Seal</i>	<i>3</i>	<i>hr</i>			<i>11</i>	<i>00</i>	<i>400</i>	<i>00</i>
<i>216</i>		<i>1</i>			<i>Flow</i>	<i>1</i>	<i>hr</i>			<i>1</i>	<i>10</i>	<i>96</i>	<i>00</i>
<i>207</i>		<i>1</i>			<i>Cont. top</i>	<i>110</i>	<i>hr</i>			<i>6</i>	<i>00</i>	<i>650</i>	<i>00</i>

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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?				<i>6,836</i>		<i>80</i>
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 listed on this ticket.

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

Thank You!



**JOB LOG**

**SWIFT Services, Inc.**

DATE 7/26/06 PAGE NO. 1

CUSTOMER American Whelan WELL NO. 1-24 LEASE Scholar JOB TYPE Cont. Per Collar TICKET NO. 9363

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1400							On loc. test in 1000'
								Per test 24" 1000' well
								Open Per Collar @ 2400'
	14:00	1 1/2				1100	100	Run 1 1/2" 1000' 1000' 1000'
								Start mixing 350g 1000'
	14:40							300g @ 11.7" 1000'
								mix 50' @ 11.7" 1000' 14 P.P.S.
			100					Final mixing
	15:30							Start Dr. 11.
								Start Dr. 11.
								Completed 24" cont. 10 p.t
								Clear Per Collar
								Test in 1000' 1000'
								Run 3 T.L.
	15:50							Remove cont. this morning
	16:00							lock clear
								pull opening and cut off hole
								wash and seal up track
								Job Complete

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T. 24  
Ray Blinn