

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

24430-00-00

Operator: License # 4058  
Name: American Warrior, Inc.  
Address: PO Box 399 170° S & 20° 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>2/13/2006</u>	<u>2/20/2006</u>	<u>3/13/2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 135-24443  
County: Ness  
of S/2 S/2 NE Sec. 23 Twp. 19 S. R. 22  East  West  
2150 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: Rein Well #: 2-23  
Field Name: Schaben

Producing Formation: Cherokee  
Elevation: Ground: 2251' Kelly Bushing: 2257'  
Total Depth: 4394' Plug Back Total Depth: 4394'  
Amount of Surface Pipe Set and Cemented at 211 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set 1458' Feet  
If Alternate II completion, cement circulated from 1458'  
feet depth to surface w/ 175 sx cmt.

Drilling Fluid Management Plan AH II MR  
(Data must be collected from the Reserve Pit) 11-12-08  
Chloride content 45,000 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: 7/10/2006  
Subscribed and sworn to before me this 10th day of July,  
19 2006.  
Notary Public: Bernice Moore  
Date Commission Expires: 2/7/10



**KCC Office Use ONLY**

N Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

RECEIVED  
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Operator Name: American Warrior, Inc. Lease Name: Rein Well #: 2-23  
 Sec. 23 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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1441	+774
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chase	2322	-107
List All E. Logs Run:		Heebner	3684	-1469
Dual Induction, Neutron/Density		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	160	2% gel, 3% CC
Production	7 7/8"	5 1/2"	15.5	4392'	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	1458'-surf.	SMD	175	

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	4302-4310'		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 3/8"	4289'			
Date of First, Resumed Production, SWD or Enhr.			Producing Method			
3/13/2006			<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		15			

Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled 4302-4310'  
*(If vented, Submit ACO-18.)*  Other (Specify) \_\_\_\_\_

# ALLIED CEMENTING CO., INC. 24119

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

SERVICE POINT: West Bend

DATE <u>2-13-06</u>	SEC <u>23</u>	TWP <u>19</u>	RANGE <u>32 W</u>	CALLED OUT <u>9 AM</u>	ON LOCATED <u>10 AM</u>	JOB START <u>12 PM</u>	JOB FINISH <u>1 PM</u>
LEASE <u>Rein</u>		WELL # <u>2-23</u>		LOCATION <u>Bazine 55 1w 3w 1/2</u>		COUNTY <u>N 55</u>	STATE <u>K.S.</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Retromark Rig #1  
 TYPE OF JOB Surface  
 HOLE SIZE 12 1/2 T.D. 221 #  
 CASING SIZE 9 5/8 DEPTH 221 #  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. 15 #  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 13 bbl

**EQUIPMENT**

PUMP TRUCK # 181 CEMENTER Mike M  
 HELPER Rick H  
 BULK TRUCK # 342 DRIVER Steven T  
 BULK TRUCK # \_\_\_\_\_ DRIVER \_\_\_\_\_

**REMARKS:**  
Circulate Hole with Rig mud Pump  
Mix Cement + Release Plug Displace  
Down with water  
Cement did Circulate to  
Surface

CHARGE TO: American Warrior  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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 Margon

OWNER \_\_\_\_\_  
 CEMENT AMOUNT ORDERED 160 Common  
32cc 2 1/2 gal  
 COMMON \_\_\_\_\_ @ \_\_\_\_\_  
 POZMIX \_\_\_\_\_ @ \_\_\_\_\_  
 GEL \_\_\_\_\_ @ \_\_\_\_\_  
 CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_  
 ASC \_\_\_\_\_ @ \_\_\_\_\_  
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 HANDLING \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**SERVICE**

DEPTH OF JOB 221 #  
 PUMP TRUCK CHARGE \_\_\_\_\_  
 EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE \_\_\_\_\_ @ \_\_\_\_\_  
 MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

1-8 1/2 wooden plug @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_

**TOTAL** \_\_\_\_\_

TAX \_\_\_\_\_  
 TOTAL CHARGE \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE David Margon  
 PRINTED NAME \_\_\_\_\_

Thank You  
 41455  
 4421



CHARGE TO:  
 ADDRESS: AMANDA WARDOR ZJC  
 CITY, STATE, ZIP CODE:

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TICKET  
 No. **9811**

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>NESS CO. KS</u>	WELL/PROJECT NO. <u>2-23</u>	LEASE <u>RETN</u>	COUNTY/PARISH <u>NESS</u>	STATE <u>KS</u>	CITY	DATE <u>2-20-06</u>	OWNER <u>SAME</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>PERROWE #1</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>5 1/2" LANSARK</u>	WELL PERMIT NO.	WELL LOCATION <u>BARNES, KS - S3 1/2 W</u>		
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	MC	4	00	80.00
578		1			PUMP SERVICE	1	JOB	1250	00	1250.00
221		1			LUBRICANT	2	Gal	26	00	52.00
281		1			MUDFLUSH	500	Gal	75		375.00
402		1			CONCRETE	5	EA	60	00	300.00
403		1			CONCRETE BASKETS	2	EA	230	00	460.00
404		1			PORT COLLAR TOP # 70	1	EA	2000	00	2000.00
406		1			CATCH DOWN PLUG - BAFFLE	1	EA	210	00	210.00
407		1			INSERT FLOAT SIDE W/ADDFAL	1	EA	250	00	250.00
419		1			ROTATING HEAD RENTAL	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: 2-20-06 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 #1	5227.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				#2	2473.09
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!



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

TICKET CONTINUATION

TICKET No. 9811

CUSTOMER: AMERICAN WARRIOR LLC  
WELL: REL- 2-23  
DATE: 2-20-06  
PAGE 2 OF 2

PRICE	DESCRIPTION	QTY	UNIT	WEIGHT	FEET	PRICE	TOTAL	
325	STANDARD CMT	1	EA-2	150 SRS		9.60	1410.00	
276	FIDELL	1		38 LBS		1.25	47.50	
283	SALT	1		750 LBS		.20	150.00	
284	CASUAL	1		7 SRS 700 LBS		30.00	210.00	
285	CFR-1	1		71 LBS		4.00	284.00	
290	D-WR	1		1 GAL		20.00	20.00	
581	SERVICE CHARGE	1			CUBIC FEET	1.10	165.00	
583	TOTAL WEIGHT	1		15659	LOADED MILES	20	TON MILES	
						156.59	1100	156.59

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2473.09

JOB LOG

SWIFT Services, Inc.

DATE 2-20-06 PAGE NO. 7

CUSTOMER AMERICAN WARRIOR OIL WELL NO. 2-23 LEASE RET. JOB TYPE 5/2" LONGSTARDG TICKET NO. 9811

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1530							ON LOCATION
	1630							STAT 5/2" CASING 2W WELL
								TD - 4394 SET - 4392
								TD - 4396 5/2" 11/ft. 14
								ST - 42.72
								CANDLES - 1, 2, 3, 4, 6, 9
								CMT BSWB - 5, 70
								PORT COLUMN - 1458 TOP IT 70
	1915							DROP BALL - CALULATE ROATE
	2030	6	12			450		PUMP 500 GAL MUD FLUSH
	2032	6	20			450		PUMP 20 BBL KCL FLUSH
	2037		4					PLUG RH
	2040	5 1/2	36			350		MIX COMPT - 150 SKS SA-2
	2047							WASH OUT PUMP - LOCKS
	2048							RELEASE WITH DOWN PLUG
	2050	6 1/2	0					REPLACE PLUG
		6 1/2	96			950		SHOT OFF ROTATING
	2105		106.2			1750		PLUG DOWN - PSE UP UNZIPPED PLUG
	2108					OK		RELEASE PSE H.H.S
								WASH UP
	2200							JOB COMPLETE

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THANK YOU  
WANDA, DUSTY BERTT



CHARGE TO:  
**AMERICAN WOODCOCK ZIC.**  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

TICKET  
 No **9816**

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

SERVICE LOCATIONS 1. <b>NESS CITY, KS</b>	WELL/PROJECT NO. <b>2-23</b>	LEASE <b>REIN</b>	COUNTY/PARISH <b>NESS</b>	STATE <b>Ks</b>	CITY	DATE <b>2-22-06</b>	OWNER <b>SOME</b>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <b>H-D</b>	RIG NAME/NO.	SHIPPED VIA <b>CT</b>	DELIVERED TO <b>LOCATION</b>	ORDER NO.	
3.	WELL TYPE <b>OIL</b>	WELL CATEGORY <b>DEV. 10PMT</b>	JOB PURPOSE <b>CRMT PORT COLLAR</b>	WELL PERMIT NO.		WELL LOCATION <b>BAZON, KS-55, W. 1/2 W. 1/4</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	ME			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 MULT-DWSON STANDARD	175	SKS			12.00	2100.00
276		1			FROCK	50	LB			1.25	62.50
581		1			SERVICE CHARGE CRMT	200	SPS			1.10	220.00
583		1			DAMAGE	1997.0	LB	199.7	M	1.00	1997.0

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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: **2-22-06** TIME SIGNED: **12:30**  
 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	<b>3862.20</b>
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!**

**JOB LOG**

**SWIFT Services, Inc.**

DATE 2-22-06 PAGE NO.

CUSTOMER AM. RILW WADDOB LJC WELL NO. 2-23 LEASE RELN JOB TYPE CSMT PORT COLAR TICKET NO. 9816

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1230							ON LOCATION
								2 3/8 x 5 1/2 PORT COLAR = 1458'
	1430				✓		1000	PSI TEST CASING - HEU
	1435	2 1/2	3	✓		350		OPEN PORT COLAR - 2 1/2 RATE
	1440	4	97	✓		350		MAX CSMT = 175 SMD W/ADDITIONALS
	1500	3 1/2	4 1/2	✓		550		DISPLACE CSMT
	1505			✓		1000		CLOSE PORT COLAR - PSI TEST - HEU
								CIRCUMFERED 10 SPS CSMT TO PIT
	1525	3	20		✓		400	RUN 4-JTS CALCULATE CLEAN
								PULL TOOL
								WASH UP MUD
	1600							JOB COMPLETE

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THANK YOU  
WARR. DUSTY SIMAK