

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 399 150' S of C
City/State/Zip: Garden City, KS 67846
Purchaser: _____
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. _____

3/30/2006 4/8/2006 4/8/2006
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 135-24465-00-00
County: Ness
SW NW NW Sec. 20 Twp. 19 S. R. 21 East West
1140 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: Rein Well #: 1-20
Field Name: Schaben

Producing Formation: None
Elevation: Ground: 2260' Kelly Bushing: 2266'
Total Depth: 4480' Plug Back Total Depth: NA
Amount of Surface Pipe Set and Cemented at 222 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan P+A A1+ I 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: _____
Date Commission Expires: _____



KCC Office Use ONLY
N 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: Rein Well #: 1-20
 Sec. 20 Twp. 19 S. R. 21 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, Micro & 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>1490</td> <td>+782</td> </tr> <tr> <td>Chase</td> <td>2377</td> <td>-105</td> </tr> <tr> <td>Heebner</td> <td>3748</td> <td>-1476</td> </tr> <tr> <td>Lansing</td> <td>3795</td> <td>-1523</td> </tr> <tr> <td>Ft. Scott</td> <td>4288</td> <td>-2016</td> </tr> <tr> <td>Cherokee</td> <td>4306</td> <td>-2034</td> </tr> <tr> <td>Mississippian</td> <td>4381</td> <td>-2109</td> </tr> <tr> <td>TD</td> <td>4398.5</td> <td>-2126.5</td> </tr> </table> | <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample | Name | Top | Datum | Anhydrite | 1490 | +782 | Chase | 2377 | -105 | Heebner | 3748 | -1476 | Lansing | 3795 | -1523 | Ft. Scott | 4288 | -2016 | Cherokee | 4306 | -2034 | Mississippian | 4381 | -2109 | TD | 4398.5 | -2126.5 |
| <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | Top | Datum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anhydrite | 1490 | +782 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chase | 2377 | -105 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heebner | 3748 | -1476 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lansing | 3795 | -1523 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ft. Scott | 4288 | -2016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cherokee | 4306 | -2034 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mississippian | 4381 | -2109 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TD | 4398.5 | -2126.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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 | 222' | common | 165 | 2% gel, 3% CC |
| | | | | | | | |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|---------------------------------------|------------------|----------------|-------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| ___ Perforate | | | | |
| ___ Protect Casing | | | | |
| ___ Plug Back TD | | | | |
| ___ Plug Off Zone | | | | |

| 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 |
|----------------|---|--|-------|
| | | 50 sks @ 1540 60/40 poz 6% gel, 1/4# floseal | 1540' |
| | | 80 sks. 750 60/40 poz 6% gel, 1/4# floseal | 750' |
| | | 40 sks 60/40 poz 6% gel, 1/4# floseal | 250' |
| | | 20 sacks 60/40 6% gel, 1/4# floseal | 60' |

| | | | | | | | |
|---|-----------|---------|--|---------------|-----------|--|--|
| TUBING RECORD | | Size | Set At | Packer At | Liner Run | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date of First, Resumed Production, SWD or Enhr. | | | Producing Method | | | | |
| | | | <input type="checkbox"/> Flowing <input 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 | | |

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

ALLIED CEMENTING CO., INC. 24192

SHIP TO: P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Hess City

| | | | | | | | |
|------------------------------------|----------------|--------------------|------------------|--|----------------------------|--------------------------|---------------------------|
| DATE <u>4-8-06</u> | SEC. <u>20</u> | TWP. <u>19</u> | RANGE <u>21w</u> | CALLED OUT <u>3:00 pm</u> | ON LOCATION <u>4:00 pm</u> | JOB START <u>5:15 pm</u> | JOB FINISH <u>7:30 pm</u> |
| LEASE <u>Rein</u> | | WELL # <u>1-20</u> | | LOCATION <u>Bazine 1/2 south - least</u> | | COUNTY <u>Lebo</u> | STATE <u>Ks</u> |
| OLD OR NEW (Circle one) <u>NEW</u> | | | | <u>1/2 north - east into</u> | | | |

CONTRACTOR Rotomorsk Dalg #1
 TYPE OF JOB Rotary Plug
 HOLE SIZE 7" 1/2 T.D. 1480
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER American Warrior
 CEMENT AMOUNT ORDERED 205 sk 10/40 27 gal 1/2 50 seal

| | | | | |
|----------------|---------------|---|--------------|----------------|
| COMMON | <u>123 sk</u> | @ | <u>9.60</u> | <u>1180.80</u> |
| POZ MIX | <u>82 sk</u> | @ | <u>5.20</u> | <u>426.40</u> |
| GEL | <u>11 sk</u> | @ | <u>15.00</u> | <u>165.00</u> |
| CHLORIDE | | @ | | |
| ASC | | @ | | |
| <u>70 SEAL</u> | <u>51 #</u> | @ | <u>1.80</u> | <u>91.80</u> |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| HANDLING | <u>213 sk</u> | @ | <u>1.70</u> | <u>370.10</u> |
| MILEAGE | <u>218 mi</u> | @ | <u>1.27</u> | <u>294.42</u> |
| TOTAL | | | | <u>2494.02</u> |

EQUIPMENT

| | | |
|-------------------------|----------------------|--------------------|
| PUMP TRUCK # <u>224</u> | CEMENTER <u>Jack</u> | RECEIVED |
| BULK TRUCK # <u>342</u> | HELPER <u>Jim</u> | |
| BULK TRUCK # _____ | DRIVER <u>Steve</u> | JUL 26 2006 |
| BULK TRUCK # _____ | DRIVER _____ | KCC WICHITA |

REMARKS:
1st plug @ 1540' with 50 sk cement
2nd plug @ 750' with 80 sk cement
3rd plug @ 250' with 1/2 sk cement
4th plug @ 60' with 20 sk cement
Rotomorsk 15 sk cement

Thanks

CHARGE TO: American Warrior
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

| | | | | |
|-------------------|--------------|---|---------------|---------------|
| DEPTH OF JOB | <u>1540'</u> | | | |
| PUMP TRUCK CHARGE | | | <u>730.00</u> | |
| EXTRA FOOTAGE | | @ | | |
| MILEAGE | <u>17</u> | @ | <u>5.00</u> | |
| MANIFOLD | | @ | | |
| | | @ | | |
| | | @ | | |
| TOTAL | | | | <u>815.00</u> |

PLUG & FLOAT EQUIPMENT

| | | | |
|-------|---|--|-------|
| | @ | | |
| | @ | | |
| | @ | | |
| | @ | | |
| | @ | | |
| 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 Kenneth G. Roach

KENNETH G. ROACH
 PRINTED NAME

ALLIED CEMENTING CO., INC.

23554

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

SERVICE POINT:
Nassau City

| | | | | | | | |
|----------------------|-----------------|---------------------------------------|-----------------|--------------------------|----------------------------|--------------------------|--------------------------|
| DATE <u>3-30-06</u> | SEC. <u>19</u> | TWP. <u>19</u> | RANGE <u>21</u> | CALLED OUT <u>9:30pm</u> | ON LOCATION <u>11:00pm</u> | JOB START <u>12:30am</u> | JOB FINISH <u>1:00am</u> |
| LEASE <u>Wittman</u> | WELL # <u>9</u> | LOCATION <u>Bayview 35 1E 1/2 S S</u> | | | COUNTY <u>Nassau</u> | STATE <u>KS</u> | |

OLD OR NEW (Circle one)

CONTRACTOR Peter Mack Only #1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 222

CASING SIZE 8 5/8 DEPTH 222

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15

PERFS. _____

DISPLACEMENT 1 3/4

EQUIPMENT

PUMP TRUCK CEMENTER MIKE

224 HELPER L. W. S. H. O. O. A.

BULK TRUCK

341 DRIVER Dan

BULK TRUCK

_____ DRIVER _____

REMARKS:

New 23"
Case 8 5/8 casing w/ rig pump
Max cement disp pump w/ 13 1/4 BBL
Cement used Case

Thanks

OWNER _____

CEMENT

AMOUNT ORDERED 165 Com 3% Ca 2 1/2 Hbl

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

RECEIVED

JUL 26 2006

KCC WICHITA

HANDLING _____ @ _____

MILEAGE 17

TOTAL _____

SERVICE

DEPTH OF JOB 222

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE 17 @ _____

MANIFOLD _____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

8 5/8 Toprock @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: American Union

STREET _____

CITY _____ STATE _____ ZIP _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

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 Daniel D. Morgan

PRINTED NAME _____