

Handwritten initials/signature

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Amended

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

OPERATOR: License # 4058
Name: American Warrior, Inc.
Address 1: P. O. Box 399
Address 2: _____
City: Garden City State: KS Zip: 67846 + _____
Contact Person: Joe Smith
Phone: (620) 275-2963
CONTRACTOR: License # 31548
Name: Discovery Drilling Co., Inc.

API No. 15 - 083-21,591-0000
Spot Description: 80'S & 40'W OF
____ N/2 S/2 Sec. 19 Twp. 22 S. R. 23 East West
1400 1457 Feet from North / South Line of Section
2319 2834 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner: *per 8/19/09*
 NE NW SE SW

Wellsite Geologist: Jason Alm
Purchaser: Plains Marketing
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, etc.)

County: HODGEMAN
Lease Name: RUDZIK Well #: 1-19
Field Name: WILDCAT
Producing Formation: OSAGE
Elevation: Ground: 2394' Kelly Bushing: 2402'
Total Depth: 4670' Plug Back Total Depth: 4661'
Amount of Surface Pipe Set and Cemented at: 218 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1639' Feet
If Alternate II completion, cement circulated from: 1639'
feet depth to: SURFACE w/ 160 sx cmt.

KANSAS CORPORATION COMMISSION
AUG 07 2009
RECEIVED

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
1-31-09 2-6-09 6-4-09
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan AH II NR 9-9-09
(Data must be collected from the Reserve Pit)
Chloride content: 14,000 ppm Fluid volume: 240 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: COMPLIANCE COORDINATOR Date: 7-13-09 8-4-09
Subscribed and sworn to before me this 4th day of August,
09.
Notary Public: [Signature]
Date Commission Expires: 7-2-13

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

KELSI HOFFMAN
Notary Public - State of Kansas
My Appt. Expires

Operator Name: American Warrior, Inc. Lease Name: RUDZIK Well #: 1-19
 Sec. 19 Twp. 22 S. R. 23 East West County: HODGEMAN

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 LOG; DUAL COMPENSATED PRORSITY LOG; MICRORESISTIVITY LOG; SONIC CEMENT BOND LOG'	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Top Anhydrite</td> <td>1650</td> <td>+752</td> </tr> <tr> <td>B/Anhydrite</td> <td>1681</td> <td>-721</td> </tr> <tr> <td>HEEBNER</td> <td>3958</td> <td>-1556</td> </tr> <tr> <td>LANSING</td> <td>4010</td> <td>-1608</td> </tr> <tr> <td>BKC</td> <td>4989</td> <td>-1987</td> </tr> <tr> <td>CHEROKEE</td> <td>4580</td> <td>-2178</td> </tr> <tr> <td>MISSISSIPPIAN</td> <td>4650</td> <td>-2267</td> </tr> </table>	Name	Top	Datum	Top Anhydrite	1650	+752	B/Anhydrite	1681	-721	HEEBNER	3958	-1556	LANSING	4010	-1608	BKC	4989	-1987	CHEROKEE	4580	-2178	MISSISSIPPIAN	4650	-2267
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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#	218'	Common	160	3%cc, 2%Gel
PRODUCTION	7-7/8"	5-1/2"	15.5#	4667'	EA/2	160	FLOCELE

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set Type Specify Footage of Each Interval	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	4654' TO 4660'	NATURAL	SAME

TUBING RECORD:	Size: 2-3/8"	Set At: 4658'	Packer At: NONE	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 7-4-09 <input checked="" type="checkbox"/>	Producing Method: <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. N/A	Gas Mcf N/A	Water Bbls. N/A	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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