

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

*Americal**

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.
 Wellsite Geologist: Marc Downing
 Purchaser: NCRA
 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.)
 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.: _____
3-5-09 3-11-09 6-10-09
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 065-23,535-0000
 Spot Description: 40'S OF
N/2 S/2 S/2 Sec. 5 Twp. 8 S. R. 21 East West
950 Feet from North / South Line of Section
2636 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: GRAHAM
 Lease Name: KENYON Well #: 4-5
 Field Name: WILDCAT
 Producing Formation: ARBUCKLE
 Elevation: Ground: 2029' Kelly Bushing: 2037'
 Total Depth: 3651' Plug Back Total Depth: 3625'
 Amount of Surface Pipe Set and Cemented at: 221 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: 1620' Feet
 If Alternate II completion, cement circulated from: 1620'
 feet depth to: SURFACE w/ 150 ^{sx cmt.}
Alt 2 Dig - 10/2/09

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: 13,000 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: 9-30-09
 Subscribed and sworn to before me this 30th day of September,
 20 09.
 Notary Public: Caitlin Bimey
 Date Commission Expires: 09/10/2013

KCC Office Use ONLY

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

RECEIVED
OCT 02 2009

Caitlin Bimey
 Notary Public - State of Kansas
 My App. Expires 09/10/2013

KCC WICHITA

Operator Name: American Warrior, Inc. Lease Name: KENYON Well #: 4-5
 Sec. 5 Twp. 8 S. R. 21 East West County: GRAHAM

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; TRACER SURVEY	<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>1620</td> <td>-418</td> </tr> <tr> <td>B/Anhydrite</td> <td>1650</td> <td>-388</td> </tr> <tr> <td>Topeka</td> <td>2998</td> <td>-960</td> </tr> <tr> <td>Heebner</td> <td>3210</td> <td>-1172</td> </tr> <tr> <td>LKC</td> <td>3246</td> <td>-1208</td> </tr> <tr> <td>BKC</td> <td>3450</td> <td>-1412</td> </tr> <tr> <td>Arbuckle</td> <td>3536</td> <td>-1498</td> </tr> </table>	Name	Top	Datum	Top Anhydrite	1620	-418	B/Anhydrite	1650	-388	Topeka	2998	-960	Heebner	3210	-1172	LKC	3246	-1208	BKC	3450	-1412	Arbuckle	3536	-1498
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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#	221'	Common	150	3%cc, 2%Gel
PRODUCTION	7-7/8"	5-1/2"	14#	3650'	EA/2	175	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 Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	3538' TO 3543'		SAME

TUBING RECORD:	Size: 2-3/8"	Set At: 3541'	Packer At: NONE	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 9-1-09		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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