

Americal (with star symbol)

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: Kevin Wiles, Sr.
Phone: (620) 275-2963
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Marc Downing
Purchaser: NCRA

Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
 Oil _____ SWD _____ SLOW
_____ 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.: _____
12-12-08 12-19-08 5-20-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 009-25,284-0060
Spot Description: _____
SW NE NE SW Sec. 24 Twp. 18 S. R. 15 East West
2300 Feet from North / South Line of Section
2260 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: BARTON
Lease Name: SOPHIE BAHR Well #: 3-24
Field Name: ERNA NORTHWEST
Producing Formation: ARBUCKLE
Elevation: Ground: 1911' Kelly Bushing: 1919'
Total Depth: 3620' Plug Back Total Depth: 3595'
Amount of Surface Pipe Set and Cemented at: 936 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 CRT.} *AH-1-Dig-10/6/09*

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 11,000 ppm Fluid volume: 320 bbls
Dewatering method used: HAULED OFF SITE
Location of fluid disposal if hauled offsite: _____
Operator Name: JOHN J. DARRAH
Lease Name: ANSHUTZ SWD 2 License No.: 5088
Quarter _____ Sec. 15 Twp. 21 S. R. 14 East West
County: STAFFORD Docket No.: D-17,893

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,
2009.
Notary Public: *[Signature]*
Date Commission Expires: 09/10/2013

KCC Office Use ONLY

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

RECEIVED
OCT 02 2009

Caitlin Birney
Notary Public - State of Kansas
My Appt. Expires 09/10/2013

KCC WICHITA

Operator Name: American Warrior, Inc. Lease Name: SOPHIE BAHR Well #: 3-24
 Sec. 24 Twp. 18 S. R. 15 East West County: BARTON

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: BOREHOLE COMPENSATED SONIC LOG; DUAL INDUCTION LOG; DUAL COMPENSATED PRORSITY LOG; MICRORESISTIVITY 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>933</td> <td>+986</td> </tr> <tr> <td>B/Anhydrite</td> <td>963</td> <td>-956</td> </tr> <tr> <td>Topeka</td> <td>2927</td> <td>-1008</td> </tr> <tr> <td>Heebner</td> <td>3167</td> <td>-1248</td> </tr> <tr> <td>Toronto</td> <td>3182</td> <td>-1263</td> </tr> <tr> <td>Lansing</td> <td>3246</td> <td>-1327</td> </tr> <tr> <td>Arbuckle</td> <td>3500</td> <td>-1581</td> </tr> </table>	Name	Top	Datum	Top Anhydrite	933	+986	B/Anhydrite	963	-956	Topeka	2927	-1008	Heebner	3167	-1248	Toronto	3182	-1263	Lansing	3246	-1327	Arbuckle	3500	-1581
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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#	936'	Common	400	3%cc, 2%Gel
PRODUCTION	7-7/8"	5-1/2"	14#	3619'	Standard	165	D-AIR CFR-1

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
2	3547-50'; 3530-34'; 3522-25';	1500 GAL. 20% MCA	SAME

TUBING RECORD:	Size: <u>2-3/8"</u>	Set At: <u>3590'</u>	Packer At: <u>NONE</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	KCC WICHITA
Date of First, Resumed Production, SWD or Enhr.	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
<u>6-1-09</u>					
Estimated Production Per 24 Hours	Oil Bbls. <u>N/A</u>	Gas Mcf <u>N/A</u>	Water Bbls. <u>N/A</u>	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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