

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Amended

7/13/11

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM

ORIGINAL

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: 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, E...)

API No. 15 - 083-21,594-0000
 Spot Description: 110'N & 70'E of
 _____ NW SW SW Sec. 19 Twp. 22 S. R. 23 East West
1100 Feet from North / South Line of Section
400 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: HODGEMAN
 Lease Name: RUDZIK Well #: 2-19
 Field Name: WILDCAT
 Producing Formation: CHEROKEE SAND
 Elevation: Ground: 2376' Kelly Bushing: 2384'
 Total Depth: 4635' Plug Back Total Depth: 4633'
 Amount of Surface Pipe Set and Cemented at: 220 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: 1619' Feet
 If Alternate II completion, cement circulated from: 1619'
 feet depth to: SURFACE w/ 150 sx cmt.

KANSAS CORPORATION COMMISSION

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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.: _____

<u>4-25-09</u>	<u>4-30-09</u>	<u>5-22-09</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan

(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: _____
 Title: COMPLIANCE COORDINATOR Date: 8-4-09
 Subscribed and sworn to before me this 4th day of August
 20 09
 Notary Public: Kelsi Hoffman
 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 _____