

**CONFIDENTIAL**

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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

API No. 15 - 065-23,530-0000  
Spot Description: 95°N & 180°W of  
\_\_\_\_\_ E/2 NW Sec. 33 Twp. 9 S. R. 21  East  West  
1225 Feet from  North /  South Line of Section  
1800 Feet from  East /  West Line of Section

CONTRACTOR: License # 31548  
Name: Discovery Drilling Co., Inc.  
Wellsite Geologist: Marc Downing  
Purchaser: NCRA

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: GRAHAM  
Well Name: SMITH Well #: 1-33  
Field Name: WILDCAT  
Producing Formation: ARBUCKLE

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  
 Gas  ENHR  SIGW  
 CM (Coal Bed Methane)  Temp. Abd.  
 Dry  Other \_\_\_\_\_  
(Core, W/SW, Expl., Cathodic, etc.)

Elevation: Ground: 2320' Kelly Bushing: 2328'  
Total Depth: 3975' Plug Back Total Depth: 3954'  
Amount of Surface Pipe Set and Cemented at: 211 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: 1737' Feet  
If Alternate II completion, cement circulated from: 1737'  
feet depth to: SURFACE w/ 140 \_\_\_\_\_ sx cmt.

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.: \_\_\_\_\_  
2-19-09 2-24-09 5-1-09  
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: [Signature]  
Title: COMPLIANCE COORDINATOR Date: 8-4-09  
Subscribed and sworn to before me this 4<sup>th</sup> day of August  
20 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 \_\_\_\_\_