

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

**ORIGINAL**

Form ACO-1  
October 2008  
Form Must Be Typed

OPERATOR: License # 4058  
Name: American Warrior, Inc.  
Address 1: PO Box 399  
Address 2: \_\_\_\_\_  
City: Garden City State: KS Zip: 67846 + 0399  
Contact Person: Scott Corsair  
Phone: (785) 398-2270  
CONTRACTOR: License # 33323 **RECEIVED**  
Name: Petromark Drilling, LLC **SEP 17 2009**  
Wellsite Geologist: Scott Corsair **KCC WICHITA**  
Purchaser: \_\_\_\_\_  
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.: \_\_\_\_\_  
08/29/2008 09/05/2008 09/06/2008  
Spud Date or \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date or  
Recompletion Date \_\_\_\_\_ Recompletion Date \_\_\_\_\_

API No. 15 - 135-24833-0000  
Spot Description: 25' E NE NW NW NW  
NE NW NW NW Sec. 12 Twp. 19 S. R. 22  East  West  
165 Feet from  North /  South Line of Section  
520 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Ness  
Lease Name: Eva-Kuehn Well #: 1  
Field Name: Wildcat  
Producing Formation: NA  
Elevation: Ground: 2182' Kelly Bushing: 2188'  
Total Depth: 4312' Plug Back Total Depth: NA  
Amount of Surface Pipe Set and Cemented at: 225 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 cmt.

**Drilling Fluid Management Plan** *RA AH II NR*  
(Data must be collected from the Reserve Pit) **9-22-09**  
Chloride content: 42,000 ppm Fluid volume: 300 bbls  
Dewatering method used: evaporate  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

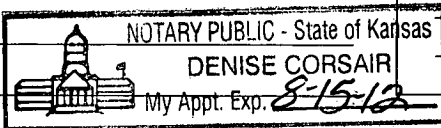
**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information 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: Petroleum Engineer Date: 09/15/2009

Subscribed and sworn to before me this 15th day of September,  
20 09.

Notary Public: Denise Corsair  
Date Commission Expires: 8-15-12



**KCC Office Use ONLY**

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

Operator Name: American Warrior, Inc. Lease Name: Eva-Kuehn Well #: 1  
 Sec. 12 Twp. 19 S. R. 22  East  West County: Ness

**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: <b>Dual Induction, Compensated Neutron Density</b> ✓	<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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1437</td> <td>+751</td> </tr> <tr> <td>Heebner</td> <td>3664</td> <td>-1476</td> </tr> <tr> <td>Lansing</td> <td>3710</td> <td>-1522</td> </tr> <tr> <td>BKC</td> <td>4030</td> <td>-1842</td> </tr> <tr> <td>Ft. Scott</td> <td>4201</td> <td>-2013</td> </tr> <tr> <td>Cherokee</td> <td>4220</td> <td>-2032</td> </tr> <tr> <td>Mississippian</td> <td>4301</td> <td>-2113</td> </tr> </table>	Name	Top	Datum	Anhydrite	1437	+751	Heebner	3664	-1476	Lansing	3710	-1522	BKC	4030	-1842	Ft. Scott	4201	-2013	Cherokee	4220	-2032	Mississippian	4301	-2113
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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	225'	Common	160	2% gel, 3% CC

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input 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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:    Size:    Set At:    Packer At:    Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil    Bbls.    Gas    Mcf    Water    Bbls.    Gas-Oil Ratio    Gravity

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

25463

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT: City

DATE	9-6-09	SEC.	12	TWP.	19E	RANGE	22 W	CALLED OUT	12:00 PM	ON LOCATION	3:00 PM	JOB START	10:00 AM	JOB FINISH	10:00 AM
LEASE	EVA Kuchan	WELL#	1	LOCATION	102 line 2 South 1 East	South 12E				COUNTY	AVANCE	STATE	US		
OLD OR <u>NEW</u> (Circle one)															

CONTRACTOR Petromark Rig 1  
 TYPE OF JOB Rotary Plug  
 HOLE SIZE 7 7/8 T.D. 4510  
 CASING SIZE 4 1/2 DEPTH 1510  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG.  
 PERFS.  
 DISPLACEMENT 9.25 80% Displacement fresh water  
 EQUIPMENT 3 Rig unit

OWNER American Wagon  
 CEMENT  
 AMOUNT ORDERED 245 5X 60/40 4% Gel  
4 # Plascal

PUMP TRUCK CEMENTER Wayne D  
 # 181 HELPER Galen D  
 BULK TRUCK  
 # 341 DRIVER Carl S  
 BULK TRUCK  
 # DRIVER

COMMON	@
POZMIX	@
GEL	@
CHLORIDE	@
ASC	@
HANDLING MILEAGE	@
TOTAL	

**REMARKS:**

1st plug mix 8 BBLs - 50% Displacement 50% sand  
2nd plug mix 12 3/4 BBLs 80% 3 1/2 Displacement  
3rd plug mix 7 3/4 BBLs 50% .25 Displacement  
4th plug mix 3 3/4 BBLs 25% .25 Displacement  
5th plug mix 5 BBLs 15% .25 Displacement

DEPTH OF JOB	<u>1510</u>
PUMP TRUCK CHARGE	
EXTRA FOOTAGE	@
MILEAGE	@
MANIFOLD	@
TOTAL	

CHARGE TO: American Wagon  
 STREET  
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT	@
TOTAL	

To Allied Cementing Co., Inc.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

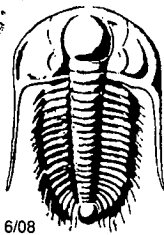
TAX	
TOTAL CHARGE	
DISCOUNT	
IF PAID IN 30 DAYS	

SIGNATURE [Signature]

PRINTED NAME [Name]

RECEIVED  
 SEP 17 2009  
 KCC WICHITA





# TRILOBITE TESTING INC.

33082

P.O. Box 1733 • Hays, Kansas 67601

## Test Ticket

Well Name & No. EVA-Kuehn #11 Test No. 1 Date 9-5-08  
 Company AMERICAN WARRIOR INC Zone Tested MISS  
 Address P.O. Box 399 Garden City, Ks 67846-0399 Elevation 2488 KB 2183 GL  
 Co. Rep / Geo. SCOTT CURSAR Rig PETROMARK 5101  
 Location: Sec. 12 Twp. 19<sup>s</sup> Rge. 21<sup>w</sup> Co. MISS State Ks  
 Comment: \_\_\_\_\_

Interval Tested 4302-4310 Drill Pipe Size 4 1/2 XH  
 Anchor Length 8 Wt. Pipe Run \_\_\_\_\_  
 Top Packer Depth 4297 Drill Collar Run 120  
 Bottom Packer Depth 4302 Ft. Run 4164  
 Total Depth 4310 Recorder #(s) 8765 662  
 Blow Description IFP - WEAK Blow thru-out 1/4" to 3" Blow  
FFP - WEAK Blow surface to 1/4" Blow  
NO Blow on shut-in

RECEIVED  
 SEP 17 2009  
 KCC WICHITA

Recovery - Total Feet 175 GIP \_\_\_\_\_ Ft. in DC 120 Ft. in DP 55  
 Rec. 20 Feet of CO %gas \_\_\_\_\_ %oil \_\_\_\_\_ %water \_\_\_\_\_ %mud \_\_\_\_\_  
 Rec. 173 Feet of WATER %gas \_\_\_\_\_ %oil \_\_\_\_\_ %water \_\_\_\_\_ %mud \_\_\_\_\_  
 Rec. \_\_\_\_\_ Feet of \_\_\_\_\_ %gas \_\_\_\_\_ %oil \_\_\_\_\_ %water \_\_\_\_\_ %mud \_\_\_\_\_  
 Rec. \_\_\_\_\_ Feet of \_\_\_\_\_ %gas \_\_\_\_\_ %oil \_\_\_\_\_ %water \_\_\_\_\_ %mud \_\_\_\_\_  
 Rec. \_\_\_\_\_ Feet of \_\_\_\_\_ %gas \_\_\_\_\_ %oil \_\_\_\_\_ %water \_\_\_\_\_ %mud \_\_\_\_\_  
 BHT 124 °F Gravity \_\_\_\_\_ °API D @ \_\_\_\_\_ °F Corrected Gravity \_\_\_\_\_ °API  
 RW 42 @ 70 °F Chlorides 16000 ppm Recovery \_\_\_\_\_ Chlorides 7500 ppm System

IF <u>45</u>	<input checked="" type="checkbox"/> Test	<input type="checkbox"/> Sampler	<input type="checkbox"/> Day Standby
ISI <u>45</u>	<input checked="" type="checkbox"/> Jars	<input type="checkbox"/> Straddle	<input type="checkbox"/> Accessibility
FF <u>45</u>	<input checked="" type="checkbox"/> Safety Joint	<input type="checkbox"/> Shale Packer	<input type="checkbox"/> Ruined Shale Packer
FSI <u>45</u>	<input type="checkbox"/> Circ Sub	<input type="checkbox"/> Extra Packer	<input type="checkbox"/> Ruined Packer
T-on Loc <u>1200</u>	<input type="checkbox"/> Hourly Standby	<input type="checkbox"/> Extra Recorder	<input type="checkbox"/> Extra Copies
T-started <u>1223</u>	<input checked="" type="checkbox"/> Mileage <u>108RT</u>	<input type="checkbox"/> Other	
T-open <u>1640</u>	Sub Total _____	Sub Total _____	Sub Total _____
T-pulled <u>1940</u>			
T-out <u>2113</u>			Total _____

Trilobite Testing, Inc. shall not be liable for damage of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

ved By \_\_\_\_\_ Our Representative Ray Schwager Thank you



