

12/12/08

CONFIDENTIAL

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

Form ACO-1  
September 1999  
Form Must Be Typed

ORIGINAL

Operator: License # 4058  
Name: American Warrior, Inc.  
Address: P. O. Box 399  
City/State/Zip: Garden City, KS 67846  
Purchaser: N/A  
Operator Contact Person: Joe Smith  
Phone: ( 620 ) 275-2963  
Contractor: Name: Berentz Drilling Company, Inc.  
License: 5892  
Wellsite Geologist: Marc Downing

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 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./SWD  
 Plug Back  Plug Back Total Depth  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No. \_\_\_\_\_

10-27-06	11-05-06	11-16-06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 163-23,565-00-00  
County: Rooks  
C E2 SW SE Sec. 31 Twp. 9s S. R. 20  East  West  
500 FSL feet from S / N (circle one) Line of Section  
1700 FEL feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: McKenna Well #: 1-31  
Field Name: Marcotte

Producing Formation: ARBUCKLE  
Elevation: Ground: 2280' Kelly Bushing: 2285'  
Total Depth: 3984' Plug Back Total Depth: 3956'  
Amount of Surface Pipe Set and Cemented at 210 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set 1746 Feet  
If Alternate II completion, cement circulated from 1746'  
feet depth to Surface w/ 175 sx cmt.

Drilling Fluid Management Plan AH II NH 8-21-08  
(Data must be collected from the Reserve Pit)

Chloride content 12,000 ppm Fluid volume 300 bbls  
Dewatering method used Evaporation

Location of fluid disposal if hauled offsite:  
Operator Name: American Warrior, Inc.  
Lease Name: Renner 11 SWD License No.: 4058  
Quarter NW Sec. 5 Twp. 10 S. R. 20  East  West  
County: Rooks Docket No.: D-26,155

**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: 12-12-06

Subscribed and sworn to before me this 12<sup>th</sup> day of December.

20 06  
Notary Public: \_\_\_\_\_

Date Commission Expires: 11/17/07

**DEBRA J. PURCELL**  
Notary Public - State of Kansas  
My Appt. Expires 11/17/07

**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

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Operator Name: American Warrior, Inc.

Lease Name: McKenna

Well #: 1-31

Sec. 31 Twp. 9s S. R. 20  East  West

County: Rooks

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  Yes  No (Attach Additional Sheets)

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No (Submit Copy)

List All E. Logs Run:

Dual Compensated Porosity Log; Dual Induction Log; Borehole Compensated Sonic Log; Microresistivity Log; Sonic Cement Bond Log;

Log Formation (Top), Depth and Datum  Sample

Name	Top	Datum
Top Anhydrite	1779	+506
Base Anhydrite	1815	+470
Topeka	3325	-1040
Heebner	3527	-1242
Toronto	3550	-1265
LKC	3567	-1282
BKC	3784	-1499
Arbuckle	3869	-1584

CASING RECORD  New  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 Pipe	12-1/4"	8-5/8"	20#	207'	Common	150 sx	2%Gel & 3%cc
Production Pipe	7-7/8"	5-1/2"	14#	3979'	EA-2	150 sx	

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	3870' to 3878'		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	3953'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
SI	<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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	N/A	N/A	N/A		

Disposition of Gas  Vented  Sold  Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify)

Production Interval

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CHARGE TO: *American Warrior*

ADDRESS

CITY, STATE, ZIP CODE

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TICKET No 10765

PAGE 1 OF 2

1. SERVICE LOCATIONS <i>HAYS</i>	WELL/PROJECT NO. <i>1-31</i>	LEASE <i>McKenna</i>	COUNTY/PARISH <i>Rooks</i>	STATE <i>Ks</i>	CITY	DATE <i>11-04-06</i>	OWNER
2. <i>NESS</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>Berantz Dr. 5 #6</i>	SHIPPED VIA <i>CT</i>	DELIVERED TO <i>25.1/44, Ninfo, P/cats</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Develop</i>	JOB PURPOSE <i>5/2 Longstring</i>	WELL PERMIT NO. <i>15-163-23565</i>	WELL LOCATION <i>S31, T9, R20W</i>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
<i>575</i>		<i>1</i>			<i>MILEAGE #105</i>	<i>40</i>	<i>mi</i>	<i>4</i>	<i>00</i>	<i>160 00</i>
<i>578</i>		<i>1</i>			<i>Pump Service</i>	<i>1</i>	<i>ea</i>	<i>1250</i>	<i>00</i>	<i>1250 00</i>
<i>221</i>		<i>1</i>			<i>Liquid NCL</i>	<i>2</i>	<i>gal</i>	<i>26</i>	<i>00</i>	<i>52 00</i>
<i>281</i>		<i>1</i>			<i>Mud Flush</i>	<i>500</i>	<i>gal</i>	<i>75</i>		<i>375 00</i>
<i>290</i>		<i>1</i>			<i>D-Air</i>	<i>1</i>	<i>gal</i>	<i>32</i>	<i>00</i>	<i>32 00</i>
<i>402</i>		<i>1</i>			<i>Centralizer</i>	<i>8</i>	<i>ea</i>	<i>5 1/2</i>	<i>in</i>	<i>80 00</i>
<i>403</i>		<i>1</i>			<i>CMT Basket</i>	<i>2</i>	<i>ea</i>	<i>5 1/2</i>	<i>in</i>	<i>280 00</i>
<i>404</i>		<i>1</i>			<i>Port Collar</i> <i>1746PT</i>	<i>1</i>	<i>ea</i>	<i>5 1/2</i>	<i>in</i>	<i>2300 00</i>
<i>406</i>		<i>1</i>			<i>Latch Down Plug &amp; Baffle</i>	<i>1</i>	<i>ea</i>	<i>235</i>	<i>00</i>	<i>235 00</i>
<i>407</i>		<i>1</i>			<i>Insert Flood Shoe &amp; Auto Fill</i>	<i>1</i>	<i>ea</i>	<i>310</i>	<i>00</i>	<i>310 00</i>

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**LEGAL TERMS:** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*

DATE SIGNED *11-04-06* TIME SIGNED *1830*  A.M.  P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE		
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				<i>PG1</i>	<i>594 00</i>
WE UNDERSTOOD AND MET YOUR NEEDS?				<i>PG2</i>	<i>2819 68</i>
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				<i>sub Total</i>	<i>8733 68</i>
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<i>Rooks TAX 5.3%</i>	<i>362 81</i>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	<i>9096 49</i>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

**CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES** The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!



PO Box 466  
Ness City, KS 67560  
Off: 785-798-2300

### TICKET CONTINUATION

TICKET No. 10765

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL		DATE	PAGE	OF	UNIT PRICE	AMOUNT	
		LOG	ACCT.	DF.			QTY.	U/M						QTY.
325		2				STD CM7 EA-2	150	SH	11-04-06	2	2	11.00	1650.00	
276		2				Floco	38	lb				1.25	47.50	
283		2				Salt	750	lb				.20	150.00	
284		2				Oil-Seal	7	SH				30.00	210.00	
285		2				CFR1	71	lb				4.00	284.00	
581		2				Service Chg CM7	150	SH				1.10	165.00	
583		2				Dryage	31318	Tm				1.00	313.18	
						SERVICE CHARGE	CUBIC FEET							
						MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES					

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CONTINUATION TOTAL 2819.68

JOB LOG

SWIFT Services, Inc.

DATE 11-04-06 PAGE NO. 7

CUSTOMER **AWI** WELL NO. **131** LEASE **McKenna** JOB TYPE **5 1/2 Longstr 125** TICKET NO. **10765**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1830							ONLOCATION, DISCUSS JOB, LAYING DOWN O.P. 150 SMS EA-2 CMT 5 1/2 14 1/2" A.W., Port Culk on top 53, 1746 FT Cent 1, 2, 3, 4, 5, 8, 52, 54, Baskets 5, 53 L703984, Seta 3983, JET 2244, Junit 3963
								KCC DEC 12 2006 CONFIDENTIAL
	2020							St. CSG
	2210							Tas Bottom
	2215							Drop Ball
	2220							Break Circ
	2300		3					Plug RH
	2305	5.5	0				200	St. mud Flush
			12					St. HCL Flush
			32					END Flush
	2310	55	0				200	St. CMT
			34				2	End CMT
								Drop Plug - Washout Pumping Lines
	2317	55	0				150	St. Disp
			63.2				200	CMT 7 OF BOTTOM
			75				350	
			80				450	
			85				500	
			90				650	
			94				650	
	2335		96.6				1500	Lead Plug
								WASH UP
								Rack up
								Tie Hubs
	0030							Job Complete

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Thank You.  
Dave Blaine, Rob Jolk



ADDRESS *American Wellbor*

CITY, STATE, ZIP CODE

Nº 10774

PAGE 1 OF 1

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LOCATIONS <i>AYS</i>	WELL/PROJECT NO. <i>1-31</i>	LEASE <i>McKenas</i>	COUNTY/PARISH <i>Rooks</i>	STATE <i>MO</i>	CITY	DATE <i>11/13/06</i>	OWNER
<i>SS</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>Western Well</i>	SHIPPED VIA <i>CT.</i>	DELIVERED TO <i>2517 W. W. Info, Pocolk</i>	ORDER NO.	
	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Develop</i>	JOB PURPOSE <i>CM7 Port Coller</i>	WELL PERMIT NO.	WELL LOCATION		
AL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
<i>75</i>		<i>1</i>			MILEAGE <i>#105</i>	<i>40</i>	<i>mi</i>	<i>4.00</i>		<i>160.00</i>
<i>78</i>		<i>1</i>			<i>Pump Service</i>	<i>1</i>	<i>hr</i>	<i>1250.00</i>		<i>1250.00</i>
<i>20</i>		<i>1</i>			<i>D-Air</i>	<i>2</i>	<i>gal</i>	<i>32.00</i>		<i>64.00</i>
<i>24</i>		<i>1</i>			<i>Port Coller tool</i>	<i>1</i>	<i>hr</i>	<i>250.00</i>		<i>250.00</i>
<i>30</i>		<i>2</i>			<i>SMO-CM7</i>	<i>175</i>	<i>SH</i>	<i>13.50</i>		<i>2362.50</i>
<i>26</i>		<i>2</i>			<i>Floacle</i>	<i>44</i>	<i>lb</i>	<i>1.25</i>		<i>55.00</i>
<i>31</i>		<i>2</i>			<i>Service Cts CM7</i>	<i>175</i>	<i>SH</i>	<i>1.10</i>		<i>192.50</i>
<i>33</i>		<i>2</i>			<i>Dry/Sec</i>	<i>436.85</i>	<i>Tm</i>	<i>1.00</i>		<i>436.85</i>

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TERMS: Customer hereby acknowledges and agrees to terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO DELIVERY OF WORK OR DELIVERY OF GOODS

*[Signature]*

DATE SIGNED *11-13-06* TIME SIGNED *1:00*  A.M.  P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				<i>4770</i>	<i>85</i>
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				<i>Rooks TAX 5.3%</i>	<i>144.77</i>
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	<i>4915.62</i>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

JOB LOG

SWIFT Services, Inc.

DATE 11/30/06 PAGE NO. 1

CUSTOMER *HWI* WELL NO. *131* LEASE *McMenne* JOB TYPE *CMT Portroller* TICKET NO. *11774*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								ON LOCATION. SIT UP. DISCUSSED 175546 SMO 1/2 Flocle 2 3/8 x 5 1/2 P.C. @ 1742 PM
								RECEIVED DEC 15 2006 KCC WICHITA
	1330					1000	1000	PSI Test open PC.
	1340	3.0	30			300		Inj. Rate 2 bbls circ mud out
		4.2	0			400		St. CMT
		4.5	6.7			500		CMT on PC.
		5.0	6.3			500		Perfect Fill
		4.0	9.2			800		Circ out CMT - Thru Manup CMT
		4.0	9.7			900		end CMT 175546
		4.0	0			800		St. Disp
	1410	4.0	6.0			800		end Disp Close PC.
	1415					1000	1000	PSI Test Holding } Circ 200 GRS Run 4 Joint } top.!
	1420	2.5	0			200	200	Rev. out
			55			200	200	1st Fleg
		2.5	6.0					clean
			9.0			200	200	2nd Fleg
		2.5	12.0					clean
	1430		16.0			200	200	end
								Wash up Recup Tie Hets
	1500							Job Complete
								Thank You! Dave. Blaine. Sec. Jeff
								KCC DEC 12 2006 CONFIDENTIAL

# ALLIED CEMENTING CO., INC.

33410

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

SERVICE POINT:

Russell

DATE <u>10-28-06</u>	SEC. <u>31</u>	TWP. <u>9</u>	RANGE <u>20</u>	CALLED OUT <u>1:30 AM</u>	ON LOCATION <u>3:15 AM</u>	JOB START <u>3:30 AM</u>	JOB FINISH <u>3:45 AM</u>
LEASE <u>MCKENNA</u>		WELL # <u>1-31</u>	LOCATION <u>Palco 2 S 1 1/2 W 1/4 N</u>		COUNTY <u>Rooks</u>	STATE <u>KANSAS</u>	
OLD OR NEW <u>(Circle one)</u>		CONTRACTOR <u>BERENTZ</u>		OWNER <u>DRLg. Rigt# 10</u>		DEC 12 2006	

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 210

CASING SIZE 8 5/8 DEPTH 207

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. 15'

PERFS. \_\_\_\_\_

DISPLACEMENT 12 1/2 / BBL

CEMENT

AMOUNT ORDERED 150 SK Comm-

2 1/2 BBL

3 1/2 CE

COMMON	<u>150</u>	@	<u>10 1/5</u>	<u>1547 50</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>16 85</u>	<u>49 95</u>
CHLORIDE	<u>5</u>	@	<u>46 60</u>	<u>233 00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>158</u>	@	<u>1 90</u>	<u>300 20</u>
MILEAGE	<u>60 Ton Mile</u>			<u>853 20</u>
TOTAL				<u>3033 85</u>

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EQUIPMENT

PUMP TRUCK CEMENTER GLENN

# 398 HELPER GARY

BULK TRUCK

# 345 DRIVER BOB

BULK TRUCK

# \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

Cement

CIRCULATED

THANKS

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>815 00</u>
EXTRA FOOTAGE		@	
MILEAGE <u>60</u>		@	<u>6 00</u>
MANIFOLD		@	
		@	
		@	

TOTAL 1175 00

CHARGE TO: AMERICAN WARRIOR INC.

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

<u>8 5/8 Surf</u>	@	<u>60 00</u>
	@	
	@	
	@	
	@	
TOTAL		<u>60 00</u>

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 Steven Sk Ryt 6 # Steven Shion

PRINTED NAME





12/12/08

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Date: 12-12-2006

Kansas Corporation Commission  
Finney State Office Building  
130 S. Market, Room 2078  
Wichita, Kansas 67202-3802

RE: Well McKenna 1-31

Dear Corporation Commission,

American Warrior, Inc. request that you please hold the enclosed information confidential for as long as the law allows.

Sincerely,

Nancy E. Davis  
Compliance Coordinator

NED

Enclosure

**American Warrior, Inc.**  
P.O. Box 399 • Garden City, Kansas 67846 • (620) 275-9231

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