

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

2/26/10

Operator: License # 4058
Name: American Warrior, Inc.
Address: P. O. Box 399
City/State/Zip: Garden City, KS 67846
Purchaser: NCRA
Operator Contact Person: Joe Smith
Phone: (620) 275-2963
Contractor: Name: Discovery Drilling Co, Inc.
License: 31548
Wellsite Geologist: Jason Alm

CONFIDENTIAL
FEB 26 2008

KCC

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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. _____

1-11-08 1-16-08 2-15-08

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 065-23,394-00-00

County: Graham

_____ SW _____ SE _____ NW Sec. 1 Twp. 8 S. R. 22 East West

2130 FNL feet from S N (circle one) Line of Section

1550 FWL feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: MILLER Well #: 1-1

Field Name: WILDCAT

Producing Formation: ARBUCKLE

Elevation: Ground: 2138' Kelly Bushing: 2145'

Total Depth: 3780' Plug Back Total Depth: 3744'

Amount of Surface Pipe Set and Cemented at 210 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 1688' Feet

If Alternate II completion, cement circulated from 1688'

feet depth to SURFACE w/ 150 sx cmt.

Drilling Fluid Management Plan AK #NS 6-2009
(Data must be collected from the Reserve Pit)

Chloride content 11,000 ppm Fluid volume 300 bbls

Dewatering method used Evaporated

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: 2-26-08

Subscribed and sworn to before me this 26th day of February

20 08

Notary Public: Erica Kuhlmeier

Date Commission Expires: _____

ERICA KUHLMIEIER
Notary Public - State of Kansas
My Appt. Expires 09-22-09

KCC Office Use ONLY

Y Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

_____ Geologist Report Received

_____ UIC Distribution

RECEIVED
FEB 28 2008

KCC WICHITA

Operator Name: American Warrior, Inc. Lease Name: MILLER Well #: 1-1 FEB 26 2000
 Sec. 1 Twp. 8 S. R. 22 East West County: Graham

KCC

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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Top Anhydrite	1682	+464
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Base	1715	+431
List All E. Logs Run:		Topeka	3108	-962
Dual Induction Log, Borehole Compensated Sonic Log, Dual Compensated Porosity Log, Microresistivity Log, Sector Bond/Gamma Ray CCL Log		Heebner	3318	-1172
		Toronto	3338	-1192
		Lansing	3349	-1203
		BKC	3552	-1406
		Arbuckle	3710	-1564

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 Pipe	12-1/4"	8-5/8"	25#	210'	Common	150sx	2% Gel & 3% CC
Production Pipe	7-4/8"	5-1/2"	14#	3772'	EA/2	150 sx	Flocele

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	3350' to 3360'	500 Gals,	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<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 METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease
 Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) *(Specify)*

RECEIVED
FEB 28 2008

KCC WICHITA



CHARGE TO: AMERICAN WARRIOR
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 13230
 PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>HAYS</u>	WELL/PROJECT NO. <u>1-1</u>	LEASE <u>MILLER</u>	COUNTY/PARISH <u>GRAHAM</u>	STATE <u>KS</u>	CITY	DATE <u>01-16-08</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>DISCOVERY RIG 1</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>1/4 W. 1 W, 1/2 W, SW COR BRIDGE ST</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOP</u>	JOB PURPOSE <u>LONGSTRING</u>	WELL PERMIT NO. <u>15-065-23394</u>	WELL LOCATION <u>S1, T8, R22</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF			U/M				
575		1			MILEAGE # 105	60	mi	4	00	240	00
578		1			PUMP SERVICE	1	EA	1250	00	1250	00
221		1			LIQUID OIL	2	GAL	26	00	52	00
281		1			MUD FLUSH	500	GAL	75		375	00
290		1			D-AIR	1	GAL	32	00	32	00
402		1			CENTRALIZER	8	EA	5 1/2	100	800	00
403		1			CNT BASSET	1	EA	5 1/2	100	300	00
404		1			PORT COLLAR 1695FT	1	EA	5 1/2	2300	2300	00
406		1			LATCH DOWN PLUG & BAFFLE	1	EA	5 1/2	235	235	00
407		1			INSERT FLOAT SHOE w/ AUTO FILL	1	EA	5 1/2	310	310	00

RECEIVED
 FEB 23 2008
 KCC NICHITA

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
 DATE SIGNED 01-16-08 TIME SIGNED 0600 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?				PAGE TOTAL	5894 00
WE UNDERSTOOD AND MET YOUR NEEDS?				sub	3595 65
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TOTAL	9489 65
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Graham TAX 5.55%	40.3 65
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	9893 50
<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 DANISH APPROVAL Chiff Maffield

Thank You!



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

TICKET CONTINUATION

TICKET No. 13230

CUSTOMER <i>American Warrior</i>	WELL <i>H-1, MILLER</i>	DATE <i>01-16-08</i>	PAGE <i>2</i> OF <i>2</i>
-------------------------------------	----------------------------	-------------------------	---------------------------------

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		UNIT PRICE		AMOUNT	
		EOC	ACCT	DF			QTY	U/M	QTY	U/M	QTY	U/M
325		2				<i>EA-2 CMT</i>	<i>165</i>	<i>SK</i>	<i>12</i>	<i>50</i>	<i>2062</i>	<i>50</i>
276		2				<i>FLOCELE</i>	<i>40</i>	<i>LB</i>	<i>125</i>		<i>50</i>	<i>00</i>
283		2				<i>SALT</i>	<i>800</i>	<i>LB</i>	<i>20</i>		<i>160</i>	<i>00</i>
284		2				<i>CALSEAL</i>	<i>8</i>	<i>SK</i>	<i>30</i>	<i>00</i>	<i>240</i>	<i>00</i>
285		2				<i>CFR</i>	<i>80</i>	<i>LB</i>	<i>4</i>	<i>50</i>	<i>360</i>	<i>00</i>
581		2				<i>SERVICE CHG CMT</i>	<i>165</i>	<i>SK</i>	<i>125</i>		<i>206</i>	<i>65</i>
583		2				<i>DRAYAGE</i>	<i>51690</i>	<i>TMT</i>	<i>1</i>	<i>00</i>	<i>516</i>	<i>90</i>
						SERVICE CHARGE						
									CUBIC FEET			
									MILEAGE CHARGE		TOTAL WEIGHT	
											LOADED MILES	
											TON MILES	

RECEIVED
 FEB 28 2008
 KCC NICHITA

CONTINUATION TOTAL *3595.65*

JOB LOG

SWIFT Services, Inc.

DATE 01-16-08 PAGE NO. 1

CUSTOMER AW1 WELL NO. F-1 LEASE MILLER JOB TYPE LONGSTRING TICKET NO. 13230

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0600							ONLOCATION, DISCUSS JOB, 165 SKS EA-2 CMT RTD 3780, SET PIPES 3771, SJ 20.60, TUSLET 3751 5 1/2" H 1/4", PORT COLUMN ON TOP #51, 1625 FT CENT 1,3,5,7,9,11,13,50 BAYNET-51
	0730							TRUCKS ON LOCATION
	0740							START CSG-FLOATER
	0855							TAG BOTTOM - DROP BALL HOOK UP
	0905							BREAK REC
	0940		3 1/2, 2 1/2					PLUG RH, MH
	0945	5.0	0				200	START MUD FLUSH
			12					" MCL "
			32					END FLUSHES
			0					START CMT
			34					END CMT
								DROP LATCH DOWN PUMP, WASH OUT PL
	1000	6.0	0				200	START DISP.
			58				200	CMT ON BITTUM
			65				300	
			70				400	
			75				400	
			80				500	
			85				600	
	1015	4.0	91.5				1500	LAND PLUG
	1020							RELEASE
								WASH UP
								REUP
								TICKETS
	1115							JOB COMPLETE THANK YOU! DAVE, JOSH, ROB

RECEIVED

FEB 28 2008

KCC WICHITA

ALLIED CEMENTING CO., INC.

29609

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

SERVICE POINT:
Russell

DATE <u>1-11-08</u>	SEC. <u>1</u>	TWP. <u>8</u>	RANGE <u>22</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00 PM</u>	JOB FINISH <u>8:30 PM</u>
LEASE <u>Miller</u>	WELL # <u>1-1</u>	LOCATION <u>Bogue & 24 Hwy. Jct.</u>			COUNTY <u>GRAHAM</u>	STATE <u>Kansas</u>	
OLD OR NEW (Circle one)				<u>1 1/2 W 1 N 1/2 W 1/2 S.</u>			

CONTRACTOR Discovery Drlg. Rig #1 OWNER _____
 TYPE OF JOB SURFACE
 HOLE SIZE 12 1/4 T.D. 210'
 CASING SIZE 8 5/8 DEPTH 210'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____

CEMENT AMOUNT ORDERED 150 sk Com.
270 GEL
390 CC

COMMON	<u>150</u>	@ <u>12.15</u>	<u>1822.50</u>
POZMIX		@	
GEL	<u>3</u>	@ <u>18.35</u>	<u>54.75</u>
CHLORIDE	<u>5</u>	@ <u>51.00</u>	<u>255.00</u>
ASC		@	

CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 12 1/4 / BBL

EQUIPMENT

PUMP TRUCK # 398 CEMENTER GLENN
 HELPER GARY
 BULK TRUCK # 378 DRIVER ROBERT Y.
 BULK TRUCK # _____ DRIVER _____

RECEIVED
 FEB 28 2008
 KCC WICHITA

HANDLING 158 @ 2.05 323.90
 MILEAGE 51 SK/mi/09 725.75
 TOTAL 3181.37

REMARKS:

Cement CIRCULATED
THANK'S

CHARGE TO: AMERICAN WARRIOR INC
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE 893.00
 EXTRA FOOTAGE @ _____
 MILEAGE 51 @ 7.00 357.00
 MANIFOLD @ _____
 TOTAL 1250.00

PLUG & FLOAT EQUIPMENT

1-8" wood @ _____ 66.00
 @ _____
 @ _____
 @ _____
 TOTAL 66.00

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