

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
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: Kevin Wiles, Sr
Phone: (320) 275-2963
CONTRACTOR: License # 5929
Name: Duke Drilling Co
Wellsite Geologist: James Dilts
Purchaser: N/A

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., 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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

<u>3/16/10</u>	<u>3/21/10</u>	<u>3/21/10</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 165-21, 875-0060
Spot Description: NW-NE-SW-SW
NW NE SW SW Sec. 26 Twp. 19 S. R. 16 East West
1,300 Feet from North / South Line of Section
950 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rush
Lease Name: Burkey Well #: 1-26
Field Name: Ryan
Producing Formation: N/A
Elevation: Ground: 2001' Kelly Bushing: 2009'
Total Depth: 3820' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 1022 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

(Data must be collected from the Reserve Pit)

Chloride content: 19,500 ppm Fluid volume: 115 bbls
Dewatering method used: EVAPORATION
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: *James Dilts*
Title: Geologist Date: 10/22/10

KCC Office Use ONLY

RECEIVED

OCT 25 2010

KCC WICHITA

Letter of Confidentiality Received

Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: PTA Dlg Date: 11/5/10

Operator Name: American Warrior, Inc Lease Name: Burkey Well #: 1-26
 Sec. 26 Twp. 19 S. R. 16 East West County: Rush

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 complete copy of all Electric Wire-line 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: BCSL/MIL/DCPL/DIL/	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Heebner</td> <td>3327'</td> <td>-1318</td> </tr> <tr> <td>Toronto</td> <td>3335'</td> <td>-1326</td> </tr> <tr> <td>Lansing</td> <td>3355'</td> <td>-1346</td> </tr> <tr> <td>Base Kansas City</td> <td>3625'</td> <td>-1616</td> </tr> <tr> <td>Arbuckle</td> <td>3687'</td> <td>-1678</td> </tr> </tbody> </table>	Name	Top	Datum	Heebner	3327'	-1318	Toronto	3335'	-1326	Lansing	3355'	-1346	Base Kansas City	3625'	-1616	Arbuckle	3687'	-1678
Name	Top	Datum																	
Heebner	3327'	-1318																	
Toronto	3335'	-1326																	
Lansing	3355'	-1346																	
Base Kansas City	3625'	-1616																	
Arbuckle	3687'	-1678																	

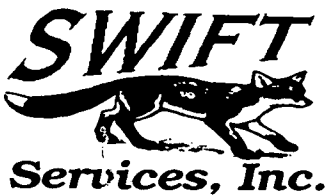
CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12-1/4"	8-5/8"	23	1022	SMD	350	

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	KCC WICHITA
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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CHARGE TO: AMERICAN WARRIOR
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 17802

PAGE 1 OF 1

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1. SERVICE LOCATIONS NESS CITY	WELL/PROJECT NO.	LEASE BURKEY 1-26	COUNTY/PARISH RUSH	STATE KS	CITY ALBERT, KS	DATE 21 MAR 10	OWNER
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR DURE DRILLING #8		RIG NAME/NO.	SHIPPED VIA	DELIVERED TO LOCATION	ORDER NO.	
3. WELL TYPE OIL	WELL CATEGORY ABANDON	JOB PURPOSE PTA	WELL PERMIT NO.	WELL LOCATION L6S, 3W, 1/4N, E1W10			
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS Workover						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #110	40				5.00	200.00
576P		1			PUMP CHARGE	1				750.00	750.00
328		1			SWIFT LIGHT 60/40 POZMIX 4%GEL	220				9.00	1980.00
276		1			FLOCELE	55				1.50	82.50
290		1			D-AIR	2				35.00	70.00
581		1			SERVICE CHARGE CEMENT	220				1.50	330.00
583		1			DRAINAGE	18509				370.18	370.18

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 *Sheep*
 DATE SIGNED: 21 MAR 10 TIME SIGNED: 1930 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	3782.68
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	3983.16

Rush TAX 5.3% 200.48

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

SWIFT OPERATOR: *Jan E. Ratoff* APPROVAL:

Thank You!

Geological Report

American Warrior Inc.
Burkey #1-26
1300' FSL & 950' FWL
Sec. 26 T19S R24W
Rush County, Kansas

James Dilts
Geologist

American Warrior, Inc.

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General Data

Well Data:

American Warrior Inc.
Burkey #1-26
NW-NE-SW-SW
1300' FSL & 950' FWL
Sec. 26 T.19S R.16 W.
Rush County, Kansas
API # 15-165-21, 875-0000

Drilling Contractor: Duke Drilling Co
Spud Date: 3/16/2010
Rotary TD Date: 3/21/2010
Rotary TD: 3820'
Elevation: 2001' Ground Level
2229' Kelly Bushing
Casing: Surface 1022' 8 5/8" 23# surface casing
Samples: 10' wet and dry, 3800' to RTD
Drilling Time: 3700' to RTD
Electric Logs: BCS/MIL/DIL/DCPL
Drillstem Tests: one
Problems: None

Formation Tops

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Burkey 1-26

Heebner	3327'-1318
Toronto	3335'-1326
Lansing	3355'-1346
BKC	3625'-1616
Arbuckle	3687'-1678
RTD	3820'-1811

DST 1 3694' to 3702' Interval 8' Arbuckle

IF	BOB 1 Minute	IFP 144.85# -555.69
ISI	BOB 12 Min, Died to 8"	ISP 1160.44#
FF	BOB 45 Sec	FFP 594.89# -1053.48
FSI	Weak Surf Blow	FSP 1161.44#

Recovery:	240' MCW	60%W	40%M
	120' MCW	85%W	15%M
	2,040'W		

Summary: Due to structural position and lack of shows, the decision was made to plug and abandon the Burkey 1-26.

Respectfully Submitted,
James Dilts

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AMERICAN WARRIOR
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

17802

PAGE 1 OF 1

P. 4

SERVICE LOCATIONS 1. <u>NESS CITY</u>	WELL/PROJECT NO.	LEASE <u>BURKEY 1-26</u>	COUNTY/PARISH <u>RUSH</u>	STATE <u>KS</u>	CITY <u>ALBERT, KS</u>	DATE <u>21 MAR 10</u>	OWNER
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>DURE DRILLING #8</u>	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>ABANDON</u>	JOB PURPOSE <u>PTA</u>	WELL PERMIT NO.	WELL LOCATION <u>6S 3w, 4N</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS <u>WorKover</u>						

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 OCT 26 2010
 KCC WICHITA

1-785-798-2387

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #110	40				5.00	200.00
576P		1			Pump CHARGE	1				750.00	750.00
328		1			SWIFT LIGHT 60/40 Pozmix 4% GEL	220	SKS			9.00	1980.00
276		1			FLOCELE	55	lbs			1.50	82.50
290		1			D-AIR	2	gal			35.00	70.00
581		1			SERVICE CHARGE CEMENT	220	SKS			1.50	330.00
583		1			DRAYAGE	18509	lbs	370.18	tm	370.18	370.18

Swift Services Inc.

Oct 20 10 02:42p

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 21 MAR 10 TIME SIGNED 19:30 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	3782.68
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Rush TAX 5.3%	200.48
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	3983.16
<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!



AMERICAN WARRIOR LLC
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

18462

PAGE 1 OF 1

P.2
1-785-798-2387
Swift Services Inc.
Oct 20 10 02:41P

SERVICE LOCATIONS 1. Hays, Ks.	WELL/PROJECT NO. #1-26	LEASE Burkey	COUNTY/PARISH Rush	STATE Ks	CITY	DATE 3-17-10	OWNER S 9	
2. Ness City, Ks.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR Duke #8	RIG NAME/NO.	SHIPPED VIA CH	DELIVERED TO Location	ORDER NO.	RECEIVED OCT 20 2010 KCC WICHITA	
3.	WELL TYPE oil	WELL CATEGORY Development	JOB PURPOSE Surface Pipe Deep	WELL PERMIT NO.	WELL LOCATION			
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #111	50	mi			5.00	500.00
576D		1			Pump Charge (Deep Surface)	1	per	1022		1100.00	1100.00
290		1			D-Air	3	gal			35.00	105.00
410		1			Top Plug	1	per	85	11	100.00	100.00
412		1			Baffle	1	per			100.00	100.00
330		2			SMD Cement	350	shs			14.00	4900.00
276		2			Flocele	100	#			1.50	150.00
581		2			Cement Service Charge	350	shs			1.50	525.00
583		2			Drayage	855.5	TN			1.00	855.50

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 3-17-10 TIME SIGNED 0750
 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	8085.50
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Rush TAX 5.3%	283.82
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	8369.32
<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!