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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL Form ACO-1
October 2008
Form Must Be Typed

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: (620) 275-2963
 CONTRACTOR: License # 5929
 Name: DUKE DRILLING, CO., INC.
 Wellsite Geologist: JIM DILTS
 Purchaser: NCRA
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
 (Core, WSW, Expl., Cathodic, etc.)

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KCC

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.: _____

<u>9-9-08</u>	<u>9-15-08</u>	<u>11-13-08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 185-23,547-0000
 Spot Description: _____
W2 E2 NW NE Sec. 34 Twp. 21 S. R. 14 East West
660 Feet from North / South Line of Section
1879 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: STAFFORD
 Lease Name: JIM Well #: 1-34
 Field Name: HICKMAN
 Producing Formation: VIOLA
 Elevation: Ground: 1936' Kelly Bushing: 1944'
 Total Depth: 3865' Plug Back Total Depth: 3817'
 Amount of Surface Pipe Set and Cemented at: 311 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 AKINS 3309
 (Data must be collected from the Reserve Pit)
 Chloride content: 11,000 ppm Fluid volume: 500 bbls
 Dewatering method used: HAULED OFF SITE
 Location of fluid disposal if hauled offsite: _____
 Operator Name: AMERICAN WARRIOR, INC.
 Lease Name: KOOPMAN (HAZEL) 4 License No.: 4058
 Quarter NE Sec. 20 Twp. 21 S. R. 13 East West
 County: STAFFORD Docket No.: D-02,934

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: 1-8-09
 Subscribed and sworn to before me this 8th day of January, 2009.
 Notary Public: _____
 Date Commission Expires: 09/22/09

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

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: JIM Well #: 1-34
 Sec. 34 Twp. 21 S. R. 14 East West County: STAFFORD

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: Microsistivity Log, Sonic Cement Bond Log, Dual Compensated Porosity Log, Dual Induction Log, Borehole Compensated Sonic Log,	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Waiting on Jim Dilts
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CASING RECORD <input type="checkbox"/> New <input checked="" 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#	311'	Common	300	3% cc, 2% gel
Production	7-7/8"	5-1/2"	14#	3840'	EA2	165	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 (Amount and Kind of Material Used)	Depth
4	3570' to 3574'	500 Gals' 15% MCA	SAME
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TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>3800'</u> Packer At: <u>NONE</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>SI</u>		Producing Method: <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. <u>SI</u>	Gas Mcf <u>SI</u>	Water Bbls. <u>SI</u> Gas-Oil Ratio <u>SI</u> Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CHARGE TO:
American Leasing, Inc.
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET
 No 14650

PAGE 1 OF 2

SERVICE LOCATIONS 1. <i>Hays, KS</i>	WELL/PROJECT NO. <i>1-34</i>	LEASE <i>Jim</i>	COUNTY/PARISH <i>Stafford</i>	STATE <i>Ks.</i>	CITY	DATE <i>9-15-08</i>	OWNER
2. <i>Ness City, Ks</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Duke</i>	RIG NAME/NO. <i>#8</i>	SHIPPED VIA <i>KT</i>	DELIVERED TO <i>NW/Senard, Ks</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>in field</i>	JOB PURPOSE <i>Cement 5 1/2" longstring</i>	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 #106	80		mi		700	560.00
578		1			Pump Charge - Longstring	1	3865		ft.	1400.00	1400.00
221		1			Liquid KCL	2		gal		26.00	52.00
281		1			Mudflush	500		gal		1.00	500.00
290		1			D-Air	2		gal		35.00	70.00
402		1			Centralizers	8		ea	5 1/2 in	100.00	800.00
403		1			Cement Baskets	2		ea	5 1/2 in	300.00	600.00
406		1			Latch Down Plug & Ball	1		ea	5 1/2 in	260.00	260.00
407		1			Insert Float Shoe w/ Fill-up	1		ea	5 1/2 in	325.00	325.00

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 *Shawn D. Stym*
 DATE SIGNED *9-15-08* TIME SIGNED A.M. P.M.

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

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SURVEY	AGREE	UN-DECIDED	DIS-AGREE	P.1	P.2
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE TOTAL	9567.00
WE UNDERSTOOD AND MET YOUR NEEDS?					4483.67
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Subtotal	9050.67
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Stafford TAX 6.3%	350.97
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	9401.64
<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 *Don Lamm* APPROVAL

Thank You!



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

TICKET CONTINUATION

TICKET No. 14650

CUSTOMER American Warrior, Inc. WELL 1-34 Jim DATE 9-15-08 PAGE 2 OF 2

HAIR REFERENCE	SECONDARY REFERENCE WATER NUMBER	ACCOUNT	DESCRIPTION	QTY	UNIT	WEIGHT	PRICE	TOTAL
325		2	Standard EA-2 Cement	165	SKS	15510/lbs	13.00	2145.00
276		2	Flocely	42	lbs		1.50	63.00
283		2	Salt	825	lbs		.20	165.00
284		2	Calseal	776	lbs	8 SKS	39.00	290.00
285		2	CFR-1	78	lbs		4.50	351.00
581		2	SERVICE CHARGE Cement				1.90	313.50
583		2	MILEAGE CHARGE				1.75	1206.17

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 DENVER, CO
 DENVER, CO
 DENVER, CO

GRAND TOTAL 4483.67

JOB LOG

SWIFT Services, Inc.

DATE 9-15-08 PAGE NO. 7

CUSTOMER American Warrior, Inc WELL NO. 1-34 LEASE Jim JOB TYPE Cement 5 1/2" Longstrun TICKET NO. 14650

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		TD-3865' DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1530					14#/ft.	5 1/2	On location - Rig changing over to run 5 1/2" casing, 14#/ft
	1630							Start run casing - Insert float shoe w/ Fill up Latch Down Baffle 55 21.65'
								Centralizers 1, 2, 4, 6, 10, 11, 48, 51
								Cement Baskets ST #3 & 52
								Drop fill-up Ball with off bottom
	1810							Fin run csug.
	1815							start circ csug - (Dasco) 1 HR
	1915							Fin circ
			5 1/2					Plug RH & MH EA-2 cont 20 SKS
		5					350	Pump 500 gal Mud Push
		6					400	Pump 20 BBI KCL Push
		5					350	Start mixing 145 SKS EA-2 cont
	1947						200 / 1200	Fin mixing cont
								Wash out Pump & Lines
								Drop Latch Down Plug
	1950	9					500	Start H ₂ O Displ.
		7 1/2	60				500 / 400	Slow rate
		7	72				600	Caught cont lift - slow rate gradually
		6	80				700	
		5	84				850	
		5	90				850	
	2005		93 1/4				850 / 1500	Plug down - Hold - Release & Hold
	2015						0	Job Complete
								Wash up & Packoff Ties
	2030							Thanks Lou, Blaine & Don

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ALLIED CEMENTING CO., INC.

25466

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

SERVICE POINT:
Great Bend 45

DATE <u>9-10-08</u>	SEC. <u>34</u>	TWP. <u>21</u>	RANGE <u>14</u>	CALLED OUT <u>2:00 PM</u>	ON LOCATION <u>4:00 PM</u>	JOB START <u>1:00 AM</u>	JOB FINISH <u>1:30 AM</u>
LEASE <u>51m</u>	WELL# <u>1-34</u>	LOCATION <u>Seward KS 1 North 2 west</u>			COUNTY <u>Stafford</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>South into</u>				

CONTRACTOR Duke Rig 8
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 311
 CASING SIZE 8 3/4 DEPTH 311
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 200 MINIMUM 0
 MEAS. LINE _____ SHOE JOINT 15
 CEMENT LEFT IN CSG. 15
 PERFS. _____
 DISPLACEMENT 18 3/4 BBLs fresh water

OWNER American warrior
 CEMENT
 AMOUNT ORDERED 3000x common 3% cc
2% Gal
 COMMON 300 gal @ 13.50 4050.00
 POZMIX _____ @ _____
 GEL 6 gal @ 20.25 121.50
 CHLORIDE 9 gal @ 51.50 463.50
 ASC _____ @ _____

EQUIPMENT
 PUMP TRUCK CEMENTER wayne - D
 # 120 HELPER Alvin - R
 BULK TRUCK
 # 344 DRIVER Jeff - W
 BULK TRUCK
 # _____ DRIVER _____

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 @
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 @
 HANDLING 315 gal @ 2.25 708.75
 MILEAGE 315 gal 10 16 504.00
 TOTAL 5847.75

REMARKS:

Pipe on bottom Break circulation
Mix 3000x common 3%cc 2% Gal
Shut down Release plug and Displace
with 18 3/4 BBLs of fresh water and shut
in cement did circulate
wash up Rig Down

SERVICE
 DEPTH OF JOB 311
 PUMP TRUCK CHARGE _____ 991.00
 EXTRA FOOTAGE 11 @ .75 8.25
 MILEAGE 16 @ 7.50 120.00
 MANIFOLD _____ @ _____
Head Rent @ 110.00 110.00
 @ _____

CHARGE TO: American warrior
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 1239.25

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.

PLUG & FLOAT EQUIPMENT
wooden plug 66.00 66.00
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL 66.00

TAX KCC
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Steve H. Stephens

Steve H. Stephens
 PRINTED NAME