



KANSAS CORPORATION COMMISSION 1053764
OIL & GAS CONSERVATION DIVISION

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: 3118 Cummings Rd
Address 2: PO BOX 399
City: GARDEN CITY State: KS Zip: 67846 + _____
Contact Person: Scott Corsair
Phone: (785) 398-2270
CONTRACTOR: License # 31548
Name: Discovery Drilling
Wellsite Geologist: Jason Alm
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 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>08/25/2010</u>	<u>09/01/2010</u>	<u>09/01/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-135-25069-00-00

Spot Description: _____
NE NW SE SE Sec. 21 Twp. 18 S. R. 22 East West
1,130 Feet from North / South Line of Section
980 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Ness

Lease Name: Evel Well #: 1-21

Field Name: _____

Producing Formation: NA

Elevation: Ground: 2217 Kelly Bushing: 2225

Total Depth: 4326 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 220 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: 25000 ppm Fluid volume: 200 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 04/11/2011



1053764

Operator Name: American Warrior, Inc. Lease Name: Evel Well #: 1-21
 Sec. 21 Twp. 18 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 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 type="checkbox"/> Yes <input checked="" 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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Attached Top Attached Datum Attached
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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	12.25	8.625	23	220	Common	150	2% gel, 3% CC

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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
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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 <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	Evel 1-21
Doc ID	1053764

Tops

Anhydrite	1511	714
Heebner	3675	-1454
Lansing	3725	-1500
BKC	4048	-1823
Pawnee	4127	-1902
Ft. Scott	4209	-1984
Cherokee	4230	-2005
Mississippian	4299	-2074
TD	4326	-2101



CHARGE TO: American Well Service, Inc.
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
18074

PAGE 1 OF 1

1. SERVICE LOCATIONS <u>HAZ</u>	WELL/PROJECT NO. <u>1-01</u>	LEASE <u>EVER</u>	COUNTY/PARISH <u>NESS</u>	STATE <u>KS</u>	CITY	DATE <u>09-01-10</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>Discretionary 43</u>	SHIPPED <u>Y</u>	DELIVERED TO <u>3rd, 1st, 2nd, BAZING</u>	ORDER NO.	
3.	WELL TYPE <u>DIL</u>	WELL CATEGORY <u>ABANDONED</u>	JOB PURPOSE <u>PTA</u>	WELL PERMIT NO. <u>15-135-2-1065</u>	WELL LOCATION <u>W1718122</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			UM		UM	
<u>57</u>		<u>1</u>			<u>MILEAGE #112</u>	<u>30</u>	<u>mi</u>	<u>5</u>	<u>00</u>	<u>150</u> <u>00</u>
<u>576-P</u>		<u>1</u>			<u>Pump Service</u>	<u>1</u>	<u>hr</u>	<u>750</u>	<u>00</u>	<u>750</u> <u>00</u>
<u>290</u>		<u>1</u>			<u>DAK</u>	<u>2</u>	<u>hr</u>	<u>35</u>	<u>00</u>	<u>70</u> <u>00</u>
<u>318-11</u>		<u>2</u>			<u>60 40 gal fuel</u>	<u>240</u>	<u>gal</u>	<u>9</u>	<u>25</u>	<u>2310</u> <u>00</u>
<u>276</u>		<u>2</u>			<u>Fuel</u>	<u>60</u>	<u>lb</u>	<u>1</u>	<u>50</u>	<u>90</u> <u>00</u>
<u>581</u>		<u>2</u>			<u>SERVICE CALL</u>	<u>240</u>	<u>hr</u>	<u>1</u>	<u>50</u>	<u>360</u> <u>00</u>
<u>582</u>		<u>2</u>			<u>SPARKS</u>	<u>11</u>	<u>hr</u>	<u>0</u>	<u>50</u>	<u>050</u> <u>00</u>

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 John Garker
 DATE SIGNED 09-01-10 TIME SIGNED 2030 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	<u>4010</u> <u>00</u>
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?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

SWIFT OPERATOR Darker APPROVAL

Thank You!



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

TICKET
18937

BEA

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>NESS CITY KS</u>		WELL/PROJECT NO.	LEASE <u>EVEL 1-21</u>	COUNTY/PARISH <u>NESS</u>	STATE <u>KS</u>	CITY <u>BAZINE KS</u>	DATE <u>26 AUG 10</u>	OWNER
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input checked="" type="checkbox"/> SALES	CONTRACTOR <u>DISCOVERY DRILLING RIG #3</u>		RIG NAME/NO.	SHIPPED VIA	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>CEMENT 8 5/8 SURFAC</u>		WELL PERMIT NO.	WELL LOCATION <u>3W IN 4/1/1.15.0</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			UM		UM	
575		1			MILEAGE # 110	10	MIL		5.00	50.00
576 S		1			PUMP CHARGE	1	SSB	220	FT.	750.00
278		1			CALCIUM CHLORIDE	4	SX		35.00	140.00
279		1			GEL	3	SX		25.00	75.00
290		1			D-AIR	1	GC		35.00	35.00
325		1			STANDARD CEMENT	150	SX		12.00	1800.00
581		1			SERVICE CHARGE CEMENT	150	SX		1.50	225.00
582		1			MINIMUM DRAYAGE	14720	lbs	7360	FTM	250.00

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

x [Signature]
 DATE SIGNED 26 AUG 10 TIME SIGNED 1935 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	3325.00
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?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

SWIFT OPERATOR [Signature] APPROVAL _____

Thank You!

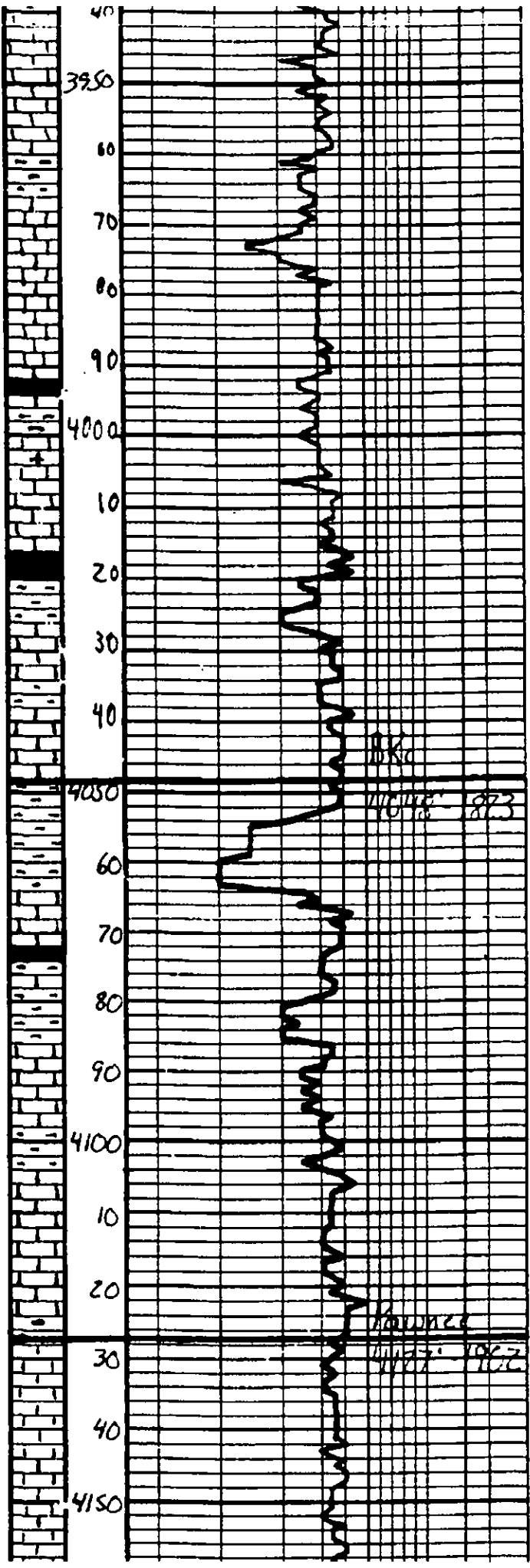
JOB LOG

SWIFT Services, Inc.

DATE 5/20/10 PAGE NO.

CUSTOMER ANDREW W. JARRON WELL NO. LEASE EVEL 1-21 JOB TYPE CENTRAL 8/8 TICKET NO. 18937

CHART NO.	TIME	RATE (BPM)	VOLUME (BSL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1630							ON LOCATION START PIPING TO WELL SET @ 220' 8 7/8 - 23"
	1846							CIRCUIT
	1853		36		✓			17% CEMENT - MIX @ 14.7 PPG 150S. STD 2% GEL 3% CC
	1907		13		✓			DISPLACE CEMENT
	1911							SHUT WELL IN
	1915							WASH TRUCK
	1945							JOB COMPLETE
								THANKS #110
								JASON, JEFF, JOE



3950	ls - 10m, 21, 100 X 10
60	ls - 10m, sub X 10
70	ls - 10m, sub X 10
80	ls - 10m, sub X 10, 100 X 10
90	ls - 10m, sub X 10
4000	ls - 10m, sub X 10
10	ls - ala
20	sh - blk, carb
30	sh - grey, blue, green
40	ls - Tan, Lp, grey, S, blue, DMS, 100 X 10
4050	sh - blk, carb
60	sh - grey, blue, green "S" 100 X 10
70	ls - 10m, sub X 10, 100 X 10
80	ls - 10m, sub X 10
90	ls - 10m, sub X 10, 100 X 10
4100	ls - 10m, sub X 10, 100 X 10
10	ls - 10m, sub X 10, 100 X 10
20	ls - 10m, sub X 10, 100 X 10
30	ls - 10m, sub X 10, 100 X 10
40	ls - 10m, sub X 10, 100 X 10
4150	ls - 10m, sub X 10, 100 X 10



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

American Warrior, Inc.
PO Box 399 Garden City Ks
67846
ATTN: Jason Alm

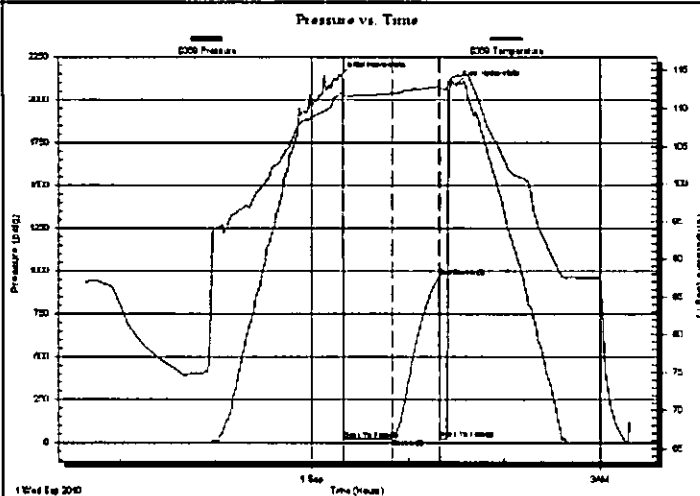
Evel #1-21
21-18s-22wNess Ks
Job Ticket: 40338 **DST#: 1**
Test Start: 2010.08.31 @ 21:38:26

GENERAL INFORMATION:

Formation: **Miss.**
Deviated: **No** Whipstock: **ft (KB)**
Time Tool Opened: 00:19:26
Time Test Ended: 03:17:56
Interval: **4257.00 ft (KB) To 4320.00 ft (KB) (TVD)**
Total Depth: **4320.00 ft (KB) (TVD)**
Hole Diameter: **7.88 inches** Hole Condition:
Test Type: **Conventional Bottom Hole**
Tester: **Brett Dickinson**
Unit No: **47**
Reference Elevations: **2225.00 ft (KB)**
2217.00 ft (CF)
KB to GR/CF: **8.00 ft**

Serial #: 8369 **Outside**
Press@RunDepth: **24.01 psig @ 4258.02 ft (KB)**
Start Date: **2010.08.31** End Date: **2010.09.01**
Start Time: **21:38:31** End Time: **03:17:55**
Capacity: **8000.00 psig**
Last Calib.: **2010.09.01**
Time On Btm: **2010.09.01 @ 00:17:56**
Time Off Btm: **2010.09.01 @ 01:29:56**

TEST COMMENT: IF-1/2in blow died back to 1/4in blow
IS-No blow
FF-No blow



PRESSURE SUMMARY

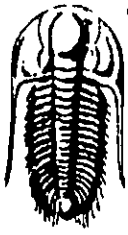
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2139.11	112.00	Initial Hydro-static
2	21.34	111.55	Open To Flow (1)
32	24.01	111.98	Shut-In(1)
61	967.71	112.87	End Shut-In(1)
62	25.08	112.62	Open To Flow (2)
72	2089.02	114.24	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	Oilspotted mud	0.21

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior, Inc.

Evel #1-21

PO Box 399 Garden City Ks
67846

21-18s-22wNess Ks

Job Ticket: 40338

DST#: 1

ATTN: Jason Alm

Test Start: 2010.08.31 @ 21:38:26

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 66.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4300.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	Oilspotted mud	0.210

Total Length:

15.00 ft

Total Volume:

0.210 bbl

Num Fluid Samples: 0

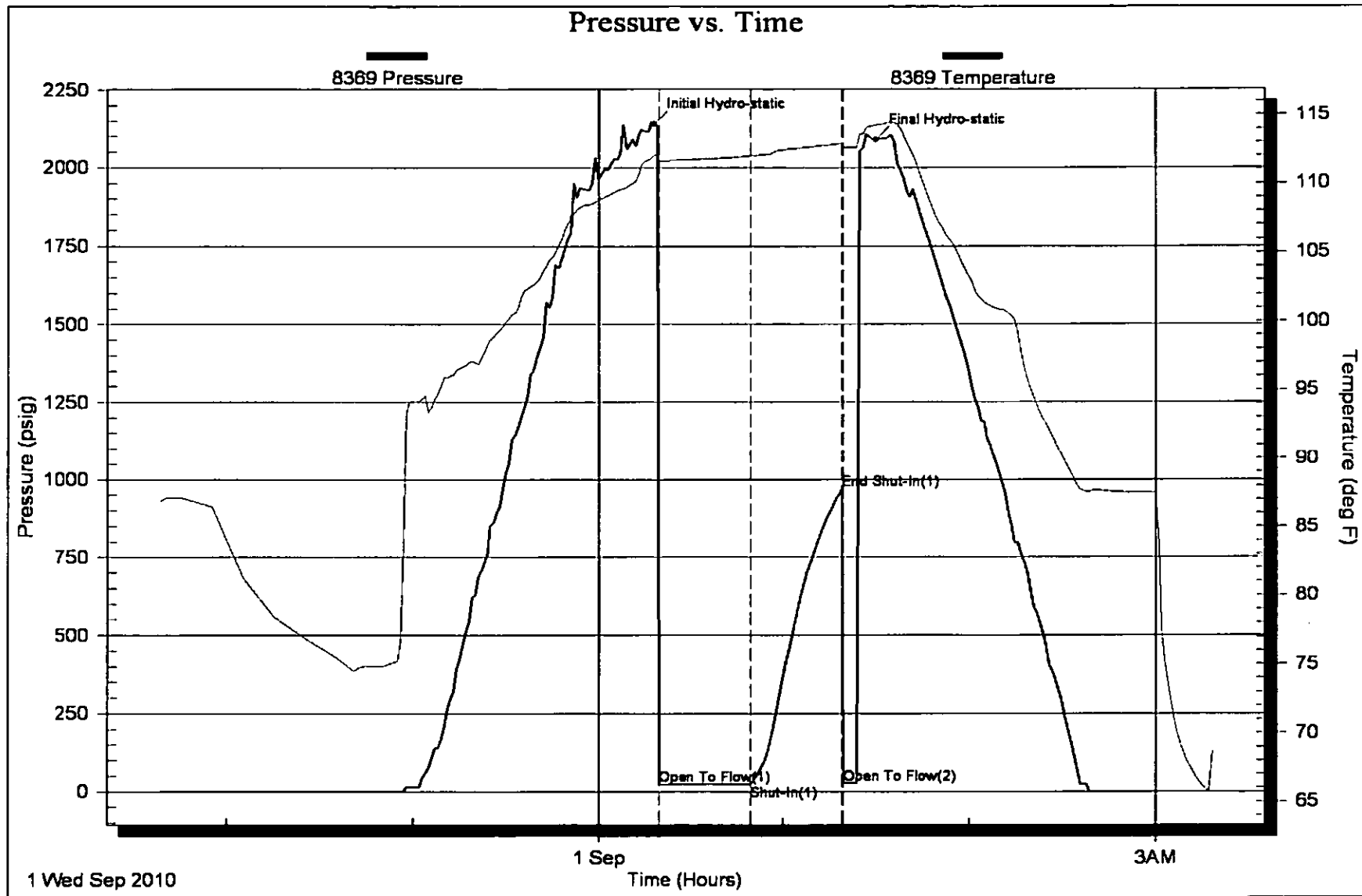
Num Gas Bombs: 0

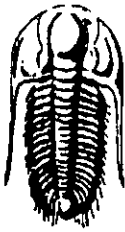
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

American Warrior, Inc.
 PO Box 399 Garden City Ks 67846
 ATTN: Jason Alm

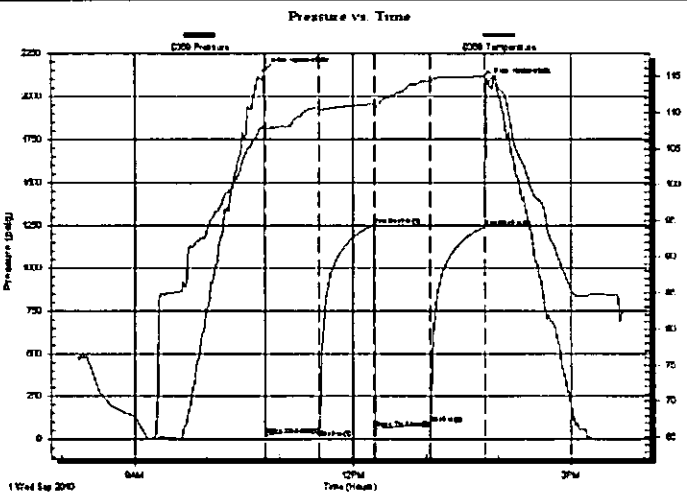
Evel #1-21
21-18s-22wNess Ks
 Job Ticket: 40339 **DST#: 2**
 Test Start: 2010.09.01 @ 08:13:42

GENERAL INFORMATION:

Formation: **Miss.**
 Deviated: **No** Whipstock: **ft (KB)**
 Time Tool Opened: 10:48:12
 Time Test Ended: 15:42:42
 Interval: **4256.00 ft (KB) To 4326.00 ft (KB) (TVD)**
 Total Depth: **4326.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition:
 Test Type: **Conventional Bottom Hole**
 Tester: **Brett Dickinson**
 Unit No: **47**
 Reference Elevations: **2225.00 ft (KB)**
2217.00 ft (CF)
KB to GR/CF: 8.00 ft

Serial #: 8369 **Outside**
 Press@RunDepth: **89.93 psig @ 4257.02 ft (KB)**
 Start Date: **2010.09.01** End Date: **2010.09.01** Capacity: **8000.00 psig**
 Start Time: **08:13:47** End Time: **15:42:41** Last Calib.: **2010.09.01**
 Time On Btm: **2010.09.01 @ 10:47:12**
 Time Off Btm: **2010.09.01 @ 13:51:12**

TEST COMMENT: IF-6.5in blow
 IS-No Blow
 FF-1.5in blow
 FS-No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2147.27	108.08	Initial Hydro-static
1	23.75	107.50	Open To Flow (1)
46	58.10	110.49	Shut-in(1)
91	1251.68	111.16	End Shut-in(1)
91	64.55	110.50	Open To Flow (2)
137	89.93	114.27	Shut-in(2)
182	1239.59	114.97	End Shut-in(2)
184	2083.93	115.67	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
25.00	VSOCM 5%O 95%M	0.35
60.00	Oilspotted VSWCM 5%W 95%M	0.84
60.00	VSWCM 15%W 85%M	0.84

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior, Inc.

Evel #1-21

PO Box 399 Garden City Ks
67846

21-18s-22wNess Ks

Job Ticket: 40339

DST#: 2

ATTN: Jason Alm

Test Start: 2010.09.01 @ 08:13:42

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 47.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.19 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4100.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
25.00	VSOCM 5%O 95%M	0.351
60.00	Oilspotted VSWCM 5%W 95%M	0.842
60.00	VSWCM 15%W 85%M	0.842

Total Length: 145.00 ft

Total Volume: 2.035 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

