

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

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

4/26/13

OPERATOR: License # 4058 **KCC**
Name: American Warrior, Inc
Address 1: P O Box 399 **APR 26 2011**
Address 2: _____ **CONFIDENTIAL**
City: Garden City State: KS Zip: 67846 + _____
Contact Person: Kevin Wiles, Sr
Phone: (620) 275-2963 **RECEIVED**
CONTRACTOR: License # 5929
Name: Duke Drilling Co **APR 26 2011**
Wellsite Geologist: Harley Sayles **KCC WICHITA**
Purchaser: N/A

API No. 15- **083** -21, 696 - 0000
Spot Description: NW-SW-NE-NW
NW SW NE NW Sec. 36 Twp. 22 S. R. 23 East West
800 770 Feet from North / South Line of Section
1,600 1596 Feet from East / West Line of Section
GPS-KCC-DIG
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Hodgeman
Lease Name: Hodgeman-O'Brate Well #: 3-36
Field Name: Wildcat
Producing Formation: Mississippi
Elevation: Ground: 2246' Kelly Bushing: 2257'
Total Depth: 4452' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 280 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1372 Feet
If Alternate II completion, cement circulated from: Surface
feet depth to: 1372' w/ 145 sx cmt.

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 #: _____
3/23/11 3/29/11 4/18/11
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 19,500 ppm Fluid volume: 101 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: [Signature]
Title: Geologist Date: 4/25/11

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: 4/26/11 - 4/26/13
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: _____ Date: _____