

4/22/11

Form ACO-1
September 1999
Form Must Be Typed

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL

ORIGINAL

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: Ed Glassman

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APR 22 2009

KGG

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____
1-19-09 1-25-09 2-6-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 065-23,528-0000
County: Graham
SW SW SE Sec. 33 Twp. 9 S. R. 21 East West
335 FSL feet from S / N (circle one) Line of Section
2300 FEL feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: MILFRED Well #: 1-33
Field Name: WILDCAT
Producing Formation: ARBUCKLE
Elevation: Ground: 2294' Kelly Bushing: 2302'
Total Depth: 3945' Plug Back Total Depth: 3915'
Amount of Surface Pipe Set and Cemented at 211 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1754 Feet
If Alternate II completion, cement circulated from 1754'
feet depth to SURFACE w/ 150 sx cmt.

Alt 2 - Dlg - 6/16/09

Drilling Fluid Management Plan
(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: [Signature]
Title: Compliance Coordinator Date: 4-22-09
Subscribed and sworn to before me this 22nd day of April
09
Notary Public: [Signature]
Date Commission Expires: 8-7-2010

NOTARY PUBLIC State of Kansas
MARY L. WATTS
My Appl. Exp. 8-7-2010

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
KANSAS CORPORATION COMMISSION
5-5-09
MAY 05 2009

RECEIVED

Operator Name: American Warrior, Inc. Lease Name: MILFRED Well #: 1-33
 Sec. 33 Twp. 9 S. R. 21 East West County: Graham

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run:

Dual Induction Log, Microresistivity Log, Dual Compensated Porosity Log, Sonic Cement Bond Log,

Name	Top	Datum
Anhydrite	1764	+538
Base/Anhydrite	1805	+497
Topeka	3296	-994
Heebner	3503	-1201'
Lansing	3545	-1243
B/Kansas City	3768	-1466
Marmaton	3810	-1508
Arbuckle	3870	-1568

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 APR 22 2009

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"	23#	211'	Common	150sx	2% Gel & 3% CC
Production Pipe	7-4/8"	5-1/2"	14#	3941'	EA/2	175 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 (Amount and Kind of Material Used)	Depth
4	3885' to 3889'	500 Gals. 15% MCA, 1.3 BPM vac	Same

KANSAS CORPORATION COMMISSION

MAY 05 2009

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	3913'	None	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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Date of First, Recommended Production, SWD or Enhr. March 2009 3/09/09
 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours
 Oil Bbbs. 2 bbls/day Gas Mcf N/A Water Bbbs. N/A Gas-Oil Ratio _____ Gravity _____

Disposition of Gas Vented Sold Used on Lease
 (If vented, Submit ACO-18.)
 METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

*Perforation
 12/1/09
 5/27/09*



Date: 4-22-09

Kansas Corporation Commission
Finney State Office Building
130 S. Market, Room 2078
Wichita, Kansas 67202-3802

RE: Well-Milfred 1-3.3

~~API# 015-065-23,528~~

CONFIDENTIAL

APR 22 2009

KCC

Dear Corporation Commission,

American Warrior, Inc. request that you please hold the enclosed information
~~confidential for as long as the law allows.~~

Sincerely,

Nancy E. Davis
Compliance Coordinator

NED

Enclosure

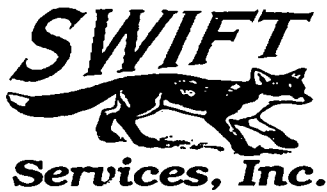
KANSAS CORPORATION COMMISSION

MAY 05 2009

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American Warrior, Inc.

P.O. Box 399 • Garden City, Kansas 67846 • (620) 275-9231



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

TICKET
 No 15353

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>HA5</u>	WELL/PROJECT NO. <u>1-33</u>	LEASE <u>MILFRED</u>	COUNTY/PARISH <u>GRAHAM</u>	STATE <u>KS</u>	CITY	DATE <u>01-26-09</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>DISCOVERY DRG #1</u>	SHIPPED VIA <u>C.T.</u>	DELIVERED TO <u>25, S 1/2 W, Nino POCO</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOP</u>	JOB PURPOSE <u>LONGSTRING</u>	WELL PERMIT NO. <u>15-065-23528</u>	WELL LOCATION <u>S33, T9, R21</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF		QTY.	UM	QTY.	UM		
575		1			MILEAGE #112	40	MI	7	00	280 00	
578		1			Pump Service	1	EA	1400	00	1400 00	
221		1			LIQUIDNCL	2	GAL	26	00	52 00	
281		1			MUD FLUSH	500	GAL	1	00	500 00	
290		1			DAIR	1	GAL	25	00	25 00	
402		1			CENTRALIZER	8	EA	5 1/2	1/2	100 00	800 00
403		1			CMTZ BASKET	1	EA	300	00	300 00	
404		1			PORT COLLAR	1	EA	2300	00	2300 00	
406		1			LATCH DOWN PLUG & BATTLE	1	EA	260	00	260 00	
407		1			INSECT FEEDER SHOE YANTO FID	1	EA	325	00	325 00	

RECEIVED
 MAY 05 2009
 HANSAS CORPORATION COMMISSION

CONFIDENTIAL
 APR 2 2009
 KOD

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 Cliff Mayfield
 DATE SIGNED 01-26-09 TIME SIGNED 030
 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?				RC-1 PAGE TOTAL	6252 00
WE UNDERSTOOD AND MET YOUR NEEDS?				PL-2	4087 22
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				sub TOTAL	10,339 62
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Graham TAX 5.55%	426 68
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	10,765 90
<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 Daxby APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 01-26-09 PAGE NO. 1

CUSTOMER AWI WELL NO. 1-33 LEASE MILFRED JOB TYPE CONCRETING TICKET NO. 15353

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0130							DNLOCATION CMT: 175 EA-2 RD 3945, SET P. PER 3941, SJ 21.25, TRUSS 3919 5/4" H ² NEW, PORT COLLAR ON TOP 53, 1754 FT CMT 1.3.5.7.9.11.13, 52 BASIN TO 53
	0255							START CSL # FLOW EQU
	0415							TAC BOTTOM DROP BALL
	0430							BREM CIRC
	0500		6.4					PLUS RA, MH 30, 15
	0525		0		✓		250	START MUD FLOW
			12		✓			" HCU. 20 bbls
			32		✓			END
			0		/			START CMT
			34		/			END
								DROP PUS, WITHOUT PL
	0540	6.2	0		✓		200	START DOP
			61.6		✓		300	CAT ON BOTTOM
			75.0		-		400	
			80.0		-		500	
			85.0		-		600	
			90.0		-		700	
	0540	4.0	95.6		✓		1400	LAND
								RELEASE - DRY
	0645							JOB COMPLETE
								THANK YOU!
								DAVE, JOHN B, BOB

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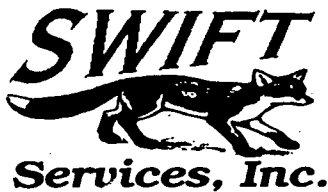
APR 2 2009

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KANSAS CORPORATION COMMISSION

MAY 05 2009

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

KANSAS CORPORATION COMMISSION

TICKET

No 15359

MAY 05 2009

RECEIVED

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>HAYS</u>	WELL/PROJECT NO. <u>1-33</u>	LEASE <u>MILFRED</u>	COUNTY/PARISH <u>GRAHAM</u>	STATE <u>KS</u>	CITY	DATE <u>02-04-09</u>	OWNER
2. <u>NEV</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>EXPRESSWELL</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>25. Shaw, Puma Parco</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>Develop</u>	JOB PURPOSE <u>CMT: Post Calc</u>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

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 APR 28 2009
 10:00 AM

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE #112	40		mi		5.00	200	00
576		1			Pump SERVICE	1		EA		1200.00	1200	00
288		1			20-40 SAND	1		SK		25.00	25	00
290		1			D AIR	1		GM		35.00	35	00
330		2			SND CMT	150		SK		15.00	2250	00
276		2			FLOCEL	44		LB		1.50	66	00
581		2			SERVICE CHG CMT	175		SK		1.75	306	25
523		2			DRAINAGE	349.48		TN		1.50	524	22

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 02-04-09 TIME SIGNED 0900 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	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				46	47
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Graham TAX 5.55%	131 87
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	4738 34
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

JOB LOG

SWIFT Services, Inc.

DATE 020409 PAGE NO. 1

CUSTOMER AWJ WELL NO. 1-33 LEASE MILFRED JOB TYPE PORT COLLAR TICKET NO. 15359

CHART NO.	TIME	RATE (BPM)	VOLUME (BBD) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							ONLOCATION CMT 175 SMD 1/4 FLOCCLE, 1 SAND 2 3/4 R/S 1/2, RBP 2950, PORT COLLAR @ 1754
	0925	3.0	75.0	✓		200		LOAD HOLE ^{PCTOOL} RBP @ 1965
	1010		7.0	✓				SPOT SAND 154 TBC @ 1965
	1030			✓	✓	1000	1000	PSI TEST HOLD! PCTOOL @ 1754 OPEN P.C.
	1035	3.0	4.0	✓		300		TRAP RPT - BLOW ON 85/9
	1037	3.0	0	✓		300		START CMT @ 11.2"
		4.0	3.0	✓		600		" TO CIRC MUD!
		4.0	75.0	✓		700		START TO CIRC CMT, MIX 20 S/S @ 14"
		4.0	80.0	✓		700		END CMT
	1100	3.0	0	✓		500		START DESP
		3.0	6.0	✓		500		END
	1105							CLOSE P.C. CONFIDENTIAL
	1110			✓	✓	1000	1000	PSI TEST HOLDS APR 28 2009 RUN IN S/S @ 150 S/S KCC 2070 PIT
	1115	2.5	0	✓		250		REINJECT CMT
			6.0	✓				1st FAS
			11.0	✓				2nd FAS
	1125		20.0	✓				NUCLEON
								Run to RBP TO REINJECT SAND
								SAND @ 2942
	1200	2.0	0	✓		200		CIRC SAND OFF RBP
			5.0	✓				ON TOP OF RBP
			20.0	✓				CIRC SAND
	1220		45.0	✓				ALL CLEAN
								KANSAS CORPORATION COMMISSION MAY 05 2009 RECEIVED
	1300							JOB COMPLETE THANK YOU! DAVE, JOSEPH, ROB

ALLIED CEMENTING CO., LLC. 035007A

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

SERVICE POINT:
Russell KS

DATE <u>1-19-09</u>	SEC. <u>33</u>	TWP. <u>9</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START <u>4:45pm</u>	JOB FINISH <u>5:15pm</u>
M: Fred LEASE	WELL # <u>1-33</u>		LOCATION <u>Red line church of God 1 South</u>			COUNTY <u>Graham</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)			<u>1 1/2 West North into</u>				

CONTRACTOR Discovery Rig #1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 212'

CASING SIZE 8 5/8 23# DEPTH 212'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 12.54 Bbl.

OWNER

CEMENT

AMOUNT ORDERED 150 com 3 1/2 cc 2 1/2 Gel

EQUIPMENT

PUMP TRUCK CEMENTER John Roberts

409 HELPER Travis

BULK TRUCK

410 DRIVER CH

BULK TRUCK

DRIVER

COMMON	<u>150</u>	@	<u>13.50</u>	<u>2025.00</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>20.25</u>	<u>60.75</u>
CHLORIDE	<u>5</u>	@	<u>51.50</u>	<u>257.50</u>
ASC		@		

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APR 22 2009

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HANDLING	<u>150</u>	@	<u>2.25</u>	<u>337.50</u>
MILEAGE	<u>110/sk/mile</u>			<u>825.00</u>
			TOTAL	<u>3505.75</u>

REMARKS:

Est. Circulation.

Mix 150sk cement

Displace w/ 12.54 Bbl H₂O

Cement Did Circulate!

Thanks!

CHARGE TO: American Warrior

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>991.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>55</u>	@	<u>7.00</u>	<u>385.00</u>
MANIFOLD		@		
			TOTAL	<u>1376.00</u>

PLUG & FLOAT EQUIPMENT

		@		
		@		
	<u>8 5/8 Wooden Plug</u>	@		<u>66.00</u>
			TOTAL	<u>66.00</u>

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS