

CONFIDENTIAL

Call me 9/14/09

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

No chgs. to input in sys.

Form ACO-  
October 2008  
Form Must Be Typed

ORIGINAL

4/29/11

OPERATOR: License # 4058

Name: American Warrior, Inc.

Address 1: P. O. Box 399

Address 2: \_\_\_\_\_

City: Garden City State: KS Zip: 67846 + \_\_\_\_\_

Contact Person: Joe Smith

Phone: ( 620 ) 275-2963

CONTRACTOR: License # 31548

Name: Discovery Drilling Co., Inc.

Wellsite Geologist: Jason Alm

Purchaser: NCRA

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     SWD     SIOW
- Gas     ENHR     SIGW
- CM (Coal Bed Methane)     Temp. Abd.
- 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.     Conv. to SWD

Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_

Commingled    Docket No.: \_\_\_\_\_

Dual Completion    Docket No.: \_\_\_\_\_

Other (SWD or Enhr.?)    Docket No.: \_\_\_\_\_

1-3-09    1-7-09    4-14-09

Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 065-23,523-0000

Spot Description: 120'S & 40' W OF

N/2 NE NE Sec. 5 Twp. 8 S. R. 21  East  West

450 Feet from  North /  South Line of Section

700 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE     NW     SE     SW

County: GRAHAM

Lease Name: KIRKPATRICK Well #: 3-5

Field Name: KENYON

Producing Formation: LKC

Elevation: Ground: 2102' Kelly Bushing: 2110'

Total Depth: 3700' Plug Back Total Depth: 3671'

Amount of Surface Pipe Set and Cemented at: 210' Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: 1637' Feet

If Alternate II completion, cement circulated from: 1637'

feet depth to: SURFACE w/ 100 sx cmt.

Drilling Fluid Management Plan AKH NO 7709  
(Data must be collected from the Reserve Pit)

Chloride content: 10,000 ppm Fluid volume: 240 bbls

Dewatering method used: EVAPORATION

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: 6-12-09

Subscribed and sworn to before me this 12th day of June

20 09

Notary Public: [Signature]

Date Commission Expires: 09-12-09

**ERICA KUHLMIEER**  
Notary Public - State of Kansas  
My Appt. Expires 09-12-09

**KCC Office Use ONLY**

N Letter of Confidentiality Received

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received \_\_\_\_\_

Geologist Report Received \_\_\_\_\_

UIC Distribution \_\_\_\_\_

KANSAS CORPORATION COMMISSION

**JUN 15 2009**

RECEIVED

Operator Name: American-Warrior, Inc. Lease Name: KIRKPATRICK Well #: 3-5  
 Sec. 5 Twp. 8 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets)	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample																								
Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Top Anhydrite</td> <td>1694</td> <td>+416</td> </tr> <tr> <td>Topeka</td> <td>3079</td> <td>-969</td> </tr> <tr> <td>Heebner</td> <td>3289</td> <td>-1179</td> </tr> <tr> <td>Toronto</td> <td>3310</td> <td>-1200</td> </tr> <tr> <td>Lansing</td> <td>3324</td> <td>-1214</td> </tr> <tr> <td>BKC</td> <td>3524</td> <td>-1414</td> </tr> <tr> <td>Arbuckle</td> <td>3668</td> <td>-1558</td> </tr> </table>	Name	Top	Datum	Top Anhydrite	1694	+416	Topeka	3079	-969	Heebner	3289	-1179	Toronto	3310	-1200	Lansing	3324	-1214	BKC	3524	-1414	Arbuckle	3668	-1558
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Arbuckle	3668	-1558																							
Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy)																									
List All E. Logs Run: DUAL INDUCTION LOG; DUAL COMPENSATED PRORSITY LOG; MICRORESISTIVITY LOG; SONIC CEMENT BOND LOG'																									

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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	12-1/4"	8-5/8"	20#	210'	Common	150	3%cc, 2%Gel
PRODUCTION	7-7/8"	5-1/2"	14#	3701'	EA/2	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	3484' TO 3490'	400 GAL, 15% FE, 1 bpm @ 500#	same

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TUBING RECORD:	Size: <u>2-3/8"</u>	Set At: <u>3668'</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>4-20-09</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>N/A</u>	Gas Mcf <u>N/A</u>	Water Bbls. <u>N/A</u>	Gas-Oil Ratio <u>N/A</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	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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