

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACD-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 4058
Name: American Warrior Inc.
Address: P.O. Box 399,
Garden City,
City/State/Zip KS. 67846
Purchaser: EOTT.
Operator Contact Person: Kevin Wiles Sr.
Phone (316) 275-2963
Contractor: Name: Discovery Drig.
License: 31548
Wellsite Geologist: Alan Downing
Designate Type of Completion
 New Well Re-Entry Workover

Oil SVD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: AUG 18 1999
Well Name: CONFIDENTIAL
Comp. Date Old Total Depth
 Deepening Re-perf. Conv. to Inj/SVD
 Plug Back PBDT
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SVD or Inj?) Docket No.

5-19-99 5-24-99 6-8-99
Spud Date Date Reached TD Completion Date

API NO. 15- 051 25,003-0000
County Ellis
70'N- CS/2S/2NE, Sec. 4 Twp. 13S Rge. 16 W
3040 Feet from (E)N (circle one) Line of Section
1320 Feet from (E)W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE SE NW or SW (circle one)
Lease Name Steele Well # #2
Field Name Emmeram
Producing Formation Kansas City
Elevation: Ground 1995 KB 2003
Total Depth 3500 PBDT 3250
Amount of Surface Pipe Set and Cemented at 220 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1114 Feet
If Alternate II completion, cement circulated from 1114
feet depth to surface w/ 125 sks. sx cmt.

Drilling Fluid Management Plan HH-2, 9-7-99 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 12,000 ppm Fluid volume 640 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite:
Operator Name RELEASED
Lease Name License No.
 Quarter 28 2001 S Rng. E/W
County Docket No.
FROM CONFIDENTIAL

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 on 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 Production Supt. Date 8-16-99
Subscribed and sworn to before me this 10th day of August
1999.
Notary Public [Signature]
Date Commission Expires 11-4-99 **DEBRA J. PURCELL**
Notary Public State of Kansas
My Appt. Expires 11-4-99

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KCS Plug Other
(Specify)

X

ORIGINAL

SIDE TWO

Operator Name American Warrior Inc. Lease Name Steele Well # #2

Sec. 4 Top. 13s Rge. 16w East West County Ellis

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

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: cem.log. cnd-gr.
DIL. sonic

Log	Formation (Top), Depth and Datum	Top	Datum
	Anhydrite	1121	-881
	Base	1164	-839
	Topeka	2913	-910
	Heebner	3164	-1163
	Toronto	3182	-1179
	LKC.	3212	-1209
	BKC.	3454	-1451
	Arbuckle	3476	-1473

MAR 28 2001

FROM CONFIDENTIAL

CASING RECORD New 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 #	220	60/40poz.	155	2%gel&3%cc
Production	7-7/8	5 1/2	14#	3488	ea/2	160	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0/surf	smds.	125	1/2#flocele

Shots Per Foot	PERFORATION RECORD - Bridge Plug Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	CIBP@ 3250		
2 s.p/f	3212-3218	1000 gals. 15%FE.Acid	3212-18

TUBING RECORD

Size	Set At	Packer At	Liner Run
2-3/8	3240	none	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. 7-1-99 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
40		none	none		32.

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled 3212-18

Other (Specify) _____

Production Interval



American Warrior
 ADDRESS
CONFIDENTIAL
 CITY, STATE, ZIP CODE
 Garden City, Ks

ORIGINAL
 No 1301
 PAGE 1 OF 1

SERVICE LOCATIONS 1. Ness City, Ks	WELL/PROJECT NO. 2	LEASE Sterbo	COUNTY/PARISH Ellis	STATE KS	CITY	DATE 5-25-99	OWNER Dime
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. Discovery	SHIPPED VIA 104	DELIVERED TO N.E. Victoria Ks	ORDER NO.	
3.	WELL TYPE oil	WELL CATEGORY Development	JOB PURPOSE Longstring	WELL PERMIT NO.	WELL LOCATION 4-135-16 ^w Ellis		
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 104	20	mi	1	unit	2.00	40.00
578		1			Pump Charge	1	EA	3500	FT		1200.00
281		1			Mudfluid	500	Gal			150	250.00
221		1			Q. Liquid KCL	2	Gal			19.00	38.00
400		1			Grade Shoe	1	EA	5 1/2	IN	80.00	80.00
401		1			Inset w/ auto fall	1	EA	5 1/2	IN	110.00	110.00
402		1			Control lines	8	EA	5 1/2	IN	30.00	240.00
403		1			Cement Bucket	1	EA	5 1/2	IN	110.00	110.00
404		1			Port Collar	1	EA	5 1/2	IN	1300.00	1300.00
410		1			Top Plug 5W	1	EA	5 1/2	IN	50.00	50.00
299		1			Rotating Head	1	EA	5 1/2	IN	100.00	100.00

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 *[Signature]*

DATE SIGNED 5-25-99 TIME SIGNED 0700 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	3518
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				Continuation	1782
WE UNDERSTOOD AND MET YOUR NEEDS?				Total	5300.00
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX	
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<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 *[Signature]* APPROVAL *[Signature]*

Thank You!



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

CONFIDENTIAL TICKET CONTINUATION

ORIGINAL

TICKET No. 1301

CUSTOMER *American Warrior* WELL *Stark #2* DATE *5-25-99* PAGE *2* OF *2*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY.	U/M	QTY.	U/M		
326						60/40 P02	35	SKS			5.00	175
325						Standard Cement	125	SKS			6.75	843
284						Cal sand	6	SKS			8.00	48
283						Salt	1100	LBS			.15	165
277						Coal sand (Lubricate)	625	LBS			.25	156
286						Halod-1	29	LBS			5.25	152
299						D-AIR-1	29	LBS			2.75	79
285						CFR-2	59	LBS			2.75	162
KCC												
AUG 18 1999												
CONFIDENTIAL												
RELEASED												
MAR 28 2001												
FROM CONFIDENTIAL												
SERVICE CHARGE							CUBIC FEET					
MILEAGE CHARGE			TOTAL WEIGHT			LOADED MILES			TON MILES			

CONFIDENTIAL ORIGINAL

CONTINUATION TOTAL 1782.00



ADDRESS: American Warrior
 CITY, STATE, ZIP CODE: Garden City, KS **CONFIDENTIAL**

ORIGINAL # 1273

PAGE 1 OF 1

1. SERVICE LOCATIONS Ness City	WELL/PROJECT NO. 2	LEASE Stede	COUNTY/PARISH Ellis	STATE KS	CITY	DATE 5-19-99	OWNER Same
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. DISCOU 44	SHIPPED VIA 704	DELIVERED TO N. VICTORIA	ORDER NO.	
3.	WELL TYPE oil	WELL CATEGORY Development	JOB PURPOSE Surface	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								
75	CONFIDENTIAL	1			MILEAGE 104	10	mi			2.00		20.00
576	CONFIDENTIAL	1			Pump charge		FT	1	EA			450.00
410	CONFIDENTIAL	1			85lb Plug	1	EA	85	lb			561.00
326	CONFIDENTIAL	1			60/40 P02 2%Gel	155	SKS			5.00		775.00
278	CONFIDENTIAL	1			Calcium Chloride	4	SKS			25.00		100.00
581	CONFIDENTIAL	1			BULK SERVICE Charge	155	lb					155.00
	CONFIDENTIAL	1			Dropage							100.00
KCC												
AUG 18 1999												
CONFIDENTIAL												

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 *Thomas*
 DATE SIGNED: 5-19-99 TIME SIGNED: 10:30 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	1656.00
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 The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: *20*

APPROVAL: _____

Thank You!

CONFIDENTIAL ORIGINAL



CHARGE TO: *American Warrior*
 ADDRESS: **CONFIDENTIAL**
 CITY, STATE, ZIP CODE: *Harden City, Ks*

KCC
 AUG 18 1999
CONFIDENTIAL
 ORIGINAL
 No 1306
 PAGE 1 OF 1

SERVICE LOCATIONS: 1. *Ness City, Ks* WELL/PROJECT NO. *2* LEASE *Steele* COUNTY/PARISH *Ellis* STATE *Ks* CITY DATE *6-2-99* OWNER *Same*

TICKET TYPE: SERVICE SALES CONTRACTOR RIG NAME/NO. *Express Well Svc.* SHIPPED VIA *100* DELIVERED TO *N. Victoria* ORDER NO.

WELL TYPE *oil* WELL CATEGORY *Development* JOB PURPOSE *Cement Port Collar* WELL PERMIT NO. WELL LOCATION

REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE <i>104</i>	20	mi			2.00	40.00
577		1			<i>Pump Charge</i>	1114	FT	1	EA		650.00
104		1			<i>Port Collar opening tool</i>	1	EA				250.00
330		1			<i>SMDS Cement</i>	125	SKS			9.50	1187.50
276		1			<i>flocals</i>	31	LBS			.90	27.90
581		1			<i>Bulk Service charge</i>	125	cu Ft			1.00	125.00
582		1			<i>Drayage</i>			minimum	Ton mi ³		100.00

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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 *6-2-99* TIME SIGNED *1300* 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?				2380.40
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				