

**CONFIDENTIAL**

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

6/04/11  
Form ACO-1  
October 2008  
Form Must Be Typed

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

**ORIGINAL**

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

API No. 15 - 065-23,530-0000  
Spot Description: 95'N & 180'W of \_\_\_\_\_  
\_\_\_\_\_ E/2\_NW Sec. 33 Twp. 9 S. R. 21  East  West  
1225 Feet from  North /  South Line of Section  
1800 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: GRAHAM

Name: Discovery Drilling Co., Inc.  
Wellsite Geologist: Marc Downing  
Purchaser: NCRA

Well Name: SMITH Well #: 1-33  
Field Name: WILDCAT  
Producing Formation: ARBUCKLE

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.)

Elevation: Ground: 2320' Kelly Bushing: 2328'  
Total Depth: 3975' Plug Back Total Depth: 3954'  
Amount of Surface Pipe Set and Cemented at: 211 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: 1737' Feet  
If Alternate II completion, cement circulated from: 1737'  
feet depth to: SURFACE w/ 140 sx cmt.

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.: \_\_\_\_\_  
2-19-09 2-24-09 5-1-09  
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan AK ILS 9-2209  
(Data must be collected from the Reserve Pit)  
Chloride content: 14,000 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: 8-4-09

Subscribed and sworn to before me this 4<sup>th</sup> day of August, 2009.

Notary Public: [Signature]  
Date Commission Expires: 7-2-13

**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

**KELSI HOFFMAN**  
Notary Public - State of Kansas  
My Appt. Expires

Operator Name: American Warrior, Inc. Lease Name: SMITH 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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run: SONIC CEMENT BOND LOG; DUAL INDUCTION LOG; DUAL COMPENSATED PRORSITY LOG; MICRORESISTIVITY LOG;	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Top Anhydrite</td> <td>1795</td> <td>+533</td> </tr> <tr> <td>B/Anhydrite</td> <td>1830</td> <td>+498</td> </tr> <tr> <td>Topeka</td> <td>3302</td> <td>-974</td> </tr> <tr> <td>Heebner</td> <td>3511</td> <td>-1183</td> </tr> <tr> <td>Toronto</td> <td>3532</td> <td>-1204</td> </tr> <tr> <td>LKC</td> <td>3548</td> <td>-1220</td> </tr> <tr> <td>Arbuckle</td> <td>3890</td> <td>-1562</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Top Anhydrite	1795	+533	B/Anhydrite	1830	+498	Topeka	3302	-974	Heebner	3511	-1183	Toronto	3532	-1204	LKC	3548	-1220	Arbuckle	3890	-1562
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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"	23#	211'	Common	150	3%cc, 2%Gel
PRODUCTION	7-7/8"	5-1/2"	14#	3972'	EA/2	175	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				
<b>KANSAS CORPORATION COMMISSION</b>				
<b>AUG 07 2009</b>				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Frac. and Squeeze Record (Amount and Kind of Material Used)	Depth
4	3898' TO 3902'		SAME
<b>CONFIDENTIAL</b>			

TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>3952'</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>7-12-09</u> <input checked="" type="checkbox"/>	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 Gravity

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