

CONFIDENTIAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: Marc Downing  
Purchaser: NCRA

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  
Lease Name: SMITH Well #: 1-33

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  SIGW  
 Gas  ENHR  SIGW  
 CM (Coal Bed Methane)  Temp. App.  
 Dry  Other \_\_\_\_\_  
(Core, WSW, Expl., Cathodic, etc.)

Field Name: WILDCAT  
Producing Formation: ARBUCKLE  
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 AN # 1037-709  
(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: \_\_\_\_\_  
Title: COMPLIANCE COORDINATOR Date: 6-3-09  
Subscribed and sworn to before me this 3<sup>rd</sup> day of June, 2009.  
Notary Public: \_\_\_\_\_  
Date Commission Expires: 08-7-2010

**KCC Office Use ONLY**

Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

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

# ALLIED CEMENTING CO., LLC. 34894

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

SERVICE POINT: Russell

DATE <u>2-19-09</u>	SEC. <u>33</u>	TWP <u>9</u>	RANGE <u>211</u>	CALLED OUT	ON LOCATION	JOB START <u>4:30PM</u>	JOB FINISH <u>5:00PM</u>
LEASE <u>SMITH</u>	WELL # <u>1-33</u>	LOCATION <u>CHURCH OF GOD</u>	<u>346</u>		COUNTY <u>GRAHAM</u>	STATE <u>KANSAS</u>	

OLD OR  NEW (Circle one)

CONTRACTOR Discovery Rig #1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 211

CASING SIZE 8 5/8 DEPTH 211

TUBING SIZE New DEPTH

DRILL PIPE 23 # DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

OWNER

CEMENT

AMOUNT ORDERED 150 sx Comm

220 GEL

320 CC

PERF.

DISPLACEMENT 122/BBL

EQUIPMENT

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		@		

PUMP TRUCK CEMENTER Glen

# 398 HELPER BOB

BULK TRUCK

# 410 DRIVER Neale

BULK TRUCK

# DRIVER

RECEIVED  
JUN 05 2009

HANDLING	<u>158</u>	@	<u>2.25</u>	<u>355.50</u>
MILEAGE	<u>110/16/mi</u>			<u>869.00</u>
			TOTAL	<u>3567.25</u>

REMARKS:

KCC WICHITA

## SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>996.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>55</u>	@	<u>7.00</u>	<u>385.00</u>
MANIFOLD		@		
		@		
		@		
			TOTAL	<u>1376.00</u>

CHARGE TO: AMERICAN WARRIOR INC.

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## PLUG & FLOAT EQUIPMENT

		@		
		@		
		@		
		@		
			TOTAL	

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.

SALES TAX (If Any)				
TOTAL CHARGES				
DISCOUNT	<u>0</u>			IF PAID IN 30 DAYS

PRINTED NAME \_\_\_\_\_

SIGNATURE Cliff Mayfield

Cement Circulated  
THANKS

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 (Attach Additional Sheets)  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 (Submit Copy)  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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LKC	3548	-1220																										
Arbuckle	3890	-1562																										

JUN 04 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	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				

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	3898' TO 3902'	RECEIVED JUN 05 2009 KCC WICHITA	SAME

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>Project date of production 7-15-09</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 _____ Gravity _____

N/A  
 Anhydrite  
 6/10/09  
 KCC  
 2

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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CHARGE TO:  
*American Warrior, Inc*

ADDRESS

CITY, STATE, ZIP CODE

TICKET  
No 15879

PAGE 1 OF 2

1. SERVICE LOCATIONS <i>Hays, Ks</i>	WELL/PROJECT NO. <i>1-33</i>	LEASE <i>Smith</i>	COUNTY/PARISH <i>Graham</i>	STATE <i>Ks</i>	CITY <i>Hays</i>	DATE <i>2-25-09</i>	OWNER
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Discover</i>	RIG NAME/NO.	SHIPPED VIA <i>CT</i>	DELIVERED TO <i>SW/P&amp;K, Ks</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>in field</i>	JOB PURPOSE	WELL PERMIT NO. <i>5</i>	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #113		40	mi		500	20000
578		1			Pump Charge - Longstring		1	ea	3973	ft	140000
221		1			Liquid HCL		2	gal		2600	5200
281		1			Mudflush		500	gal		120	50000
280		1			D-Air		2	gal		3500	7000
402	KCC MICHITA JUN 05 2009 RECEIVED	1			Centralizer		8	ea	5 1/2 in	8000	64000
403		1			Cement Basket		1	ea	5 1/2 in	25000	25000
404		1			Port Collar		1	ea	5 1/2 in	200000	200000
406		1			Latch Down Plug & Baffle		1	ea	5 1/2 in	22500	22500
407		1			Insert Float Shoe w/ Auto Kill		1	ea	5 1/2 in	27500	27500

**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 *2-25-09* TIME SIGNED

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 <i>P1</i>	5612.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				<i>P.2</i>	4266.20
WE UNDERSTOOD AND MET YOUR NEEDS?				subtotal	9878.20
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Graham TAX 5.55%	411.95
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	10,290.15
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

Thank You!



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

TICKET CONTINUATION

TICKET No. 15879

CUSTOMER: American Warrior, Inc. WELL: 1-33 Smith DATE: 2-25-09 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							
325		2				Standard Cement	EA	2	175	SKS	16950	lbs	1200	2100.00			
276		2				Flocele			44	lbs	1/4	#/SK	150	66.00			
283		2				Salt			875	lbs	10	%	20	175.00			
284		2				Calseal			823	lb	5	%	9 SK / 30.00	270.00			
282		2				Hebal-322			123	lbs	3/4	4%	650	799.50			
RECEIVED JUN 05 2009 KCC WICHITA																	
581		2				SERVICE CHARGE Cement					CUBIC FEET	175	SKS	175	906.25		
583		2				FEES CHARGE TOTAL WEIGHT			18315	lbs	LOADED MILES	40	TON MILES	366.3	TU	150	549.45

CONTINUATION TOTAL 4266.20

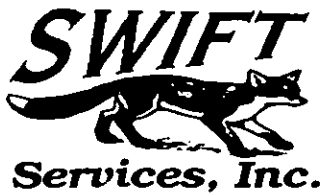
JOB LOG

SWIFT Services, Inc.

DATE 2-25-09 PAGE NO. 7

CUSTOMER American Carrier Inc WELL NO. 1-33 LEASE Smith JOB TYPE Cement Longstring TICKET NO. 15879

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0845							On location - Reg Laying Down D.C. Start 5 1/2 14 #/ft csug - Insert float Shoe w/ Auto Bell, Latch Down Baffle 5J- 9.35', Cont 1-3-5-7-9-11-B-52 Cement Basket 53 <sup>ft</sup> . Port collar #53 @ 1737' Drop Pull up ball 6 sts out
	0645							Fin run csug - Pick up JT & Tag
	0655							Start cir casing
	0715							Fin cir
			9					Phg RH-30 SKS + MH-15 SKS
	0725	5					300	Start 500 GAL Mud Flush
		6	32				350	Start 20 BBI KCL Flush
								Fin Flushes
		5					300	Start 130 SKS EA-2 cont @ 15.5*
	0745		32					Fin cont.
								Wash Pump & Lines Drop Latch Down Plug.
	0748	9					300	Start H <sub>2</sub> O Displ.
		9	70				400	Caught Press
		9	80				600	
		5 1/2	90				750 / 600	Slow rate
		5	96				850	Press before Plug down
	0800	0	97				1500	Plug Down Casing Held - Release & Held. Wash up & Rackup.
								RECEIVED JUN 05 2009 KCC WICHITA
	0830							Thanks Don, Haine & Duvall Job Complete



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

TICKET No 15391

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>HAYS</u>	WELL/PROJECT NO. <u>1-33</u>	LEASE <u>SMITH</u>	COUNTY/PARISH <u>GRAHAM</u>	STATE <u>KS</u>	CITY	DATE <u>03-20-09</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>EXPRESS WELL</u>	SHIPPED VIA <u>GT.</u>	DELIVERED TO <u>5344 SING. PRCO</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOP</u>	JOB PURPOSE <u>CMT: PORT COLLIER</u>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE #112	30	mi			5.00	150	00
576		1			Pump SERVICE	1	EA			11.00	1100	00
290		1			D-AIR	1	GAL			35.00	35	00
330		2			SMD CMT	140	SK			14.00	1960	00
276		2			FLOCELE	44	LB			1.50	66	00
581		2			SERVICE CMT	175	SK			1.50	262	50
583		2			DRAYAGE	262.11	Tm			1.00	262	11

RECEIVED  
 JUN 05 2009  
 KCC WICHITA

JUN 04 2009  
 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 JDE SMITH BY DAX

DATE SIGNED 03-20-09 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?					
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%	114 39
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	3950 00
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

**JOB LOG**

**SWIFT Services, Inc.**

DATE 03-20-09 PAGE NO. 1

CUSTOMER AWI WELL NO. 133 LEASE SMITH JOB TYPE CMT: PORT COLLAR TICKET NO. 15391

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0800							DN LOCATION CMT: 175 SMD 1/4" PROCELE 2 1/2" X 5 1/2" PORT COLLAR @ 1757
	0815			✓	✓	1000	1000	PSI TEST OPEN PC
	0820	3.0	2.0	✓		300		INJ. RATE
	0823	3.0	0	✓		300		START CMT @ 11.2"
		3.5	4.0	✓		300		" TO CIRC MWD
		3.5	65.0	✓		400		CIRC CMT TO PIT! MIX 20 SWS @ 14.0"
		3.5	70.0	✓		400		END CMT
		3.5	0	-		400		START DISY
	0845	3.5	6.0	-		400		END CLOSE PC
	0850			✓	✓	1000	1000	PSI TEST RUN 5 JOINT
	0900 <del>1000</del>	2.5	0	✓			250	REV. JOINT
			6.0	✓			250	1ST FLAG
			11.0	-			20	2ND FLAG
	0910 <del>1000</del>		20.0	-			200	ALL CLEAN
	0945							JOB COMPLETE
								THANK YOU! DAVE, JOSH, DAVE H.
								RECEIVED JUN 05 2009 KCC WICHITA

TOTAL CMT 140 SWS  
20 TO PIT!