

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

7/13/11

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: Marc Downing

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.: _____

4-11-09 4-21-09 5-21-09

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

API No. 15 - 063-21,773-0000

Spot Description: 130'N & 160'E of

NE NW SW Sec. 18 Twp. 15 S. R. 26 East West

2440 Feet from North / South Line of Section

1150 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: GOVE

Lease Name: GARVEY L. Well #: 5

Field Name: GARVEY RANCH

Producing Formation: MISSISSIPPIAN

Elevation: Ground: 2454' Kelly Bushing: 2462'

Total Depth: 4384' Plug Back Total Depth: 4357'

Amount of Surface Pipe Set and Cemented at: 217' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 1850 Feet

If Alternate II completion, cement circulated from: 1850'

feet depth to: SURFACE w/ 175 sx cmt.

Drilling Fluid Management Plan ATLANT 8-10-09
(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: 6-22-09 7-13-09

Subscribed and sworn to before me this 13th day of July

20 09

Notary Public: Kelsi Hoffmann Notary Public - State of Kansas
My Comm. Expires 7-2-13

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

Operator Name: American Warrior, Inc. Lease Name: GARVEY L. Well #: 5
 Sec. 18 Twp. 15 S. R. 26 East West County: GOVE

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; BOREHOLE COMPENSATED SONIC GAMMA RAY; ARRAY INDUCTION/SP LINEAR CORRELATION/GAMMA RAY; COMPENSATED NEUTRON LOG LITHODENSITY/GAMMA RAY; MICROLOG; CEMENT VOLUME HOLE VOLUME	<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>1884</td> <td>+578</td> </tr> <tr> <td>B/Anhydrite</td> <td>1923</td> <td>+539</td> </tr> <tr> <td>Topeka</td> <td>3435</td> <td>-973</td> </tr> <tr> <td>Heebner</td> <td>3678</td> <td>-1216</td> </tr> <tr> <td>BKC</td> <td>4009</td> <td>-1547</td> </tr> <tr> <td>PAWNEE</td> <td>4150</td> <td>-1688</td> </tr> <tr> <td>MISS</td> <td>4298</td> <td>-1836</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Top Anhydrite	1884	+578	B/Anhydrite	1923	+539	Topeka	3435	-973	Heebner	3678	-1216	BKC	4009	-1547	PAWNEE	4150	-1688	MISS	4298	-1836
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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#	217'	Common	160	3%cc, 2%Gel
PRODUCTION	7-7/8"	5-1/2"	15.5#	4380'	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	4305' TO 4310'	500 GAL; 15% MCA, 1/4 BPM@50#	SAME

TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>4353'</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>JUNE 17, 2009</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

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

TICKET
 No 16255

PAGE 1 OF 1

SERVICE LOCATIONS <u>Ness City, Ks</u>	WELL/PROJECT NO. <u>L-5</u>	LEASE <u>GARNEY</u>	COUNTY/PARISH <u>GOVE</u>	STATE <u>Ks</u>	CITY	DATE <u>5-18-09</u>	OWNER <u>SAME</u>
TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>EXPRESS WELL SERVICE</u>		RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>CEMENT PORT COLLAR</u>		WELL PERMIT NO.	WELL LOCATION <u>NW/UTRA, Ks</u>		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE # 110	50		MI		5.00	250.00	
576D		1			PUMP CHARGE	1	1850	FT		1100.00	1100.00	
105		1			PORT COLLAR OPERATING TOOL	1		FT		300.00	300.00	
330		1			SWIFT MIXTZ - DENSITY STANDARD	175		SKB		14.00	2450.00	
276		1			FLOCELE	56		WBS		1.50	84.00	
290		1			D-ADR	2		GM		35.00	70.00	
581		1			SERVICE CHARGE CEMENT	225		SKB		1.50	337.50	
583		1			DRYAGE	22326		WBS	558.15	TM	1.00	558.15

RECEIVED
 JUL 14 2009
 KCC WICHITA

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

DATE SIGNED 5-18-09 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	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					5149.65
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	5354.38

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR WAVE WILSON APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE **5-18-09** PAGE NO. **1**

CUSTOMER **AMERICAN WOODPAPER INC** WELL NO. **L-5** LEASE **GARVEY** JOB TYPE **CEMENT PORT COLLAR** TICKET NO. **16255**

CHART NO.	TIME	RATE (BPM)	VOLUME (BB) TOTAL	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1030							ON LOCATION
								TUBING - 2 3/8 CASING - 5 1/2" PORT COLLAR - 1850'
	1050				✓		1000	PSI TEST CASING - HELD
	1055	3	2	✓		450		OPEN PORT COLLAR - INT RATE
	1100	4	97	✓		450		MIX CEMENT 175 SKS S/M 1/4" FLOCCULE P/SK
	1125	3 1/2	6 1/2	✓		600		DISPASE CEMENT
	1135			✓		1000		CLOSE PORT COLLAR - PSI TEST - HELD
								CIRCULATED 20 SKS CEMENT TO PCT
	1145	4	20	✓		500		RUN 4 JTS - CIRCULATE CLEAN
								WASH TRUCK
								RECEIVED JUL 14 2009 KCC WICHITA
	1230							PULL TOOL JOB COMPLETE
								THANK YOU WAYNE, BERT, SCOTT



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

TICKET
 No 16181
 PAGE 1 OF 2

SERVICE LOCATIONS: **NESS CITY, KS**
 WELL/PROJECT NO.: **L-5** LEASE: **GARVEY** COUNTY/PARISH: **GOVE** STATE: **Ks** CITY: DATE: **4-23-09** OWNER: **SAME**
 TICKET TYPE: SERVICE SALES CONTRACTOR: **DISCOVERY DRUG #1** RIG NAME/NO.: SHIPPED VIA: **CT** DELIVERED TO: **LOCATION** ORDER NO.:
 WELL TYPE: **OIL** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **CEMENT 5 1/2" LONGSTRENGTH** WELL PERMIT NO.: WELL LOCATION: **NW/UTRA, Ks**
 REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 110	45		MI		5.00	225.00
578		1			PUMP CHARGE	1		JOB	4380	1400.00	1400.00
221		1			LEQUINA KCL	2		Gal		25.00	50.00
281		1			MUD FLUSH	500		Gal		1.00	500.00
402		1			CENTRALIZERS	8		EA	5 1/2"	55.00	440.00
403		1			CEMENT BASKETS	1		EA		180.00	180.00
404		1			PORT COLLAR TUPUT # 66	1		EA	1850 FT	1900.00	1900.00
406		1			LATCH DOWN PLUG - RAFFLE	1		EA		225.00	225.00
407		1			INSERT FLOAT SHOE W/AUTO FELL	1		EA		275.00	275.00

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
 DATE SIGNED: **4-23-09** TIME SIGNED: **0030** 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	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#1	5195.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	3910.13
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				sub total	9105.13
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	479.79
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	9584.92
<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: **WAYNE WILSON** APPROVAL: _____
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 4-23-09 PAGE NO. 1

CUSTOMER AMERICAN WOODWORK WELL NO. L-5 LEASE GARVEY JOB TYPE CEMENT 5 1/2" LONGSTRAW TICKET NO. 16181

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) GALT	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0000							ON LOCATION
	0230							START 5 1/2" CASING IN WELL
								TD - 4380 SET = 4379
								TP - 4380 5 1/2" # 15.5
								RECEIVED
								ST - 20' JTS OUT - 3, 4, 6
								JUL 14 2009
								CENTRALISERS - 1, 5, 8, 10, 12, 14, 16, 65
								CEMENT BSKT - 66
								KCC WICHITA
								PORT COLLAR = 1850' TOP JT # 66
	0415							DROP BALL - CIRCULATE
	0450	6	12				500	PUMP 500 GAL MUD FLUSH
	0452	6	20				500	PUMP 20 BBLs KCL - FLUSH
	0457		7-5					PLUG RH - MH (30 SKS - 20 SKS)
	0502	4	30				300	MIX CEMENT 125 SKS EA-2
	0512							WASH OUT PUMP - LINES
	0514							RELEASE CATCH DOWN PLUG
	0515	7	0					DISPLACE PLUG
		7	100				750	
	0530	6 1/2	103.8				1500	PLUG DOWN - PSE UP CATCH IN PLUG
	0532						OK	RELEASE PSE - HELD
								WASH TRUCK
	0630							JOB COMPLETE
								THANK YOU
								WAYNE, BRETT, DYLAN

ALLIED CEMENTING CO., LLC. 043531

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

SERVICE POINT: Onsite

NE NW SW

DATE <u>4-11-09</u>	SEC. <u>18</u>	TWP. <u>15</u>	RANGE <u>26</u>	CALLED OUT	ON LOCATION <u>4:00pm</u>	JOB START <u>6:00pm</u>	JOB FINISH <u>6:30pm</u>
LEASE <u>Garvey</u>	WELL# <u>h-5</u>	LOCATION <u>Quadrant 205 Rd F</u>			COUNTY <u>Gove</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)				<u>1w-1s-ein</u>			

CONTRACTOR Discovery #1

TYPE OF JOB Surface

HOLE SIZE 12"4 T.D.

CASING SIZE 8 7/8 DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 13.1

OWNER Same

CEMENT

AMOUNT ORDERED 160 com 30% cc

29 gel

COMMON	<u>160</u>	@	<u>13.65</u>	<u>2184.00</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>20.40</u>	<u>61.20</u>
CHLORIDE	<u>6</u>	@	<u>57.15</u>	<u>342.90</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>169</u>	@	<u>2.10</u>	<u>354.90</u>
MILEAGE	<u>110 x 9.8 mile</u> <u>(Ness City)</u>			<u>574.00</u>
TOTAL				<u>3517.60</u>

RECEIVED

JUL 14 2009

KCC WICHITA

EQUIPMENT

PUMP TRUCK CEMENTER Rusty

422 HELPER Wayne

BULK TRUCK

347 DRIVER Alan

BULK TRUCK

DRIVER

REMARKS:

cement did circulate

Job complete @ 6:15pm

Tnants

CHARGE TO: American Warrior

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>999.00</u>
EXTRA FOOTAGE	@		
MILEAGE <u>34</u>	@	<u>7.00</u>	<u>238.00</u>
MANIFOLD <u>(Ness City)</u>	@		
	@		
	@		
TOTAL <u>1237.00</u>			

PLUG & FLOAT EQUIPMENT

@

@

@

@

@

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]

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS