

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: Jason Alm
Purchaser: Plains Marketing
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, etc.)

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API No. 15 - 083-21,594-000b
Spot Description: 110'N & 70'E of
1100 Feet from North / South Line of Section
400 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: HODGEMAN
Lease Name: RUDZIK Well #: 2-19
Field Name: WILDCAT
Producing Formation: CHEROKEE SAND
Elevation: Ground: 2376' Kelly Bushing: 2384'
Total Depth: 4635' Plug Back Total Depth: 4633'
Amount of Surface Pipe Set and Cemented at: 220' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1619' Feet
If Alternate II completion, cement circulated from: 1619'
feet depth to: SURFACE w/ 150 sx cnt.

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.: _____
4-25-09 4-30-09 5-22-09
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan AH # 81309
(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: 6-19-09 7-13-09
Subscribed and sworn to before me this 13th day of July
20 09
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

A. KESLHOFFMAN
Notary Public for the State of Kansas
My Comm. Expires _____

Operator Name: American Warrior, Inc. Lease Name: RUDZIK Well #: 2-19
 Sec. 19 Twp. 22 S. R. 23 East West County: HODGEMAN

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: GAMMA RAY/NEUTRON CEMENT BOND LOG	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <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>1630</td> <td>-754</td> </tr> <tr> <td>B/Anhydrite</td> <td>1660</td> <td>+724</td> </tr> <tr> <td>HEEBNER</td> <td>3933</td> <td>-1549</td> </tr> <tr> <td>LANSING</td> <td>3983</td> <td>-1599</td> </tr> <tr> <td>BKC</td> <td>4368</td> <td>-1984</td> </tr> <tr> <td>FORT SCOTT</td> <td>4538</td> <td>-2154</td> </tr> <tr> <td>CHEROKEE SAND</td> <td>4622</td> <td>-2238</td> </tr> </table>	Name	Top	Datum	Top Anhydrite	1630	-754	B/Anhydrite	1660	+724	HEEBNER	3933	-1549	LANSING	3983	-1599	BKC	4368	-1984	FORT SCOTT	4538	-2154	CHEROKEE SAND	4622	-2238
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FORT SCOTT	4538	-2154																							
CHEROKEE SAND	4622	-2238																							

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#	220'	Common	150	3%cc, 2%Gel
PRODUCTION	7-7/8"	5-1/2"	15.5#	4634'	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	4620' TO 4624'	3500 GAL, 15% FENE, 21/2BPM@1100#	SAME

TUBING RECORD:	Size: <u>2-3/8"</u>	Set At: <u>4630'</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. SHUT IN		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

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 16192
PAGE 1 OF 2

SERVICE LOCATIONS 1. NESS City, KS	WELL/PROJECT NO. 2-19	LEASE RUDZIK	COUNTY/PARISH HODGEMAN	STATE Ks	CITY	DATE 5-1-09	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR DISCOVERY DRIG #3	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOUSTON	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE CEMENT 5 1/2" LONGSTRING	WELL PERMIT NO.	WELL LOCATION JENNORE Ks - 2N, 1/8 EAST, W 2E		
4. 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	30		ME		5.00	150.00
578		1			PUMP CHARGE	1		JOB	4635	1400.00	1400.00
221		1			LIQUID KCL	2		GAL		25.00	50.00
281		1			MUDFLUSH	500		GAL		1.00	500.00
402		1			CENTRIFUGES	7		EA	5 1/2"	55.00	385.00
403		1			CEMENT BASKETS	1		EA		180.00	180.00
404		1			PORT COLLAR TOP JT # 7b	1		EA	1619	1900.00	1900.00
406		1			LATCH DOWN PLUG - BAFFLE	1		EA		225.00	225.00
407		1			INSERT FLOAT SIDE w/AUTO FELL	1		EA		275.00	275.00

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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 *John G. [Signature]*

DATE SIGNED **5-1-09** TIME SIGNED **1630**

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 #1	5065.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	3785.79
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					



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

TICKET CONTINUATION

TICKET No. 16192

CUSTOMER AMERICAN WARRIOR INC	WELL RUBZEK 2-19	DATE 5-1-09	PAGE 2	OF 2
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PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UNIT		UNIT PRICE	AMOUNT
		LOG	ACCT	DP			QTY.	UNIT	QTY.	UNIT		
325						STANDARD CEMENT EA-2	175	SKS			11.00	1925.00
276						FLOCELE	44	UBS			1.50	66.00
283						SALT	900	UBS			.15	135.00
284						CAISSAL	8	SKS	800	UBS	30.00	240.00
292						NAIAD-322	125	UBS			6.50	812.50
290						D-ADD	2	GAL			35.00	70.00
581						SERVICE CHARGE		CUBIC FEET	175		1.50	262.50
583						MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	274.79		1.00	274.79
							18319	30				

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COMPLETE
 KCC

CONTINUATION TOTAL	3785.79
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JOB LOG

SWIFT Services, Inc.

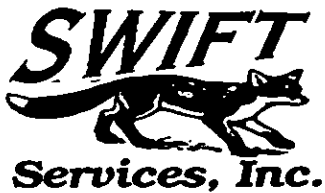
DATE **5-1-09** PAGE NO. **1**

CUSTOMER **AMERICAN WOODROW ZAC** WELL NO. **2-19** LEASE **RUDZIK** JOB TYPE **CEMENT 5 1/2" LONGSTRJG** TICKET NO. **16192**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1630							ON LOCATION
	1815							START 5 1/2" CASING IN WELL
								TD - 4635 SET = 4634
								TP - 4635 5 1/2" 15.5
								SJ - 20'
								CENTRALIZERS - 1, 3, 5, 7, 9, 11, 75
								CMT BSKTS - 76
								PORT COLAR = 1619 TOP JT # 76
	1955							DROP BALL - CIRCULATE
	2020	6	12		✓		500	PUMP 500 GAL MUD FLUSH
	2022	6	20		✓		500	PUMP 20 BBL KCL FLUSH
	2026		7-5					PLUG RH - MH (30 SKS - 20 SKS)
	2030	4 1/2	30		✓		350	MAX CEMENT 125 SKS EA-2
	2037							WASH OUT PUMP - LINES
	2038							RELEASE CATCH DOWN PLUG
	2040	7	0		✓			DISPLACE PLUG
	2055	6 1/2	109.8				1500	PLUG DOWN - PSE UP CATCHDOWN PLUG
	2057						OK	RELEASE PSE - HELD
								WASH TRUCK
	2200							JOB COMPLETE

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THANK YOU
WANE, BERT, SCOTT



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

TICKET No 16192

PAGE 1 OF 2

SERVICE LOCATIONS
 1. **Ness City, KS**
 2. _____
 3. _____
 4. _____

WELL/PROJECT NO. **2-19** LEASE **RUDZYK** COUNTY/PARISH **HODGEMAN** STATE **Ks** CITY _____ DATE **5-1-09** OWNER **SAME**

TICKET TYPE SERVICE SALES CONTRACTOR **DISCOVERY DRIG #3** RIG NAME/NO. _____ SHIPPED VIA **CT** DELIVERED TO **LOCATION** ORDER NO. _____

WELL TYPE **OIL** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **CEMENT 5 1/2" LONGSTRING** WELL PERMIT NO. _____ WELL LOCATION **JEMORE, KS - 2N, 1/8 EAST, N 210**

REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M		
575		1			MILEAGE #110	30	ME			5.00	150.00
578		1			PUMP CHARGE	1	JOB	4635	FT	1400.00	1400.00
221		1			LIQUID KCL	2	GAL			25.00	50.00
281		1			MUDFLUSH	500	GAL			1.00	500.00
402		1			CENTRALIZERS	7	EA	5 1/2"		55.00	385.00
403		1			CEMENT BASKETS	1	EA			180.00	180.00
404		1			PORT COLLAR TOP JT # 76	1	EA	1619	FT	1900.00	1900.00
406		1			LATCH DOWN PLUG - RAFFLE	1	EA			225.00	225.00
407		1			INSERT FLOAT SHOE w/AUTO FILL	1	EA			275.00	275.00

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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]*
 TIME SIGNED **1-09** 1630

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?				#1	5065.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	3785.79
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Subtotal	8850.79
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	436.25
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		Hodgeman 6.45%	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	9287.04



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

TICKET CONTINUATION

TICKET No. 16192

CUSTOMER: American Woodco Inc
WELL: RUBZEK 2-19
DATE: 5-1-09
PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY.	UM	QTY.	UM			
325		1				STANDARD COMST	EA-2	175	SYS		11.00	1925.00	
276		1				FLOCELS		44	lbs		1.50	66.00	
283		1				SACT		900	lbs		.15	135.00	
284		1				CALSSAL		8	SYS	800 lbs	30.00	240.00	
292		1				NAVAL-322		125	lbs		6.50	812.50	
290		1				D-ADP		2	GAL		35.00	70.00	
581		1				SERVICE CHARGE				CUBIC FEET	175	1.50	262.50
583		1				MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES		TON MILES	274.79	1.00	274.79
							18319	30					

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CONTINUATION TOTAL 3785.79

ALLIED CEMENTING CO., LLC. 34981A

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

SERVICE POINT:
Russell KS

DATE <u>4-25-09</u>	SEC. <u>19</u>	TWP. <u>22</u>	RANGE <u>23</u>	CALLED OUT	ON LOCATION	JOB START <u>6:30pm</u>	JOB FINISH <u>7:00pm</u>
LEASE <u>Rudezik</u>		WELL # <u>2-19</u>		LOCATION <u>Jettmore KS 2 North to DRd.</u>		COUNTY <u>Hodgeman</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>1/4 East North into</u>			

CONTRACTOR Discovery Drilling & S

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 220'

CASING SIZE 8 5/8 23# DEPTH 220'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 13 Bbl

OWNER _____

CEMENT AMOUNT ORDERED 150 Com 3 1/2 sc 2 1/2 Gel

EQUIPMENT

PUMP TRUCK CEMENTER John Roberts

409 HELPER CH

BULK TRUCK

377 DRIVER Fuzzy

BULK TRUCK

_____ DRIVER _____

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>51.57</u>	<u>257.50</u>
ASC		@		

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HANDLING	<u>150</u>	@	<u>2.25</u>	<u>337.50</u>
MILEAGE	<u>110/36/mile</u>			<u>300.00</u>
TOTAL				<u>2980.75</u>

REMARKS:

Est. Circulation.

Mix 150 sk Cement w/ 22.21 Bbl H₂O

Displace w/ 13 Bbl H₂O

Cement Did Circulate!

SERVICE

DEPTH OF JOB	_____			
PUMP TRUCK CHARGE				<u>991.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>18</u>	@	<u>2.00</u>	<u>126.00</u>
MANIFOLD		@		
TOTAL				<u>1117.00</u>

CHARGE TO: American Warrior

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____	@		
_____	@		
<u>8 1/2 Wooden Plug</u>	@		<u>NC</u>
_____	@		
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.

PRINTED NAME GALEN GASCHLER

SIGNATURE Galen Gaschler

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS