

UNIT IDENTIFICATION

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

Form ACO-1
October 2008
Form Must Be Typed

ORIGINAL

7/16/11

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 **KCC**
Name: Discovery Drilling Co., Inc.
Wellsite Geologist: Marc Downing **COMPLIANCE**
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.: _____
6-4-09 6-9-09 7-9-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 135-24,914-0000
Spot Description: 30'N OF
S/2 NW SE Sec. 22 Twp. 18 S. R. 26 East West
1680 Feet from North / South Line of Section
1990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: NESS
Lease Name: VOGEL Well #: 1-22
Field Name: ALDRICH
Producing Formation: MISSISSIPPIAN
Elevation: Ground: 2549' Kelly Bushing: 2557'
Total Depth: 4535' Plug Back Total Depth: 4502'
Amount of Surface Pipe Set and Cemented at: 222 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1826' Feet
If Alternate II completion, cement circulated from: 1826'
feet depth to: SURFACE w/ 150 ^{6X CMU} Alt 2-Dig-7/29/09

Drilling Fluid Management Plan
(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: 7-16-09
Subscribed and sworn to before me this 16th day of July,
20 09.
Notary Public: [Signature]
Date Commission Expires: 7-2-13

KELSHOFFMAN
Notary Public - State of Kansas
My Appt. Expires

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
_____ UIC Distribution
KANSAS CORPORATION COMMISSION
JUL 20 2009

RECEIVED

Operator Name: American Warrior, Inc. Lease Name: VOGEL Well #: 1-22
 Sec. 22 Twp. 18 S. R. 26 East West County: NESS

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 Corés 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: DUAL INDUCTION LOG; DUAL COMPENSATED PRORSITY LOG; MICRORESISTIVITY LOG; SONIC CEMENT BOND 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>1833</td> <td>+724</td> </tr> <tr> <td>B/Anhydrite</td> <td>1865</td> <td>+692</td> </tr> <tr> <td>HEBNER</td> <td>3806</td> <td>-1249</td> </tr> <tr> <td>LANSING</td> <td>3844</td> <td>-1287</td> </tr> <tr> <td>BKC</td> <td>4169</td> <td>-1612</td> </tr> <tr> <td>PAWNEE</td> <td>4294</td> <td>-1797</td> </tr> <tr> <td>MISS</td> <td>4450</td> <td>-1893</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Top Anhydrite	1833	+724	B/Anhydrite	1865	+692	HEBNER	3806	-1249	LANSING	3844	-1287	BKC	4169	-1612	PAWNEE	4294	-1797	MISS	4450	-1893
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MISS	4450	-1893																										

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#	222'	Common	150	3%cc, 2%Gel
PRODUCTION	7-7/8"	5-1/2"	15.5#	4634'	EA/2	170	

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				KCC

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	4452' TO 4457'	500 GAL, 15%MCA, 1/3 BPM@800#	SAME

TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>4499'</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 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: KANSAS CORPORATION COMMISSION _____ _____
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CHARGE TO: **AMERICAN Woodline Inc**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 16073
 PAGE 1 OF 1

WELL/PROJECT NO: **1-22** LEASE: **VOGEL** COUNTY/PARISH: **NESS** STATE: **Ks** CITY: DATE: **7-1-09** OWNER: **SAME**
 WELLS: **Ness City Ks**
 TICKET TYPE: SERVICE SALES CONTRACTOR: **Co Tools** RIG NAME/NO.: DELIVERED TO: **LOCATION** ORDER NO.:
 WELL TYPE: **OIL** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **CEMENT PORT COLLAR** WELL PERMIT NO.: WELL LOCATION: **Ness City Ks - 13W 2N 1/2 W 5W**
 ERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 110	20				5.00	100.00
576b		1			PUMP CHARGE	1				1100.00	1100.00
105		1			PORT COLLAR OPENING TOOL	1				300.00	300.00
330		1			SWIFT MOLTZ - DENSITY STANDARD	150				14.00	2100.00
276		1			FLOCELE	50				1.50	75.00
290		1			D-ADR	2				35.00	70.00
581		1			SERVICE CHARGE CEMENT	200				1.50	300.00
582		1			MINIMUM DRAYAGE	1997				0.125	250.00

RECEIVED JUL 20 2009 KANSAS CORPORATION COMMISSION

EQUAL 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 DEPARTURE OF WORK OR DELIVERY OF GOODS

DATE SIGNED: **7-1-09** TIME SIGNED: **1245** BY: **[Signature]**

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?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	4429.89

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this invoice.
 OPERATOR: **[Signature]** APPROVAL: **[Signature]** **Thank You!**

P.2 1-785-798-2384 Kendra Mays Jul 16 09 02:57P

JOB LOG

SWIFT Services, Inc.

DATE 7-1-09 PAGE NO. 1

CUSTOMER AMERTSA WADDA INC WELL NO. 1-22 LEASE VOGEL JOB TYPE CEMENT PORT COLLAR TICKET NO. 16073

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1245							ON LOCATION
								2 3/8 x 5 1/2 PORT COLLAR = 1820'
	1325				✓		1000	PSI TEST CASING - HELD
	1325	3 1/2	2	✓		400		OPEN PORT COLLAR - LAST RATE
	1330	4 1/4	83	✓		400		MAX CEMENT 150 SKS SMD 1/4" / FLOCC P/SK
	1350	4	6	✓		550		MISPLACE CEMENT
	1400				✓		1000	CLOSE PORT COLLAR - PSI TEST - HELD
								CALCULATED 20 SKS CEMENT TO PZT
	1415	4	25		✓		400	RUN 4 JTS - CALCULATE CLEAN
								WASH TACK
								PULL TOOL
	1500							JOB COMPLETE
								THANK YOU WAYNE BRETT CAJE

KANSAS CORPORATION COMMISSION

JUL 20 2009

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

KOC

TICKET No 16055

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>NESS CRT, KS</u>	WELL/PROJECT NO. <u>1-22</u>	LEASE <u>VOGEL</u>	COUNTY/PARISH <u>NESS</u>	STATE <u>KS</u>	CITY	DATE <u>6-10-09</u>	OWNER <u>SAME</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>DISCOVERY DRIG #3</u>	RIG NAME/NO.:	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>CEMNT S'bi LOWSTRING</u>	WELL PERMIT NO.	WELL LOCATION <u>NESS CRT, KS - 13W, 2W, 1/2W, S.W.</u>		
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 # 114	15		MI		5.00	75.00
578		1			PUMP CHARGE	1		JOB	4534 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			CEMNT BASKET	1		EA		180.00	180.00
404		1			PORV COLLAR TOP JT # 65	1		EA	1826 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
419		1			ROTATING HEAD RENTAL	1		JOB		150.00	150.00

RECEIVED
 JUL 20 2009
 KANSAS CORPORATION COMMISSION

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 6-10-09 TIME SIGNED 11/30 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 #1	5140.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#2	3761.00
WE UNDERSTOOD AND MET YOUR NEEDS?				TAX	
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TOTAL	
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					

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

SWIFT OPERATOR Wayne Warsaw APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 6-10-09 PAGE NO. 1

CUSTOMER AMERICAN WARRIOR INC WELL NO. 1-22 LEASE VOGEL JOB TYPE 5/2" LONGSTRATJG TICKET NO. 16055

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1430							ON LOCATION
	1530							START 5/2" CASING IN WELL
								TD- 4535 SET- 4534
								TP- 4534 5/2" 15.5
								ST- 21'
								CENTRIZERS - 1, 3, 5, 7, 9, 11, 64
								CMT BSKTS - 65
								PORT COLLAR - 1826' TOP IT * 65
	1730							DROP BAIL - CIRCULATE
	1805	6	12		✓		450	PUMP 500 GAL MUD FLUSH
	1807	6	20		✓		450	PUMP 20 BBLs KCL FLUSH
	1812		7					PLUG RH (30 SKS) (NO MH)
	1815	4	35		✓		300	MIX CEMENT - 145 SKS SA-2 = 15.5 PPG
	1825							WASH OUT PUMP - LINES
	1826							RELEASE LATCH DOWN PLUG
	1828	7	0		✓			DISPLACE PLUG
	1843	6 1/2	107.4				1500	PLUG DOWN - PSE UP LATCH IN PLUG
	1845						OK	RELEASE PSE - HEAD
								WASH TRUCK
	1930							JOB COMPLETE

KCC
JUL 10 2009
COMMISSIONER

KANSAS CORPORATION COMMISSION

JUL 20 2009

RECEIVED

THANK YOU
WAYNE, BRETT, MAVE

ALLIED CEMENTING CO.. LLC. 036247

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

SERVICE POINT:
Great Bend KS

DATE <u>6-04-09</u>	SEC <u>22</u>	TWP <u>18</u>	RANGE <u>26 W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00pm</u>	JOB FINISH <u>7:30pm</u>
LEASE <u>Vogel</u>		WELL # <u>1-22</u>		LOCATION <u>Beeler E to DS rd</u>		COUNTY <u>WSS</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>				<u>1/2 n W/into</u>			

CONTRACTOR Discovery #3

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 222'

CASING SIZE 8 5/8 DEPTH 212'

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 222

TOOL _____ DEPTH _____

PRES. MAX 200# MINIMUM _____

MEAS. LINE _____ SHOE JOINT 15'

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT Fresh water 13.18 bbl

OWNER _____

CEMENT

AMOUNT ORDERED 150 sy Common

3% cc 2% Gel

COMMON	<u>150</u>	@	<u>13.50</u>	<u>2,025.00</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		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>158</u>	@	<u>2.25</u>	<u>355.50</u>
MILEAGE	<u>19/158/10</u>			<u>300.30</u>

EQUIPMENT

PUMP TRUCK CEMENTER Randy P.

181 HELPER Galien D.

BULK TRUCK

344-170 DRIVER Dennis W.

BULK TRUCK

_____ DRIVER _____

REMARKS:

On location Safety meeting Rig up

Run 8 5/8

Pumped 5 bbl FW ahead

Mixed Cement Pumped 35.79 bbl Slurry

thru Swedge

Displaced 13.18 bbl Fresh Water

Shut down Shut in

Cement did Circulate

Rig down

CHARGE TO: American Warrior

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL ~~3000.00~~
2998.95

SERVICE

DEPTH OF JOB	<u>222'</u>		
PUMP TRUCK CHARGE			<u>991.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>19</u>	@	<u>7.00</u>
MANIFOLD		@	
		@	
		@	

TOTAL 1124.00

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES ~~_____~~

DISCOUNT _____ IF PAID IN 30 DAYS

Thank you!

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 Galien Paschler

SIGNATURE Galien Paschler



Date: 7-16-09

Kansas Corporation Commission
Finney State Office Building
130 S. Market, Room 2078
Wichita, Kansas 67202-3802

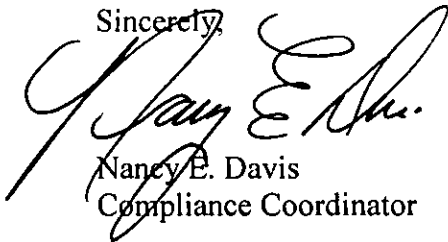
RE: Well 015-135-24,914

API#: Vogel 1-22

Dear Corporation Commission,

American Warrior, Inc. request that you please hold the enclosed information confidential for as long as the law allows.

Sincerely,



Nancy E. Davis
Compliance Coordinator

NED

Enclosure

KANSAS CORPORATION COMMISSION

JUL 20 2009

RECEIVED

American Warrior, Inc.

P.O. Box 399 • Garden City, Kansas 67846 • (620) 275-9231