

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

7/16/11

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: Kevin Wiles, Sr.
Phone: (620) 275-2963
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Marc Downing
Purchaser: None

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.)

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enh. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth _____
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enh.?) _____ Docket No.: _____
5-8-09 5-16-09 Not Completed Yet
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 047-21,585-0000
Spot Description: _____
S2 NE SE SE Sec. 17 Twp. 25 S. R. 17 East West
850 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: EDWARDS

Lease Name: NELSON Well #: 1-17
Field Name: WILDCAT
Producing Formation: N/A
Elevation: Ground: 2136' Kelly Bushing: 2148'
Total Depth: 4591' Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at: 545 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 13,000 ppm Fluid volume: 320 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

KELSTHOFFMAN
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 17 2009
RECEIVED

Operator Name: American Warrior, Inc. Lease Name: NELSON Well #: 1-17
 Sec. 17 Twp. 25 S. R. 17 East West County: EDWARDS

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JUL 15 2009
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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: Borehole Compensated Sonic Log; Dual Compensated Porosity Log; Microresistivity Log; Dual Induction Log;	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Name</td> <td style="width: 15%;">Top</td> <td style="width: 15%;">Datum</td> </tr> <tr> <td>Top Anhydrite</td> <td>1173</td> <td>+970</td> </tr> <tr> <td>Base Anhydrite</td> <td>1189</td> <td>+954</td> </tr> <tr> <td>Heebner</td> <td>3816</td> <td>-1673</td> </tr> <tr> <td>Lansing</td> <td>3955</td> <td>-1812</td> </tr> <tr> <td>BKC</td> <td>4255</td> <td>-2112</td> </tr> <tr> <td>Cherokee Sand</td> <td>4460</td> <td>-2317</td> </tr> <tr> <td>Mississippi Chest</td> <td>4505</td> <td>-2362</td> </tr> </table>	Name	Top	Datum	Top Anhydrite	1173	+970	Base Anhydrite	1189	+954	Heebner	3816	-1673	Lansing	3955	-1812	BKC	4255	-2112	Cherokee Sand	4460	-2317	Mississippi Chest	4505	-2362
Name	Top	Datum																							
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Mississippi Chest	4505	-2362																							

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 Pipe	12-1/4"	8-5/8"	23#	545'	Standard	300	3% CC; 2% GEL
Production	7-7/8"	5-1/2"	17#	4558'	AA2	175	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input 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
	NOT COMPLETED YET		

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. N/A	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. N/A	Gas Mcf N/A
	Water Bbls. N/A	Gas-Oil Ratio
		Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) NOT COMPLETED YET	PRODUCTION INTERVAL: _____ _____
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KCC
JUL 16 2009
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Date: 7-16-09

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

RE: Well Nelson 1-17

API#: 015-047-21.585

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

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



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

TICKET No 16424

PAGE 1 OF 2

SERVICE LOCATIONS <u>HAYS</u>	WELL/PROJECT NO. <u>1-17</u>	LEASE <u>NELSON</u>	COUNTY/PARISH <u>EDWARDS</u>	STATE <u>KS</u>	CITY	DATE <u>05-17-09</u>	OWNER
<u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>DRIVE DRUG RIG 1</u>	SHIPPED VIA <u>GTZ</u>	DELIVERED TO <u>2E. 4th ST, LEWIS</u>	ORDER NO.	
	WELL TYPE <u>GAS</u>	WELL CATEGORY <u>Develop</u>	JOB PURPOSE <u>LONGSTRING</u>	WELL PERMIT NO. <u>15-017-21525</u>	WELL LOCATION <u>T17, 25-2-17</u>		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF		QTY.	UM	QTY.	UM		
575		1			MILEAGE #112	60	mi		5.00	300	00
578		1			Pump SERVICE	1	EA		1400.00	1400	00
221		1			LIQUID WCL	2	GNL		25.00	50	00
281		1			MUD FLUSH	500	GAL		1.00	500	00
290		1			D-AIR	2	GAL		35.00	70	00
402		1			CENTRALIZER	7	EA	5 1/2 in	55.00	385	00
403		1			CMT BRDPT	1	EA	5 1/2 in	180.00	180	00
406		1			LATCH DOWN PLUG Baffle	1	EA	5 1/2 in	225.00	225	00
407		1			INSERT FLOAT SHADE w/ AUTO FLU	1	EA	5 1/2 in	275.00	275	00
419		1			Rotating Head Re-tilt	1	EA	5 1/2 in	150.00	150	00

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 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

SIGNED BY: KEVIN WICES by Dave

DATE SIGNED: 05-17-09 TIME SIGNED: 0330 A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

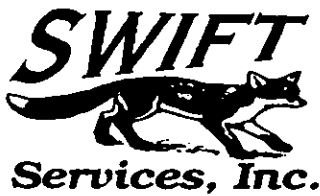
SURVEY	AGREE	UN-DECIDED	DIS-AGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

Pg-1 PAGE TOTAL	3535	00
Pg-2	3973	01
SUB TOTAL	7508	01
Edwards TAX 6.3%	314	80
TOTAL	7822	81

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

SWIFT OPERATOR: Dave APPROVAL: _____

Thank You!



CHARGE TO: American Warrior Inc
 ADDRESS:
 CITY, STATE, ZIP CODE:

KCC
 JUL 16 2009
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TICKET No 15940

PAGE 1 OF 1

SERVICE LOCATIONS: 1. Hays, Ks. 2. Ness City, Ks.
 WELL/PROJECT NO. #1-17 LEASE Nelson COUNTY/PARISH Edwards STATE Ks CITY
 RIG NAME/NO. CONTRACTOR Duke #1 SHIPPED VIA ET DELIVERED TO Location DATE 5-9-09 OWNER Same
 TICKET TYPE SERVICE SALES
 WELL TYPE oil WELL CATEGORY Development JOB PURPOSE Cement Surface Pipe WELL PERMIT NO. WELL LOCATION
 REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #111	50	mi			5.00	250.00
576D		1			Pump Charge (Deep Surface)	1	ea			1100.00	1100.00
325	RECEIVED JUL 17 2009 KANSAS CORPORATION COMMISSION	2			Standard Cement	300	sk			11.00	3300.00
278		2			Calcium Chloride	8	sk			35.00	280.00
279		2			Bentonite Gel	6	sk			20.00	120.00
581		2			Cement Service Charge	300	sk			1.50	450.00
583		2		Drayage	736	TM			1.00	736.00	

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 5-9-09 TIME SIGNED 0830 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
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			

PAGE TOTAL	6236.00
Edwards TAX 6.3%	233.10
TOTAL	6469.10

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

SWIFT OPERATOR Mark Kohler APPROVAL

Thank You!

