

CHIGINAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION Form ACO-1 June 2009

Form ACQ-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4058		API No. 15 - 057-20750 · 00 · 00	
Name: American Warrior Inc.		Spot Description:	
Address 1: P.O. Box 399		NE_SE_SW_SW_Sec13_Twp27_S. R22East west	
Address 2:		568 Feet from North / South Line of Section	
City: Garden City State: Ks. Zip: 67846 +		1,134 Feet from East / West Line of Section	
Contact Person: Jody Smith	ZIP		
Phone: (620) 275-2963		Footages Calculated from Nearest Outside Section Corner:	
·		□ NE □ NW □ SE ☑ SW	
		County: Ford	
Name: Duke Drilling		Lease Name: Schomaker Well #: C3-13SWD	
Wellsite Geologist: Harley Sayles		Field Name: Konda Southeast	
Purchaser: NA		Producing Formation: None	
Designate Type of Completion:		Elevation: Ground: 2406' Kelly Bushing: 2417'	
✓ New Well	☐ Workover	Total Depth: 6000' Plug Back Total Depth: 6000'	
☐ Oil ☐ WSW [7] S	SWD SIOW	Amount of Surface Pipe Set and Cemented at: 430' Feet	
	NHR ☐ SIGW	Multiple Stage Cementing Collar Used? ✓ Yes No	
	SSW Temp. Abd.	If yes, show depth set: 1420' Feet	
CM (Cost Bed Methane)	- Tomp. Tabl		
Cathodic Other (Core, Expl., e	etc.):	If Alternate II completion, cement circulated from: 1420'	
If Workover/Re-entry: Old Well Info as follows:		feet depth to: surface w/ 190 sx cmt.	
Operator:			
Well Name:		Drilling Fluid Management Plan	
		(Date must be collected from the Reserve Pit)	
Original Comp. Date: Or		Chloride content: 15,000 ppm Fluid volume: 320 bbls	
	Conv. to ENHR	Dewatering method used: Evaporation	
Plug Back:	Conv. to GSW	Location of fluid disposal if hauled offsite:	
<u> </u>	it#:	Escation of haid disposal in fladied dissile.	
	it #:	Operator Name:	
_ ·	it #:	Lease Name:License #:	
•	it #:	Quarter SecONFIDENTIAL S. R. RECETIVED	
	it #:	County: OCT Z 8 2013 nit #: RECEIVED	
9/21/11 10/1/11	10/26/11	OCT 2.8 20st	
Spud Date or Date Reached TD	Completion Date or	KCC CC 2 0 2011	
Recompletion Date	Recompletion Date	KCC WICHITA	
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 sp	oud date, recompletion, workover or control for a pariet of 12 months if an	onversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information	
tiality in excess of 12 months). One con	dential for a period of 12 months if req	quested in writing and submitted with the form (see rule 82-3-107 for confiden-	
BE ATTACHED. Submit CP-4 form with	all plugged wells. Submit CP-111 for	rm with all temporarily abandoned wells.	
AFFIL	DAVIT	KCC Office Use ONLY	
am the affiant and I hereby certify that all re			
ations 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.			
Prior frig affect lieura Lieuenia and Cambridie a	ing contact to the nest of my knowledg	confidential Release Date:	
	$\langle \rangle$	☑ Wireline Log Received	
Signature:		Geologist Report Received	
Title: Foremen	Date: 10/27/11	UIC Distribution	
		ALT [] I [] III Approved by: 1 Date: 1 L	