

CONFIDENTIAL

ORIGINAL
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

11/29/13
Form ACO-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
Name: American Warrior Inc.
Address 1: P.O. Box 399
Address 2: _____
City: Garden City State: Ks. Zip: 67846 + _____
Contact Person: Jody Smith
Phone: (620) 275-2963
CONTRACTOR: License # 5822
Name: Val Energy Inc.
Wellsite Geologist: Harley Sayles
Purchaser: NCRA

API No. 15 - 069-20352 . 00 . 00
Spot Description: _____
SW NE SW NW Sec. 4 Twp. 24 S. R. 29 East West
1,700 Feet from North / South Line of Section
750 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Gray
Lease Name: O'Brate Well #: 6-4
Field Name: Cecil

Producing Formation: Morrow
Elevation: Ground: 2774' Kelly Bushing: 2784'
Total Depth: 4880' Plug Back Total Depth: 4845'
Amount of Surface Pipe Set and Cemented at: 523' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2967' Feet
If Alternate II completion, cement circulated from: 2967'
feet depth to: surface w/ 250sx sx cmt.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., 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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

10/21/11	10/29/11	11/23/11
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 15,000 ppm Fluid volume: 80 bbls
Dewatering method used: Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. East West
County: _____ Permit #: _____

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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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: Foreman Date: 11/28/11

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: 11.29.11 - 11.29.13
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: [Signature] Date: 12-7-11