WELL COMPLETION FORM

Date Commission Expires 2-14-93

WELL COMPLETION FORM	countyScott
ACO-1 WELL HISTORY BESCRIPTION OF WELL AND LEASE	
Operator: License # 4058	3300 · Feet from E/N (circle one) Line of Section
Name: AMERICAN WARRIOR, INC.	1 Feet from (E/W (circle one) Line of Section
Address P.O. Box 399	 Footages Calculated from Nearest Outside Section Corner:
Garden City, KS 67846	NE. (SE) NW or SW (circle one)
City/State/Zip	Lease Name MARK Yett # 1
Purchaser: None	Field Name Roth Felder
Operator Contact Person: Michael J. Wreath	Producing Formation None
Phone (316) 275-2963	Elevation: Ground
Centractor: Name: ALLEN DRILLING COMPANY	Total Depth 4860' PATD 4817
	Amount of Surface Pipe Set and Comented at 365 Fee
License: 5418	Multiple Stage Cementing Collar Used? Yes _X No.
Wellsite Goologist: Michael J. Wreath	If yes, show depth set Fee
Designate Type of Completion X New Well Re-Entry Workover	If Alternate II completion, coment circulated from
	feet depth tow/sx cmt.
OilSWDSIGWTemp. AbdGesENHRSIGW Y DryOther (Core MSW Expl. Cathodic atc	Drilling Fluid Management Plan D&A & 7 4-20-94
If Workover/Re-Entry: old well info as follows:	(Data must be collected from the Reserve Pit)
Operator: N/A	Chloride content 3,000 ppm Fluid volume@200 bbl
Well Name:	1
Comp. Date Old Total Depth	Location of fluid disposal if hauled offsite:
Deepening Re-perf Conv. to Inj/SWD PBTD	Operator Name
Commingled	Lease NameLicense No.
Other (SWD or Inj?) Docket No.	Quarter Sec Twp \$ Rng E/V
12/10/91 12/21/91 4-1-92 Spud Date Date Reached TD Completion Date	County Docket No
INSTRUCTIONS: An original and two copies of this form sha	ll be filed with the Kansas Corporation Commission, 200 Colorado
Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of	of the spud date, recompletion, workover or conversion of a well. n side two of this form will be held confidential for a period of
months). One copy of <u>all</u> wireline legs and goolegist well	he form (see rule 82-3-107 for confidentiality in excess of 12 report shall be attached with this form. ALL CEMENTING TICKETS
MUST BE ATTACHED. Submit CP-4 form with all plugged w	elis. Submit CP-111 form with all temporarily abandoned wells.
All requirements of the statutes, rules and regulations promu with and the statements herein are complete and correct to	ligated to regulate the oil and gas industry have been fully complied the best of my knowledge,
· · · · · · · · · · · · · · · · · · ·	•
Signeture minhal & Wanhil,	K.C.C. OFFICE USE ORLY
Title Company Ceologist Date A	pri/ 8, 1992 C Wireline Log Received
Subscribed and sworn to before se this 8th day of 0	### R.C.C. OFFICE USE OWLY F

171-20,440 0000

2.14-93.

Ferm ACO-1 (7-91)

tribution \$WD/Rep

Plug

Other|

(Specify)

American Warrior, Inc.
Mark No. 1
C SW NE Sec. 18-20S-33W
Scott County, Kansas

DST No. 1: 4491 -4569

Testing Periods: 30"-60"-15"-60" Recovery: 33' Slight oil cut mud

Pressures: IFP: 49-49 lbs. FFP: 49-49 lbs.

ISIP: 847 lbs. FSIP: 769 lbs.

HH: 2229 - 2209 lbs.

BHT: 110°F.

DST No. 2: 4652 -4705

Testing Periods: 30"-60"-15"-60"

Recovery: 30' Mud

Pressures: IFP: 79-79 lbs., FRP: 79-79 lbs.

ISIP: 168 lbs. FSIP: 98 lbs.

HH: 2328-2328 lbs.

BHT: 111° F.

DST No. 3: 4652-4715

Testing Periods: 60"-60"-60"-60"

Recovery: 20' Slight mud cut oil (10% gas, 80% oil, 10% mud)

28°

180' Mud cut oil (10% gas, 70% oil, 20% mud)

Pressures: IFP: 74-82 lbs., FFP: 108-118 lbs.

ISIP: 424 lbs. FSIP: 415 lbs.

HH: 2347-2298 lbs.

BHT: 111° F.

KANSAS CORPORATION COMMISSION

PLEASE TYPE ALL INFORMATION

TEMPORARY ABANDONED WELL APPLICATION ALL REQUESTED INFORMATION MUST BE SHOWN

OPERATOR LIC.#	4058								350						
ATE		.992						T LOCATION							
PERATOR NAME	American V	Warrior, I	nc.					,440					FEE	T FROM	SOUTH LIN
MAILING ADDRESS	P. O. Box	399				E OF WELL	<u>Oil</u>	<u> </u>		TOTAL DI	EPTH <u>486</u>	50 '			
CITY, STATE						E DRILLED	Dec.	10, 1991		DATE SH	ut-IN <u>A</u> E	oril J	l, 19	92	
CONTACT PERSON M						KET NO. II	SWD OR 1	INJ	<u> </u>	 -			····		
SIGNATURE OF OPERA	ATOR				* TY	IPE OF WEL	L INDEX:	OIL GAS SWD 1	INJ WS	i					
						RFACE CAS	ING				OTH	ER CASI	NG		
•	PLUG BACK DEPTH	PLUG BACK METHOD	DEPTH TO FLUID FROM SURFACE	ELEVATION	SIZE	DEPTH	CMT AM	CONDITION T OF CASING		1 ZE	DEPTH	CMT A	MT	COND I	
	4817	Shoejoint	2650'	2988 KD	 8 - 5/8"	365'	200 SX	New	\ 	1 11	4859¹	150SX		Good .	
INITIAL PEOLIFST	<u> </u>		<u> </u>	<u> </u>			d. frac.	Cherokee Sand	was nor		rcial. Av	VI want	s to		
RENEWAL REQUEST	<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				e converted to		\				ll be r	hecculo
RENEWAL REGUEST	CLIII ax	orier werr o	II PALK LOOSE	2. II Suu	assiui (JE PELK									
DEPTH AND TYPE O	F TOOLS/JUNK IN	HOLE Non	e										<u>_,</u> -		
DEPTH AND TYPE OF	F TOOLS/JUNK IN	HOLE Non	e	Alt II cem	enting h	nas not b	en dane		CMT.	AMT.			.		
DEPTH AND TYPE OF	F TOOLS/JUNK IN ALT. 1 [] None	HOLE Non	e [] DEPTH	Alt II ceme	enting h	nas not b	en dane	INCH AT	смт.	AMT.					FEET
DEPTH AND TYPE OF TYPE COMPLETION:	F TOOLS/JUNK IN ALT. I [] None	HOLE Non	e [] DEPTH	Alt II ceme	enting h	nas not b	en dane	INCH AT	смт.	AMT.					FEET
DEPTH AND TYPE OF	F TOOLS/JUNK IN ALT. I [] None	HOLE Non	e [] DEPTH	Alt II ceme	enting h	nas not b	en done		смт.	AMT.					FEET
DEPTH AND TYPE OF TYPE COMPLETION:	None	HOLE Non	e [] DEPTH	Alt II ceme	enting h	nas not b	en done	INCH AT	смт.	AMT.					FEET
DEPTH AND TYPE OF TYPE COMPLETION: TUBING IN HOLE: PACKER TYPE:	None Formati	HOLE Non	e [] DEPTH	Alt II ceme	enting h	nas not b	en dane	INCH AT	СМТ.	AMT.					FEET FEET
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DEPTH AND TYPE OF TYPE COMPLETION: TUBING IN HOLE: PACKER TYPE: 1MORROW S 2 Cherokee	None Formati Sand	HOLE Non	e	Alt II cem	enting h	nas not b	een done	INCH AT INCH SET AT Bottom 4708	CMT.	Perfe	oration (X	(1 or	Open Open	Hole [FEET FEET
DEPTH AND TYPE OF TYPE COMPLETION: TUBING IN HOLE: PACKER TYPE: 1	None None None Formati Sand	HOLE Non	e	Alt II cem	enting h	nas not b	een done	INCH AT INCH SET AT Bottom	CMT.	Perfe	oration (X oration (X oration ((1 or (1 or 1 or	Open Open Open	Hole [Hole [FEET FEET
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DEPTH AND TYPE OF TYPE COMPLETION: TUBING IN HOLE: PACKER TYPE: 1 MORTOW S 2 Cherokes 3 DO NOT WRITE IN	None Formati Sand THIS ONLY DATE TESTE	HOLE Non	E DEPTH	Alt II ceme At: At: ESULIS	enting h	nas not b	to	INCH AT INCH SET AT Bottom 4708	feet _ feet _ feet	Perfe	oration (X oration (X oration (() or) or	Open Open Open	Hole [Hole [WICE	FEET FEET