

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED ORIGINAL

AUG 04 2010

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

KCC WICHITA

8/4/12

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
Wellsite Geologist: Jim Musgrove
Purchaser: N/A

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 #:

5/18/10 5/24/10 7/23/10
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 159-22, 611 -0000
Spot Description: NE-SW-NW-SE
NE SW NW SE Sec. 13 Twp. 19 S. R. 10 East West
1,846 Feet from North / South Line of Section
2,296 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rice
Lease Name: Link Well #: 1-13
Field Name: Chase-Silica
Producing Formation: Arbuckle
Elevation: Ground: 1749 Kelly Bushing: 1757
Total Depth: 3375' Plug Back Total Depth: 3336'
Amount of Surface Pipe Set and Cemented at: 310' 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/ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 18,000 ppm Fluid volume: 95 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 #:

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: Geologist Date: 8/2/10

KCC Office Use ONLY

- Letter of Confidentiality Received Date: 8/4/10 - 8/4/12
- Confidential Release Date:
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NJ Date: 8/3/10

Operator Name: American Warrior, Inc Lease Name: Link Well #: 1-13 **AUG 04 2010**
 Sec. 13 Twp. 19 S. R. 10 East West County: Rice **CONFIDENTIAL**

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 complete copy of all Electric Wire-line 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: DIL,CNL/CDL,BHCS,MIL	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Stone Corral</td> <td>407'</td> <td>+1350</td> </tr> <tr> <td>Base Stone Corral</td> <td>431</td> <td>+1326</td> </tr> <tr> <td>Heebner</td> <td>2796</td> <td>-1039</td> </tr> <tr> <td>Brown Lime</td> <td>2921</td> <td>-1164</td> </tr> <tr> <td>Lansing</td> <td>2951</td> <td>-1194</td> </tr> <tr> <td>Base Kansas City</td> <td>3230</td> <td>-1473</td> </tr> <tr> <td>Arbuckle</td> <td>3262</td> <td>-1505</td> </tr> </table>	Name	Top	Datum	Stone Corral	407'	+1350	Base Stone Corral	431	+1326	Heebner	2796	-1039	Brown Lime	2921	-1164	Lansing	2951	-1194	Base Kansas City	3230	-1473	Arbuckle	3262	-1505
Name	Top	Datum																							
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Arbuckle	3262	-1505																							

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#	310'	Common	250	3%cc 2%gel
Production	7-7/8"	5-1/2"	14#	3370'	Standard	175	Flocele

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
4	3269'-3274'	500 Gal 20% MCA	Same

TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>3367'</u> Packer At: _____		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First, Resumed Production, SWD or ENHR: <u>N/A</u>	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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------



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

TICKET
17613

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PAGE 1 OF 2

WELL/PROJECT NO. *#1-13* LEASE *Link* COUNTY/PARISH *Rice* STATE *Ks* CITY *Location* DATE *5-23-10* OWNER *Same*
 SERVICE LOCATIONS *Mays, Ks*
Ness City, Ks
 TICKET TYPE SERVICE SALES CONTRACTOR *Duk #8* RIG NAME/NO. SHIPPED *VA* DELIVERED TO *Location* ORDER NO.
 WELL TYPE *oil* WELL CATEGORY *development* JOB PURPOSE *Longstring* WELL PERMIT NO. WELL LOCATION
 REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #111	75	mi			5 ⁰⁰	375 ⁰⁰
578		1			Pump Charge (Longstring)	1	ea	3375		1400 ⁰⁰	1400 ⁰⁰
221		1			KEL	2	gal			25 ⁰⁰	50 ⁰⁰
281		1			Mud/Flush	500	gal			1 ⁰⁰	500 ⁰⁰
402		1			Centralizers	6	ea	5 1/2"		55 ⁰⁰	330 ⁰⁰
403		1			Basket	1	ea			200 ⁰⁰	200 ⁰⁰
406		1			L D Plug + Baffle	1	ea			225 ⁰⁰	225 ⁰⁰
407		1			Insert. Float shoe w/fill	1	ea			275 ⁰⁰	275 ⁰⁰

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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 *5-23-10* TIME SIGNED *1625* 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		AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				Page 2	4199 ⁰⁰
WE UNDERSTOOD AND MET YOUR NEEDS?				PAGE TOTAL	3355
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				subtotal	3355 ⁰⁰
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Rice TAX 6.3%	7554 ⁰⁰
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			304 ²⁹
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	7858 ²⁹

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

SW:FT OPERATOR *[Signature]* APPROVAL

Thank You!

P. 4
 1-785-798-2384
 Kendra Mays
 AUG 02 10 04:12P

JOB LOG

SWIFT Services, Inc.

DATE 5-23-10 PAGE NO. 9

CUSTOMER America Warrior Inc WELL NO. # 1-13 LEASE Link JOB TYPE Longstring TICKET NO. 17613

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1145							on loc w/ FE
								RTD 3375'
								5 1/2" x 14" x 33' x
								Cent. 2, 5, 7, 9, 11, 13
								Bucket 4
	1300							Start FE
	1420							Break Circ
	1525	2.5	7/5					Plug R H + MH
	1535	4.5	0			150		Start Mud Plush
		4.5	12/0			150		Start KCL Plush
	1540	5.5	20/0			200		Start Cement
	1545		31					End Cement
								Wash P/L
								Drop Plug
	1550	6.5	0			200		Start Displacement
	1600	5				300		Catch Cement
	1605		82			700/1200		Land Plug
								Release Pressure
								Float Held

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Thank you KCC WICHITA
Nick, Josh F. & Russ

ALLIED CEMENTING CO., LLC. 041694

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

RCU
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SERVICE POINT: Russell

DATE <u>8/10</u>	SEC. <u>13</u>	TWP. <u>19</u>	RANGE <u>10</u>	ON LOCATION	JOB START <u>10:30am</u>	JOB FINISH <u>11:00am</u>
LEASE <u>Link</u>	WELL # <u>1-13</u>	LOCATION <u>Case 14-3/21 11.10</u>	COUNTY <u>Rice</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)						

CONTRACTOR Duke #2
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 310
 CASING SIZE 8 5/8 DEPTH 310
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 18 1/2 B/L
 EQUIPMENT _____
 PUMP TRUCK CEMENTER Clay
 # 3417 HELPER 12057
 BULK TRUCK _____
 # 481 DRIVER Lee
 BULK TRUCK _____
 # _____ DRIVER _____

OWNER _____
 CEMENT AMOUNT ORDERED 250 Cam 39616
 _____ 24616
 COMMON 250 @ 13.50 3375.00
 POZMIX _____ @ _____
 GEL 5 @ 20.25 101.25
 CHLORIDE 9 @ 51.50 463.50
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
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 HANDLING 125 @ 2.25 281.25
 MILEAGE 110/14/16 300.00
 TOTAL 4521.00

REMARKS:

8 5/8 casing on bottom for circulation
Mix 250 SK 4 1/2 bags Diva
(Boreat Computer)

Thank's!

CHARGE TO: American Wicher
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 471.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 17 @ 7.00 119.00
 MANIFOLD _____ @ _____
 _____ @ _____
 TOTAL 410.00

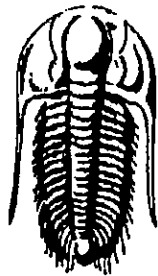
PLUG & FLOAT EQUIPMENT

8 5/8 wiper plug @ _____ N-S
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL N-S

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 Steve H. Stephens
 SIGNATURE Steve H. Stephens

SALES TAX (If Any) _____
 TOTAL CHARGES 4521.00
 DISCOUNT _____ IF PAID IN 30-DAYS _____



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **American Warrior, Inc.**

P.O.Box 399
Garden City, KS 67846-0399

ATTN: Jim Musgrove

13-19s-10w Rice KS

Link #1-13

Start Date: 2010.05.22 @ 09:55:00

End Date: 2010.05.22 @ 16:53:30

Job Ticket #: 36275 DST #: 1

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Trilobite Testing, Inc
PO Box 1733 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

American Warrior, Inc.

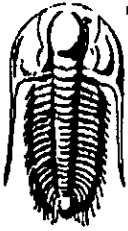
Link #1-13

13-19s-10w Rice KS

DST # 1

ARBUCKLE

2010.05.22



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior, Inc.

Link #1-13

P.O.Box 399
Garden City, KS 67846-0399

13-19s-10w Rice KS

Job Ticket: 36275 **DST#: 1**

ATTN: Jim Musgrove

Test Start: 2010.05.22 @ 09:55:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 50.00 sec/qt
Water Loss: 8.78 in³
Resistivity: ohm.m
Salinity: 3700.00 ppm
Filter Cake: inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 42 deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
710.00	Clean Gassy Oil 15%g 85%o	9.959
80.00	HGOOCM 30%g 10%o 60%m	1.122
0.00	410' GIP	0.000
0.00	42 corrected gravity	0.000

Total Length: 790.00 ft Total Volume: 11.081 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:

