



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

Form Must Be Typed Form must be Signed All blanks must be Filled

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4058 Name: American Warrior, Inc. Address 1: 3118 Cummings Rd Address 2: PO BOX 399 City: GARDEN CITY State: KS Zip: 67846 Contact Person: Joe Smith Phone: (620) 275-2963 CONTRACTOR: License # 5929 Name: Duke Drilling Co., Inc. Wellsite Geologist: Kevin Timson Purchaser: NCRA

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [X] Oil [] WSW [] SWD [] SIOW [] 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 #:

09/29/2012 10/07/2012 10/18/2012 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-069-20397-00-00

Spot Description: SE NW NW NW Sec. 15 Twp. 24 S. R. 30 [] East [X] West 394 Feet from [X] North / [] South Line of Section 652 Feet from [] East / [X] West Line of Section

Footages Calculated from Nearest Outside Section Corner: [] NE [X] NW [] SE [] SW

County: Gray

Lease Name: Wehkamp Well #: 1-15

Field Name:

Producing Formation: Morrow

Elevation: Ground: 2843 Kelly Bushing: 2856

Total Depth: 4985 Plug Back Total Depth: 4954

Amount of Surface Pipe Set and Cemented at: 309 Feet

Multiple Stage Cementing Collar Used? [X] Yes [] No

If yes, show depth set: 3096 Feet

If Alternate II completion, cement circulated from: 3096

feet depth to: 0 w/ 315 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 14000 ppm Fluid volume: 80 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite:

Operator Name:

Lease Name: License #:

Quarter Sec. Twp. S. R. [] East [] West

County: Permit #:

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.

Submitted Electronically

KCC Office Use ONLY

[X] Letter of Confidentiality Received Date: 10/24/2012 [] Confidential Release Date: [X] Wireline Log Received [X] Geologist Report Received [] UIC Distribution ALT [] I [X] II [] III Approved by: NAOMI JAMES Date: 10/25/2012