



KANSAS CORPORATION COMMISSION 1099125
OIL & GAS CONSERVATION DIVISION

CONFIDENTIAL

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: 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: Plains Marketing

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 #: _____

10/04/2012	10/11/2012	10/26/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-083-21852-00-00
Spot Description: _____
SW SE NE NW Sec. 9 Twp. 24 S. R. 21 East West
1042 _____ Feet from North / South Line of Section
2082 _____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Hodgeman
Lease Name: Family Farm Well #: 3-9
Field Name: Saw log Creek Southeast

Producing Formation: Mississippian
Elevation: Ground: 2363 Kelly Bushing: 2371
Total Depth: 4657 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 224 _____ Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1444 _____ Feet
If Alternate II completion, cement circulated from: 1444
feet depth to: 0 _____ w/ 150 _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 14000 _____ ppm Fluid volume: 60 _____ 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

- Letter of Confidentiality Received
Date: 10/29/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 11/05/2012