

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 109-20,672-0000
County Logan
C - N/2 SE-SW Sec. 13 Twp. 11 Rge. 34 ^E _W

Operator: License # 4058
Name: American Warrior Inc.
Address p.o. box 399,
Garden City, Ks.
City/State/Zip 67846

1000 Feet from (circle one) Line of Section
1940 Feet from (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE. NW or SW (circle one)

Purchaser: D/A.
Operator Contact Person: Kevin Wiles Sr.
Phone (316) 275-2963
Contractor: Name: Discovery Drlg.
License: 31548
Wellsite Geologist: Alan Downing

Lease Name Wassemiller Well # 5
Field Name wassemiller
Producing Formation D.A.
Elevation: Ground 3157 KB 3165
Total Depth 4740 PBTD n/a

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGU
 Dry Other (Corr, USW, Expl., Cathodic, etc)

Amount of Surface Pipe Set and Cemented at 219 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from n/a.
feet depth to _____ w/ _____ sx cat

If Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
8-7-98 8-15-98 8-15-98
Spud Date Date Reached TD Completion Date

Drilling Fluid Management Plan DFA 10-11-99
(Data must be collected from the Reserve Pit)
Chloride content 11,000 ppm Fluid volume 400 bbls
Dewatering method used evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ license No. _____
Quarter Sec. Twp. S Rng. E/W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 on 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.

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 _____
Title Production Supt. Date 8-16-99
Subscribed and sworn to before me this 16th day of August 1999.
Notary Public Debra Purcell
Date Commission Expires 11-4-99
DEBRA J. PURCELL
Notary Public - State of Kansas
My Appt. Expires 11/4/99

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NSPA
 KGS Plug Other
(Specify)

X

ORIGINAL

SIDE TWO

Operator Name American Warrior Inc. Lease Name Wassemiller Well # #5

Sec. 13 Twp. 11 Rge. 34 East West County Logan

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	anhydrite	2628	-537
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	heebner	4043	-878
List All E.Logs Run: CNDL. WGR. DIL. Sonic.		toronto	4070	-905
		LKC.	4084	-919
		stark shale	4311	-1146
		Bkc.	4378	-1215
		marmaton	4408	-1243
		pawnee	4500	-1335
		fort scott	4560	-1395
		cherokee shale	4590	-1425
		johnson	4634	-1469
		mississippian	4710	-1545

CASING RECORD <input type="checkbox"/> New <input checked="" 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 1/2	8-5/8	23#	219'	60/40poz	170	2%gel&3%cc

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth
	D/A.			

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		Producing Method		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) D/A.

Production Interval: _____



ADDRESS: *American Well Co*
 CITY, STATE, ZIP CODE: *Box 399 Garden City, KS 67846*

ORIGINAL
 No. 396494 - X

PAGE 1 OF 3

1. SERVICE LOCATIONS	WELL/PROJECT NO	LEASE	COUNTY/PARISH	STATE	CITY/OFFSHORE LOCATION	DATE	OWNER
2. <i>35525 Hwy K</i>	<i>#5</i>	<i>Winn-Dixie</i>	<i>LeFlore</i>	<i>KS</i>		<i>8-7-92</i>	<i>Winn-Dixie</i>
3. TICKET TYPE	NITROGEN	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
<input checked="" type="checkbox"/> SERVICE	<input type="checkbox"/> YES	<i>Winn-Dixie</i>	<i>#3</i>	<i>CT</i>	<i>well site</i>		
<input type="checkbox"/> SALES	<input type="checkbox"/> NO						
4. WELL TYPE	WELL CATEGORY	JOB/PURPOSE	WELL PERMIT NO.	WELL LOCATION			
<i>01</i>	<i>01</i>	<i>well</i>		<i>13-11-24</i>			
REFERRAL LOCATION	INVOICE INSTRUCTIONS						
	<i>2-1/2 Sur face</i>						

JOB PURPOSE	PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
			LOC	ACCT	DF							
						MILEAGE						
						Pump						
						Lease						

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.

Done *Chandler*
 DATE SIGNED: *8-7-92* TIME SIGNED: *1:30* A.M. P.M.

do do not require IPC (Instrument Protection) Not offered

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

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT): *Chandler* CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): *X Chandler* HALLIBURTON OPERATOR/ENGINEER: *John Smith* EMP #:

CONFIDENTIAL

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15/09/2007 20:07:20

CONFIDENTIAL

TICKET # 396-94 TICKET DATE 8-7-98
 BDA / STATE Ks COUNTY Logan
 PSL DEPARTMENT 5001 CUSTOMER REP / PHONE 15109206720000
 CUSTOMER REP / PHONE Tom Alton API / UWI # Gary Cloward
 DEPARTMENT 5001 JOB PURPOSE CODE 010

REGION North America NWAL / TRY 71111 Cont
 MBU ID / EMP # HAG102 86101 EMPLOYEE NAME Allen F. Werth
 LOCATION 25525 Hays Ks COMPANY AMM. Warrior
 TICKET AMOUNT 4500.00 WELL TYPE 01
 WELL LOCATION Monument Ks DEPARTMENT 5001
 LEASE / WELL # Wassamiller #5 SEC / TWP / RNG 13-11-34

ORIGINAL

HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS
<u>Allen F. Werth 86101 2</u>			
<u>Ron Berens 57221 2</u>			
<u>Mel Karling 61511 2</u>			

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
<u>420624 P.4</u>							
<u>51374 RCM</u>							
<u>52418 BIK</u>							

Form Name _____ Type: _____
 Form Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Misc. Data _____ Total Depth 221

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
<u>8-7-98</u>	<u>1230</u>	<u>1505</u>	<u>1530</u>	<u>1700</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar		
Float Shoe		
Guide Shoe		
Centralizers		
Bottom Plug		
Top Plug <u>LA-11 8 5/8</u>	<u>1</u>	<u>Houco</u>
Head		
Packer		
Other		

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing		<u>20</u>	<u>8 5/8</u>	<u>KB</u>	<u>219</u>	
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole				<u>219</u>	<u>221</u>	SHOTS/FT.
Perforations						
Perforations						
Perforations						

MATERIALS

Treat Fluid	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perpac Balls	Qty.	
Other		
Other		
Other		
Other		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
<u>8-7-98</u>	<u>2</u>	<u>8-7-98</u>	<u>1</u>	<u>8 5/8 surface</u>
TOTAL	2	TOTAL	1	

ORDERED _____ HYDRAULIC HORSEPOWER _____
 TREATED _____ AVERAGE RATES IN BPM _____
 FEET 20 CEMENT LEFT IN PIPE _____
 Reason Requested.

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
	<u>170</u>	<u>40/60</u>	<u>BIK</u>	<u>2 1/2 gal 390cc</u>	<u>1.31</u>	<u>13.61</u>

Circulating _____ Displacement _____
 Breakdown _____ Maximum _____
 Average _____ Frac Gradient _____
 Shut In: Instant _____ 5 Min _____ 15 Min _____

Preflush: Gal - BBI _____ Type _____
 Load & Bkdn: Gal - BBI _____ Pad: BBI - Gal _____
 Treatment Gal - BBI _____ Disp: BBI Gal _____
 Cement Slurr Gal - BBI 39.66
 Total Volume Gal - BBI _____

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT CUSTOMER'S REPRESENTATIVE SIGNATURE _____



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TICKET CONTINUATION

ORIGINAL

TICKET NO. 15-109-20672-0000

HALLIBURTON ENERGY SERVICES

CUSTOMER: American Warrior

WELL: Wassemler #5

DATE: 8/7/95

PAGE: 1

Truck# (s) 52418

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	QTY		UNIT PRICE	AMOUNT
		BLOC	ACCT	DF		QTY	UM		
504-135					40/50 Pozmix Standard	170	sk	\$8.71	\$1,480.70
506-121					Halliburton Gel @2%	3	sk		N/C
509-405					Calcium Chloride	4	sk	\$46.90	\$187.60
500-207					SERVICE CHARGE				
500-305					MILEAGE CHARGE				
					TOTAL WEIGHT	14	339		
					LOADED MILES	50			
					TON MILES	356	475		
					CUBIC FEET	178		1.68	\$295.46
								1.25	\$448.09

660370
AUG 10 1995
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15-109-20672-0000

No. B 660370

CONTINUATION TOTAL \$ 2,411.85

