

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

Operator: License # 4058
 Name: American Warrior, Inc.
 Address P.O. Box 399
 City/State/Zip Garden City, KS 67846
 Purchaser: NA
 Operator Contact Person: Scott Corsair
 Phone (785) 398-2270
 Contractor: Name: Southwest Well Service
 License: 4058
 Wellsite Geologist: NA

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

If Workover:
 Operator: Ewer Petr. & Rains & Williamson
 Well Name: #1 Young
 Comp. Date 3-27-80 Old Total Depth 4215'
 * **XXX PLUGGED & ABANDONED**
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
 * **FROM PLUG BACK DEPTH TO SURFACE**
 11-4-1994 NA 6-21-1995
 Date of REENTRY Date Reached TD Completion Date

API NO. 15- 135-21729-0001
 County Ness
SE - NW - NW - Sec. 13 Twp. 18 Rge. 21 ^E _W
990 Feet from S (circle one) Line of Section
990 Feet from E (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE, SE, N or SW (circle one)
 Lease Name Young Well # 1 OWWO
 Field Name Elmore SW A
 Producing Formation NA
 Elevation: Ground 2144 KB 2149
 Total Depth 2500 PBDT NA
 Amount of Surface Pipe Set and Cemented at 322 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 P&A OF REENTERED WELL *JR*
 (Data must be collected from the Reserve Pit) 2-27-98
 Chloride content 12000 ppm Fluid volume 350 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, 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 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 Scott Corsair
 Title Geologist Date 1-9-1998
 Subscribed and sworn to before me this 9th day of January, 1998.
 Notary Public Bernice Moore
 Date Commission Expires 2/7/98

NOTARY PUBLIC - State of Kansas
 BERNICE MOORE
 My Appt. Exp. 2/7/98

K.C.C. OFFICE USE ONLY
 F Letter of Confidentiality Attached
 W Wireline Log Received
 C Geologist Report Received
 JAN 13 1998
 Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
 1-13-98
 (Specify)

Operator Name American Warrior, Inc. Lease Name Young Well # 1 OWWO

Sec. 13 Twp. 18 Rge. 21 East West County Ness

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 (Submit Copy.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No List All E.Logs Run:	<input type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datum Name Top Datum OWWO unable to reach old TD
---	---

CASING RECORD <input 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		322	unknown	180	
Production	7 7/8	4 1/2		4214	unknown	150	

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

TUBING RECORD		Size <u>NA</u>	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. <u>P & A</u>			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) _____

Production Interval _____