

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

ORIGINAL

Operator: License # 4058

Name: American Warrior, Inc.

Address P. O. Box 399
Garden City, KS 67846

City/State/Zip _____

Purchaser: Koch

Operator Contact Person: Scott Corsair

Phone (785) 398-2270

Contractor: Name: Discovery Drilling, Inc.

License: 31548

Wellsite Geologist: Scott Corsair

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: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

7-14-97 7-19-97 8-29-1997
Spud Date Date Reached TD Completion Date

API NO. 15- 135-24007 0000

County Ness

300 NE - W/2 - NE Sec. 25 Twp. 19S Rge. 22 X W

1300 Feet from S (circle one) Line of Section

1720 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(NE) SE, NW or SW (circle one)

Lease Name Borger Well # 4

Field Name Schaben

Producing Formation Mississippian

Elevation: Ground 2275 KB 2283

Total Depth 4383 PBDT NA

Amount of Surface Pipe Set and Cemented at 504.16 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 1468 Feet

If Alternate II completion, cement circulated from 1468
feet depth to surface w/ 135 sx cmt.

Drilling Fluid Management Plan AH. 2, 3-12-98 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 21,000 ppm Fluid volume 1500 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 1-15-1998

Subscribed and sworn to before me this 15th day of January, 1998.

Notary Public Bernice Moore

Date Commission Expires 2/7/98

JAN 20 1998
1-20-98

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



Operator Name American Warrior, Inc. Lease Name Borger Well # 4

Sec. 25 Twp. 19S Rge. 22 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	<input type="checkbox"/> Log Formation (Top), Depth and Datums <input checked="" type="checkbox"/> Sample <table border="1"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>1492</td> <td>+791</td> </tr> <tr> <td>Heebner</td> <td>3746</td> <td>-1463</td> </tr> <tr> <td>Lansing</td> <td>3796</td> <td>-1513</td> </tr> <tr> <td>Pawnee</td> <td>4207</td> <td>-1924</td> </tr> <tr> <td>Ft. Scott</td> <td>4285</td> <td>-2002</td> </tr> <tr> <td>Cherokee</td> <td>4304</td> <td>-2022</td> </tr> <tr> <td>Mississippian Osage</td> <td>4374</td> <td>-2091</td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	1492	+791	Heebner	3746	-1463	Lansing	3796	-1513	Pawnee	4207	-1924	Ft. Scott	4285	-2002	Cherokee	4304	-2022	Mississippian Osage	4374	-2091
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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:																										

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 Pipe	12 1/4	8 5/8	23	504.16	60/40Poz	250	2%Gel&3%CC
Production St.	7 7/8	5 1/2	14	4376	60/40Poz	125	10%Salt-2%Gel

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0-1468	Midcon II	135	

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>2 7/8</u>	Set At <u>4360</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. <u>8-29-1997</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 <u>20</u> Bbls.	Gas <u> </u> Mcf	Water <u>30</u> Bbls.	Gas-Oil Ratio	Gravity <u>39</u>

Disposition of Gas: **METHOD OF COMPLETION** **Production Interval**

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 4376-4383

(If vented, submit ACO-18.) Other (Specify) _____



HALLIBURTON ENERGY SERVICES
HAL-1906-P

ADDRESS: *Am Wellco*
 CITY, STATE, ZIP CODE: *Greene City, Ks 67546*

No. **195997 - X**

PAGE 1 OF 2

SERVICE LOCATIONS 1. <i>Hays</i>	WELL/PROJECT NO. <i>#4</i>	LEASE <i>Deegan</i>	COUNTY/PARISH <i>Ness</i>	STATE <i>Ks</i>	CITY/OFFSHORE LOCATION	DATE <i>7-15-97</i>	OWNER <i>Amco</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <i>Disc</i>	RIG NAME/NO.	SHIPPED VIA <i>9797</i>	DELIVERED TO <i>Loc</i>	ORDER NO.
3.	WELL TYPE <i>01</i>	WELL CATEGORY <i>01</i>	JOB PURPOSE <i>010</i>	WELL PERMIT NO. <i>175-246070000</i>	WELL LOCATION <i>25-19-224</i>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117		1			MILEAGE <i>Trk # 52797</i>	110	mi			3.20	352.00
001-016		1			<i>lost pump chg 300-500</i>	174	ft			748.00	748.00
019-250		1			<i>plug container</i>	1	unit			0.00	0.00
020-003		1			<i>8 1/2" wooden plug</i>	1	unit			95.00	95.00
ORIGINAL											

STATE COMMISSION
 JAN 26 1998
 CONSERVATION DIVISION
 Wichita, Kansas

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

SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		SURVEY		AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					FROM CONTINUATION PAGE(S)
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?					
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?					SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE
TUBING SIZE	TUBING PRESSURE	WELL DEPTH	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
TREE CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					CUSTOMER DID NOT WISH TO RESPOND

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) <i>Dorby K...</i>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>X Dorby K...</i>	HALLIBURTON OPERATOR/ENGINEER <i>Nick Koche</i>	EMP # <i>H3115</i>	HALLIBURTON APPROVAL
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H 4660.34

REGION North America	NWA/COUNTRY USA	BDA / STATE Ks	COUNTY Ness
MBU ID / EMP # HA0501 / H3115	EMPLOYEE NAME Nick Korbe	PSL DEPARTMENT stin	
LOCATION Hays	COMPANY Am. Warrior	CUSTOMER REP / PHONE Scott Cairair	
TICKET AMOUNT 4600.24	WELL TYPE 01	API / UWI # 135-240070000	
WELL LOCATION 55, 2w Buzine Ks	DEPARTMENT cont	JOB PURPOSE CODE 010	
LEASE / WELL # Berge #4	SEC / TWP / RNG 25-19-22W		

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
N. Korbe	173115						
S. Engel							
L. Leiker							

ORIGINAL

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
38422	111						
51797	111						
7444/5070	111						

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

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
	7-14-97	7-18-97	7-19-97	7-19-97
TIME	2130	2330	0415	0445

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar		
Float Shoe		
Guide Shoe		
Centralizers		
Bottom Plug		
Top Plug 8 7/8 wooden	1	Hawco
Head		
Packer		
Other plug container	1	

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLO
Casing	N	23"	8 7/8	0		
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole						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.	lb
NE Agent	Gal.	lb
Fluid Loss	Gal/Lb	lb
Gelling Agent	Gal/Lb	lb
Fric. Red.	Gal/Lb	lb
Breaker	Gal/Lb	lb
Blocking Agent	Gal/Lb	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
TOTAL		TOTAL		

HYDRAULIC HORSEPOWER

ORDERED _____ Avail. _____ Used _____

AVERAGE RATES IN BPM

TREATED _____ Disp. _____ Overall _____

CEMENT LEFT IN PIPE

FEET _____ Reason _____

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GA
1	250	40/60 Perz	B	2'logel 370 C.C.	1.3	13.6

JAN 26 1998

Circulating _____	Displacement _____	Preflush: Gal - BBI _____	Type _____
Breakdown _____	Maximum _____	Load & Bkdn: Gal - BBI _____	Pad: BBI - Gal _____
Average _____	Frac Gradient _____	Treatment Gal - BBI _____	Disp: BBI - Gal 31.5
Shut In: Instant _____	5 Min _____ 15 Min _____	Cement Slurr Gal - BBI 58 bbl	Total Volume Gal - BBI 57.5 bbl

TICKET #	25927	TICKET DATE	7-19-97
REGION	North America	NWA/COUNTRY	USA
MBU ID / EMP #	HAC501 / H3115	BDA / STATE	Ks.
LOCATION	Hayes	PSL DEPARTMENT	stion
TICKET AMOUNT	14000.24	CUSTOMER REP / PHONE	Scott Corbett
WELL LOCATION	5334. Kazian	API / UWI #	155-240070000
LEASE / WELL #	Beiger #4	DEPARTMENT	cont
		SEC / TWP / RNG	25-17-2210
		JOB PURPOSE CODE	CIC

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
M. Kerbe H3115							
S. Fogal							
L. Leiker							

ORIGINAL

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
1	2150							7-14-97 pulled out
	2250							ca loc
	2340							hold safety only
	2400							out up to bit
								cont. bit
	0415	5	0					test mixing cont 7-15-97
	0420							cont cont change pipe
	0436							cont stop - circ @ 3000 ✓
	0440							500-10
	0510							release pres wash up to k
								wack up to k
	0530							job complete
								Thank you
								Nick, Scott, Lyle

RECEIVED
 STATE CORPORATION COMMISSION
 JAN 26 1998
 CONSERVATION DIVISION
 WATER PROGRAM