

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

API NO. 15- 135-23969 0000

County Ness
100' NW

SE - SW - NE Sec. 25 Twp. 19S Rge. 22 X W

2240 Feet from S(N) (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 # 3

Field Name Schaben

Producing Formation Mississippian

Elevation: Ground 2277 KB 2285

Total Depth 4386 PBTD

Amount of Surface Pipe Set and Cemented at 483.36 Feet

Multiple Stage Cementing Collar Used? x Yes No

If yes, show depth set 1487 Feet

If Alternate II completion, cement circulated from 1487

feet depth to surface w/ 155 sx cmt.

Drilling Fluid Management Plan ALT II 10-13-97
(Data must be collected from the Reserve Pit) DPW

Chloride content 23,000 ppm Fluid volume 3000 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.

Operator: License # 4058

Name: American Warrior, Inc.

Address P. O. Box 399

City/State/Zip Garden City, KS 67846

Purchaser: Texaco

Operator Contact Person: Scott Corsair

Phone (913) 398-2270

Contractor: Name: Discovery Drilling Inc.

License: 31548

Wellsite Geologist: Scott Corsair

Designate Type of Completion

x New Well Re-Entry Workover

x 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 PBTD

 Commingled Docket No.

 Dual Completion Docket No.

 Other (SWD or Inj?) Docket No.

11-25-96 11-30-96 12-1-96

Spud Date Date Reached TD Completion Date

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 1-14-97

Subscribed and sworn to before me this 14th day of January, 1997.

Notary Public Bernice Moore

Date Commission Expires 2/7/98



K.C.C. OFFICE USE ONLY DENY 7-21-97 DPW
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 # 3
 County Ness
 Sec. 25 Twp. 19S Rge. 22
 East
 West

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 Formation (Top), Depth and Datums <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>1496</td> <td>+789</td> </tr> <tr> <td>Heebner</td> <td>3746</td> <td>-1461</td> </tr> <tr> <td>Lansing</td> <td>3794</td> <td>-1509</td> </tr> <tr> <td>Pawnee</td> <td>4204</td> <td>-1919</td> </tr> <tr> <td>St. Scott</td> <td>4280</td> <td>-1995</td> </tr> <tr> <td>Cherokee</td> <td>4301</td> <td>-2016</td> </tr> <tr> <td>Mississippian</td> <td>4369</td> <td>-2084</td> </tr> <tr> <td>Osage</td> <td></td> <td></td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	1496	+789	Heebner	3746	-1461	Lansing	3794	-1509	Pawnee	4204	-1919	St. Scott	4280	-1995	Cherokee	4301	-2016	Mississippian	4369	-2084	Osage		
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Mississippian	4369	-2084																										
Osage																												

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 Pipe	12 1/4	8 5/8	24	483.36	60/40Poz	250	2%Gel&3%CC
Production St	7 7/8	5 1/2	14	4374	60/40Poz	150	2%Gel&10%Salt

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	Surf/1487	Midcon II	155	

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth	

TUBING RECORD	Size 27/8	Set At 4350	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 1-1-97		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 Bbls. 24	Gas Mcf	Water Bbls. 120	Gas-Oil Ratio 40

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled 4374-4386
 Other (Specify) _____

Production Interval



WELL DATA

FIELD _____ SEC 23 TWP. 9S RNG. 20 COUNTY M STATE I

FORMATION NAME _____ TYPE _____
FORMATION THICKNESS _____ FROM _____ TO _____
INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
PACKER TYPE _____ SET AT _____
BOTTOM HOLE TEMP. _____ PRESSURE _____
MISC. DATA _____ TOTAL DEPTH 4770

Table with columns: NEW USED, WEIGHT, SIZE, FROM, TO, MAXIMUM PSI ALLOWABLE. Rows: CASING, LINER, TUBING, OPEN HOLE, PERFORATIONS. Includes handwritten 'ORIGINAL' stamp.

JOB DATA

Table with columns: CALLED OUT, ON LOCATION, JOB STARTED, JOB COMPLETED. Includes handwritten dates and times.

TOOLS AND ACCESSORIES table with columns: TYPE AND SIZE, QTY., MAKE. Rows: FLOAT COLLAR, FLOAT SHOE, GUIDE SHOE, CENTRALIZERS, BOTTOM PLUG, TOP PLUG, HEAD, PACKER, OTHER.

PERSONNEL AND SERVICE UNITS table with columns: NAME, UNIT NO. & TYPE, LOCATION.

MATERIALS
TREAT. FLUID _____ DENSITY _____ LB/GAL. API
DISPL. FLUID _____ DENSITY _____ LB/GAL. API
PROP. TYPE _____ SIZE _____ LB.
ACID TYPE _____ GAL. _____ %
SURFACTANT TYPE _____ GAL. _____ IN
NE AGENT TYPE _____ GAL. _____ IN
FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN
GELLING AGENT TYPE _____ GAL.-LB. _____ IN
FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN
BREAKER TYPE _____ GAL.-LB. _____ IN
BLOCKING AGENT TYPE _____ GAL.-LB. _____
PERFPAC BALLS TYPE _____ QTY. _____
OTHER _____

DEPARTMENT _____
DESCRIPTION OF JOB _____
JOB DONE THRU: TUBING [] CASING [x] ANNULUS [] TBG./ANN. []
CUSTOMER REPRESENTATIVE [x] _____
HALLIBURTON OPERATOR _____ COPIES REQUESTED _____

CEMENT DATA

Table with columns: STAGE, NUMBER OF SACKS, CEMENT, BRAND, BULK SACKED, ADDITIVES, YIELD CU.FT./SK., MIXED LBS./GAL.

PRESSURES IN PSI
CIRCULATING _____ DISPLACEMENT _____
BREAKDOWN _____ MAXIMUM _____
AVERAGE _____ FRACTURE GRADIENT _____
SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____
HYDRAULIC HORSEPOWER _____
ORDERED _____ AVAILABLE _____ USED _____
AVERAGE RATES IN BPM _____
TREATING _____ DISPL. _____ OVERALL _____
CEMENT LEFT IN PIPE _____
FEET _____ REASON _____

SUMMARY

VOLUMES

PRESLUSH: BBL.-GAL. _____ TYPE _____
LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
TREATMENT: BBL.-GAL. _____ DISPL. (BBL.) GAL. _____
CEMENT SLURRY: BBL.-GAL. 541
TOTAL VOLUME: BBL.-GAL. _____

REMARKS

REMARKS section with handwritten notes and a large 'RECEIVED' stamp.

JOB LOG HAL-2013-C

CUSTOMER	WELL NO.	LEASE	JOB TYPE	TICKET NO.

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	11:00							Control out
	11:00							On line set up tank
								R. D. King Safety at 7
	11:00							500 84. 0.7 1.0
								ORIGINAL
	11:00							11:00 on mud pump & variable
								11:00 on mud
	11:00		500					more 2500 4000 lbs 21 61 34 cc
								Finished every R. D. King Top play
	11:00		274					Diagnose 274 ⁵⁰⁰ lbs
	11:00							Play down C.A. mud out 1 per
								Shut in to mud tank
								When out mud tank
	01:00							Trs Complete

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 MANSAS CORP COMM
 1997 JUL 18 10:25



HALLIBURTON ENERGY SERVICES

HAL-1906-P

ADDRESS: *American Warrior*
 Box 399
 CITY, STATE, ZIP CODE: *Garden City, Mo.*

CUSTOMER COPY
 No. 104158 - X
 PAGE 1 OF 2

SERVICE LOCATIONS 1. <i>Hwy. R 023335</i>	WELL/PROJECT NO. 13	LEASE <i>Boyer</i>	COUNTY/PARISH <i>Ness</i>	STATE <i>Mo.</i>	CITY/OFFSHORE LOCATION	DATE <i>11-26-96</i>	OWNER <i>Same</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>Discovery Drilling</i>	RIG NAME/NO. <i>Rig #1</i>	SHIPPED VIA <i>CIT</i>	DELIVERED TO <i>Location</i>	ORDER NO.
3.	WELL TYPE <i>01</i>	WELL CATEGORY <i>01</i>	JOB PURPOSE <i>010</i>	WELL PERMIT NO.	WELL LOCATION <i>Sec 25-93 22W</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 TRK# 51797 (RTM)	80	mil	1	unit	2.99	239.20
001-016		1			Pump Service	483	ft	1	unit	650.00	650.00
020-503		1			LA-11 Top Plug	1	eq	8 5/8	in	95.00	95.00

ORIGINAL
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 KANSAS OILFIELD CENTER
 097 JUL 18 PD 1:26

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 <i>X Tom A...</i> DATE SIGNED: _____ TIME SIGNED: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered	SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN	SURVEY AGREE <input type="checkbox"/> UN-DECIDED <input type="checkbox"/> DIS-AGREE <input type="checkbox"/>	PAGE TOTAL 984.00	
	TYPE LOCK _____ DEPTH _____ BEAN SIZE _____ SPACERS _____	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input type="checkbox"/>	WE UNDERSTOOD AND MET YOUR NEEDS? <input type="checkbox"/>	FROM CONTINUATION PAGE(S) 3,075.36
	TYPE OF EQUALIZING SUB. _____ CASING PRESSURE _____ TUBING SIZE _____ TUBING PRESSURE _____ WELL DEPTH _____	OUR SERVICE WAS PERFORMED WITHOUT DELAY? <input type="checkbox"/>	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? <input type="checkbox"/>	
	TREE CONNECTION _____ TYPE VALVE _____	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND...	SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE 4,059.56

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)	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)	HALLIBURTON OPERATOR/ENGINEER	EMP #	HALLIBURTON APPROVAL
	<i>X Tom A...</i>	<i>Roger B. Light</i>	<i>30119</i>	

JOB LOG HAL-2013-C

CUSTOMER American Oilfield	WELL NO. #3	LEASE KF Bonyon	JOB TYPE Top side	TICKET NO. 196153
-------------------------------	----------------	--------------------	----------------------	----------------------

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
1	0800							called out
	1200							on loc w/ Equip + test 155 SKS MID COND 2% CC 1/4" Flare/c/wk.
	1330	2				200 [#]		Discuss safety set up + Plan Job start to take 1 mi Rate - 280 m o 200 [#] Tool e 1487 - open st mix cart.
		3						circ to P.t w/ 12 BBLs cart Pump 90 BBLs cart pumped cart circ top.t. Fin mix cart
			89					Start Disp. 5 3/4 BBLs cap Pump 6 BBLs Disp. Close
		2	5			700 [#]		Port collar. + PSI up to 750 [#] Run Two Its - 7670 1547
		2	12					circ Hole close Pump 12 BBLs Pull tool Job complete
	1000							cart circ top.t. ✓
								Treat well - Pump acid Kinnegard # 1-A on loc.
	1540							Dump acid 250 gal Put 300 lbs S.W. Behind acid
	1700							Job complete - Finish paper work

ORIGINAL

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 KANSAS CORP COMM
 1997 JUL 18 P 1:25 PM

Thanks Allan, Craig, Kyle

WELL DATA

FIELD _____ SEC. _____ TWP. _____ RNG. _____ COUNTY _____ STATE _____

FORMATION NAME _____ TYPE _____
 FORMATION THICKNESS _____ FROM _____ TO _____
 INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
 PACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA Pre-cement 1107 TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING			2 3/4			
LINER						
TUBING			2 3/8			
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 12-17-96 TIME 0800	DATE 12-17-96 TIME 1300	DATE 12-17-96 TIME 1300	DATE 12-17-96 TIME 1300

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
	1997 JUL 8 PD 1:25	KANSAS CORP COMM

ORIGINAL

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. °API
 DISPL. FLUID _____ DENSITY _____ LB/GAL. °API
 PROP. TYPE _____ SIZE _____ LB.
 PROP. TYPE _____ SIZE _____ LB.
 ACID TYPE 250 GAL. 250 % 25
 ACID TYPE _____ GAL. _____ % _____
 ACID TYPE _____ GAL. _____ % _____
 SURFACTANT TYPE _____ GAL. _____ IN _____
 NE AGENT TYPE _____ GAL. _____ IN _____
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN _____
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN _____
 FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN _____
 BREAKER TYPE _____ GAL.-LB. _____ IN _____
 BLOCKING AGENT TYPE _____ GAL.-LB. _____
 PERFFAC BALLS TYPE _____ QTY. _____
 OTHER MS-7 1700, 200 1700
 OTHER 1/2" 1/2" 1700

DEPARTMENT 2001
 DESCRIPTION OF JOB open Post surface 01487

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X North Co.

HALLIBURTON OPERATOR Alan A. Wood COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	105	100-100	600	3	2000 100/100	3.24	11.1

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____
 BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 5
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____ CEMENT SLURRY: BBL.-GAL. 29
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____
 ORDERED _____ AVAILABLE _____ USED _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET _____ REASON _____

REMARKS

See Job Log for details
Plaster, white cement, etc.



HALLIBURTON ENERGY SERVICES
HAL-1906-P

CHARGE TO: *Revenue*
ADDRESS: *...*
CITY, STATE, ZIP CODE: *...*

FIELD COPY

TICKET

No.

196153-1

PAGE 1 OF 2

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KANSAS CORP COMM

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY/OFFSHORE LOCATION	DATE	OWNER
1. <i>Haystack</i>	<i>...</i>	<i>K.F. Rogers</i>	<i>1491</i>	<i>KS</i>	<i>...</i>	<i>12-15-76</i>	<i>...</i>
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
300-117		1			MILEAGE	20		14.21		284.20	284.20
009-134	009-019	1			Pump Service	1497		8.42		12550.00	12550.00
116-437		1			Put collar foot	1		5/8		350.00	350.00
300-208	201-2001	1			...	20		34.75		695.00	695.00
300-209		1			...	5		24.00		120.00	120.00
300-209		1			...	5		24.00		120.00	120.00
300-209		1			...	1		31.50		31.50	31.50
314-237	218-889	1			...	1		22.50		22.50	22.50
300-211		1			...	4		62.50		250.00	250.00

ORIGINAL

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

X DATE SIGNED: *12-15-76* TIME SIGNED: *1:30*

do do not require IPC (Instrument Protection). Not offered

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?			
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?			SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
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			
		<input type="checkbox"/> 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)	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)	HALLIBURTON OPERATOR/ENGINEER	EMP #	HALLIBURTON APPROVAL
<i>...</i>	<i>X</i>	<i>...</i>	<i>...</i>	<i>...</i>



HALLIBURTON ENERGY SERVICES
HAL-1906-P

CHARGE TO: AMERICAN WARRIOR
ADDRESS: Garden City
CITY, STATE, ZIP CODE: KANSAS

CUSTOMER COPY

TICKET

No.

104012 - 7

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>HAYS, KS 23525</u>	WELL/PROJECT NO. <u>#3</u>	LEASE <u>Burger K.F.</u>	COUNTY/PARISH <u>Ne 1937 III 18 D Ks</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION	DATE <u>12-1-96</u>	OWNER <u>same</u>
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>Discovery Oils</u>	RIG NAME/NO. <u>Discovery #1</u>	SHIPPED VIA <u>ct</u>	DELIVERED TO <u>well site</u>	ORDER NO.
3.	WELL TYPE <u>01</u>	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>025</u>	WELL PERMIT NO.	WELL LOCATION <u>25-19-22</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS <u>5/2 L.S. PKR Shoe + Port collar</u>					

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		QTY.	U/M		
000-117		1			MILEAGE 51374 RCM	80	mi	299	23920
001-016		1			Pump Service	4380	ft	172000	172000
73	813 01511	1			Port collar	1	pc 5 1/2 in	145000	145000
80	855 137	1			PKR Shoe "H"	1	pc 5 1/2 in	270100	270101
320	806 71430	1			Bracket "H"	3	pc 5 1/2 in	71400	20800
40	806 60022	1			S-4 cont "H"	5	pc 5 1/2 in	6000	30000
018-315		1			mud flush	500	gal	065	32500
018-313		1			cle. fl. #	2	gal	2900	5800

ORIGINAL

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.	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?					
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS	BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?					FROM CONTINUATION PAGE(S) 2291 57
	TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
DATE SIGNED <u>12-1-96</u>	TUBING SIZE	TUBING PRESSURE	WELL DEPTH	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE
	TIME SIGNED <u>0700</u>	TREE CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input checked="" type="checkbox"/> Not offered		<input type="checkbox"/> 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) <u>Scott Lewis</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>X Scott Lewis</u>	HALLIBURTON OPERATOR/ENGINEER <u>Allen F. W...</u>	EMP # <u>26101</u>	HALLIBURTON APPROVAL
---	--	---	-----------------------	----------------------



JOB LOG HAL-2013-C

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
American Water		2		Canaan, N.F.		5 1/2 Long Street		104012	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
1	0500 0545							called out on location w/ Float Equip 5 1/2 PKR Shoe cent - 2-Baskets 5 1/2 Port collar Equip on location + cent - 150 sks 40/60, 2% gel, 10% salt, 1/2% H-322, 1/8" Floccle 500 gal mud flush - 20 BBLs CIA Fix Rig Laying down D.P. Road Great Csg crew.	
	0730							ORIGINAL Start 5 1/2 csg 14" Shoe It - PKR Shoe - 22' 4375" cent - 1-3-4-5-71 Basket - 6-72 Port collar - 72 1487'	
	0930 0936							on Bottom of csg to Bottom c 42 Bbls csg w/ mud Hog Little 300# Ball goes through Drop ball to set PKR shoe 1300' Set PKR Shoe w/ Rig Pump 225' Hookup to well + Pump 20 BBLs CIA-Fix to water	
	1010	5	20 12					200' Pump mud flush Plug Rat Hole w/ 15 SKS Plug mouse hole w/ 10 SKS 250' mix Rest of cent	
	1038		34.5					0" Fin mix - washout P.L. Release Latch down Plug	
	1100	6 1/2	107					1000' Start D.P. csg cap 100 BBLs Release ok 'Dry' Washup Equip Finish Paper work	
	1200							Job Log - Job complete Thanks Allen CRAIG 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020	



TICKET CONTINUATION

CUSTOMER COPY

TICKET No. 18/012

HALLIBURTON ENERGY SERVICES

FORM 1911 R-10

3859-7613

CUSTOMER American Warrior

WELL #3 Berger K.F.

DATE 12-1-96

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
504-136		1			40/60 Pozmix Cement W/2%Gel	150				8.14	1,221.00
509-968		1			Salt Blended	700	lb			.15	105.00
507-775		1			Halad-322 Blended	63	lb			7.00	441.00
567-210		1			Flocele Blended	19	lb			1.65	31.35
ORIGINAL											
506-267		1			SERVICE CHARGE	CUBIC FEET		161		1.35	217.35
500-306		1			MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES		1.05	275.67
						13,127	40782	262.540			

No. B 339116

CONTINUATION TOTAL

2,291.37

WELL DATA

FIELD _____ SEC. *25* TWP. *19* RNG. *22* COUNTY _____ STATE *KS*

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS _____ FROM _____ TO _____

INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD

PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD

COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA _____ TOTAL DEPTH *4185*

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING		<i>14</i>	<i>5 1/2</i>	<i>KB</i>	<i>4373</i>	
LINER						
TUBING						
OPEN HOLE				<i>4373</i>	<i>4386</i>	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE <i>Full shoe 5/8</i>	<i>1</i>	<i>Hobas</i>
CENTRALIZERS <i>5/8</i>	<i>2</i>	<i>Hobas</i>
BOTTOM PLUG		
TOP PLUG <i>Latch Plug 5/8</i>	<i>1</i>	<i>Hobas</i>
HEAD		
PACKER		
OTHER <i>Port</i>	<i>2</i>	<i>Hobas</i>

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <i>12-1-96</i>	DATE <i>12-1-96</i>	DATE <i>12-1-96</i>	DATE <i>12-1-96</i>
TIME <i>0830</i>	TIME <i>0845</i>	TIME <i>0730</i>	TIME <i>1700</i>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION

ORIGINAL

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB./GAL. °API

DISPL. FLUID _____ DENSITY _____ LB./GAL. °API

PROP. TYPE _____ SIZE _____ LB.

PROP. TYPE _____ SIZE _____ LB.

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

SURFACTANT TYPE _____ GAL. _____ IN

NE AGENT TYPE _____ GAL. _____ IN

FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN

GELLING AGENT TYPE _____ GAL.-LB. _____ IN

FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN

BREAKER TYPE _____ GAL.-LB. _____ IN

BLOCKING AGENT TYPE _____ GAL.-LB. _____

PERFPAC BALLS TYPE _____ QTY. _____

OTHER *500 gal. 10% Flash*

OTHER *20 gal. 5% Fr II water*

DEPARTMENT *SWP*

DESCRIPTION OF JOB *5/8 Full shoe + port collar
Long string*

Port collar *142247*

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE *X Scott Course*

HALLIBURTON OPERATOR *Allen F. Worth* COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<i>1</i>	<i>130</i>	<i>40/60</i>	<i>Port</i>	<i>0</i>	<i>17% gel, 10% SAH, 1/2% H-222 1/2% Flash/10K</i>	<i>1.29</i>	

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____

BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. *167*

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____ CEMENT SLURRY: BBL.-GAL. *34.5*

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET *2260'* REASON *Shoe St*

REMARKS *See Job log chart*

Shots Allow Comp Time

RECEIVED
12-1-96
10:18 AM
HALLIBURTON COMPANY



Kansas Corporation Commission

Bill Graves, Governor Timothy E. McKee, Chair Susan M. Seltsam, Commissioner John Wine, Commissioner
Judith McConnell, Executive Director David J. Heinemann, General Counsel

American Warrior, Inc.
Attn: Scott Corsair
P.O. Box 399
Garden City KS 67846

Released
10-13-97
JRW

July 21, 1997

Re: Confidentiality of Information on
Borger #3 (owino)
A.P.I. #15-135-23,969
Sec. 25- Twn. 19S. - Rng. 22 W.
Ness County, Kansas

Dear Scott Corsair:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection (d) of that regulation states that "all rights to confidentiality shall be lost if the filings are not timely."

The above-referenced well was spud November 25, 1996 and the ACO-1 was received on July 18, 1997 (not within the 120 days timely requirement). Therefore, your request for confidential treatment of this information cannot be granted.

If you should have any questions, please do not hesitate to contact me at (316) 337-6200.

Sincerely,

David P. Williams
Production Supervisor

jlp

SCOTT CORSAIR
AMERICAN WARRIOR, INC.
PETROLEUM GEOLOGIST
Intern Petroleum Engineer #10906
210 Avenue A
P.O. Box 6
Bazine, Ks 67516
913-398-2270 Fax 913-398-2586
Mobile 913-731-5060

July 17, 1997

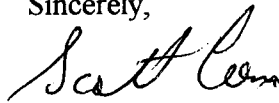
Kansas Corporation Commission
M. L. Korphage, Director
Conservation Division
130 S. Market - Room 2078
Wichita, Kansas 67202

Re: American Warrior Borger #3, API # 15-135-23969

Dear Mr. Korphage:

Please hold the information on the ACO-1 for the above referenced well confidential for the allowed 12 months.

Sincerely,


Scott Corsair

These all need
a deny letter.
Thanks
Pis

RECEIVED
KANSAS CORP COMM
1997 JUL 18 P 1:24