

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

API NO. 15- 135-23906 0000

County Ness

- NE - SW- SW Sec. 25 Twp. 19S Rge. 22 E

990 Feet from S (circle one) Line of Section

990 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 Wagner Well # 5

Field Name Schaben

Producing Formation Mississippian

Elevation: Ground 2257 KB 2265

Total Depth 4383 PBDT _____

Amount of Surface Pipe Set and Cemented at 509.96 Feet

Multiple Stage Cementing Collar Used? Yes _____ No

If yes, show depth set 1446 Feet

If Alternate II completion, cement circulated from 1446

feet depth to surface w/ 225 sx cmt.

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

Chloride content 18,000 ppm Fluid volume 2500 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

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. _____

9-20-95 9-25-95 9-26-95

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 1-12-96

Subscribed and sworn to before me this 12th day of January,
19 96.

Notary Public Bernice Moore

Date Commission Expires 2/1/98



K.C.C. OFFICE USE ONLY Deny
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received NO
C Geologist Report Received
Distribution
 KCC _____ SWD/Rep _____ NGPA
_____ KGS _____ Plug _____ Other
(Specify)

Operator Name American Warrior, Inc. Lease Name Wagner Well # 5

County Ness
 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 Datum <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>1488</td> <td>+779</td> </tr> <tr> <td>Heebner</td> <td>3732</td> <td>-1467</td> </tr> <tr> <td>Lansing</td> <td>3780</td> <td>-1515</td> </tr> <tr> <td>Pawnee</td> <td>4198</td> <td>-1933</td> </tr> <tr> <td>Ft. Scott</td> <td>4280</td> <td>-2015</td> </tr> <tr> <td>Cherokee</td> <td>4308</td> <td>-2043</td> </tr> <tr> <td>Mississippian</td> <td>4374</td> <td>-2109</td> </tr> <tr> <td>Osage</td> <td></td> <td></td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	1488	+779	Heebner	3732	-1467	Lansing	3780	-1515	Pawnee	4198	-1933	Ft. Scott	4280	-2015	Cherokee	4308	-2043	Mississippian	4374	-2109	Osage		
Name	Top	Datum																										
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Ft. Scott	4280	-2015																										
Cherokee	4308	-2043																										
Mississippian	4374	-2109																										
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	23	509.96	60/40Poz	250	2%Gel&3%CC
Production St	5 1/2	7 7/8	14	4375	EA/2	125	

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Surf/1446	HLC	225	

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	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj. 1-1-96			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. 35	Gas Mcf	Water Bbls. 40	Gas-Oil Ratio	Gravity 40

Disposition of Gas: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)		METHOD OF COMPLETION <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <u>4375-4383</u>	
		Production Interval <input type="checkbox"/> Other (Specify) _____	



HALLIBURTON ENERGY SERVICES

HAL-1906-N

ADDRESS: *American Wh...
CITY, STATE, ZIP CODE: *Garden City, KS**

No. **839845 - 6**

PAGE 1 OF 2

RECEIVED
KANSAS
JUL 10 11:29 AM '97
COMM

1. <i>Hwy B 25525</i>	WELL/PROJECT NO. <i>#5</i>	LEASE <i>Wagner</i>	COUNTY/PARISH <i>Neos</i>	STATE <i>KS 67199</i>	CITY/OFFSHORE/LOCATION <i>Location</i>	DATE <i>9 26 95</i>	OWNER <i>Same</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR	RIG NAME/NO. <i>Discovery Drig.</i>	SHIPPED <i>CT</i>	DELIVERED TO <i>1:29</i>	ORDER NO.
3.	WELL TYPE <i>01</i>	WELL CATEGORY <i>01</i>	JOB PURPOSE <i>03S</i>	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							
000-117		1			MILEAGE TRK #51947 (RTM)	110	mil	1	km	2.75	302.50
001-016		1			Pump Service	4379	Fr	1	unit	1,670.00	1,670.00
82	855.137	1			Formation PRR Shoe	1	ea	5 1/2	in	2,504.00	2,504.00
		1			Latch down Plug	1	ea			N/C	N/C
82	8549 PPS43	1			Auto Fillup Assy	1	ea			60.00	60.00
40	806.60022	1			S-4 Centralizers	5	ea			60.00	300.00
320	800.5383	1			Cmt. Basket	2	ea			110.00	220.00
73	813.0151	1			Port Caller	1	ea			1,350.00	1,350.00
018-35		1			Mud Flush	500	gal			65.00	325.00

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 Scott Coran

DATE SIGNED: _____ TIME SIGNED: _____ A.M. P.M.

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?					FROM CONTINUATION PAGE(S)
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?					1,976.92
TUBING SIZE	TUBING PRESSURE	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
	WELL DEPTH	ARE YOU SATISFIED WITH OUR SERVICE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE
TREE CONNECTION	TYPE VALVE	<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) <i>Scott Coran</i>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>x Scott Coran</i>	HALLIBURTON OPERATOR/ENGINEER <i>Regis B. Taylor</i>	EMP # <i>B0119</i>	HALLIBURTON APPROVAL
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WELL DATA

FIELD Schebe SEC 25 TWP. 17 RNG 22W COUNTY Ne. STATE K.

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 4383

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	U	14	5 1/2	10	4349	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

ORIGINAL

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE <u>Proven Shoe</u> <u>5 1/2</u>	<u>1</u>	<u>110200</u>
GUIDE SHOE		
CENTRALIZERS <u>5 4</u>	<u>5</u>	<u>"</u>
BOTTOM PLUG		
TOP PLUG <u>Latex D. 100</u>	<u>1</u>	<u>"</u>
HEAD		
PACKER <u>1000 Collar</u>	<u>1</u>	<u>"</u>
OTHER <u>Card. B. PAT</u>	<u>2</u>	<u>"</u>

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>9 25</u>	DATE <u>9 26</u>	DATE <u>9 26</u>	DATE <u>9 26</u>
TIME <u>20:00</u>	TIME <u>02:00</u>	TIME <u>03:30</u>	TIME

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>R. Ingelink</u> <u>80419</u>	<u>38492</u> <u>P. Trip</u>	<u>Hwy. 10</u>
<u>T. Hargy</u> <u>41012</u>	<u>51197</u> <u>R. Trip</u>	<u>"</u>
<u>C. D. Dorman</u> <u>41859</u>	<u>3840</u> <u>P. Trip</u>	<u>"</u>

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 _____

OTHER _____

DEPARTMENT C. 3.

DESCRIPTION OF JOB C. 3. 5 1/2" Long String

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

CUSTOMER REPRESENTATIVE X Geo H. Corcoran

HALLIBURTON OPERATOR Ray B. Johnson COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<u>SD</u>	<u>110</u>	<u>110</u>		<u>B</u>	<u>1/2" Fibre</u>	<u>1.84</u>	<u>124</u>
<u>#0</u>	<u>90/60</u>	<u>P. 2</u>		<u>B</u>	<u>2% C.G., 10% Salt, 15% CPB's</u>	<u>1.33</u>	<u>114</u>

PRESSURES IN PSI **SUMMARY** **VOLUMES**

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL. GAL. 500

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

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL. GAL. _____

SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____ CEMENT SLURRY: BBL. GAL. 37

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL. GAL. _____

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET 25' REASON Shoe Joint

REMARKS See Chrt. T + J. 10/26/17
Thank You
Ray B.

CUSTOMER



JOB LOG HAL-2013-C

DATE
7.26.95
TICKET NO.
839845

CUSTOMER: American Well
WELL NO.: 5
LEASE: Wagon
JOB TYPE: Long String

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0200							Called out
	0200							on loc. Rigging up to Run
	0330							5 1/2" Production Casing START 5 1/2 csg 7nd hole Formation PRR Shoe Formation PRR Shoe Cent. on "shoe Joint, #1, #3, #90, #117 Beds on #4, #91 Part Col. R on #91 @ 1446'
	0535							Drop Ball
	0555							Circulate
	0600							Drop Ball for PRR Shoe
	0615							Set PRR Shoe
	0620		13					Pump 500 gal Mud Wash
	0630							Plug Rest hole + More hole
	0655		16.3					Mix 50 wt. HCl 41" flexide
			23					Mix 100 wt. 40/60 Por
	0710							Finished mixing wash P+L. Return hatch down Plug Dis. 106 50'
	0730		106				1,000	Plug down 1,000 psi Return PRR float hole wash + Back up track
	0815							Job Complete

ORIGINAL

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JJ
Thick
Aug 4



TICKET CONTINUATION

CUSTOMER COPY

TICKET No. 809843

HALLIBURTON ENERGY SERVICES

CUSTOMER: American Warrior
 WELL: Wagner #5
 DATE: 9-26-95
 PAGE 2 OF 2

FORM 1911 R-10

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
504-316		1	1		Halliburton Light Cement	50				8 03	401 50
504-136		1			40/60 Pozmix Standard	100				7 16	716 00
506-121		1			2sk Halliburton Gel@2%						n/c
509-968		1			Salt	500	1b				75 00
507-153		1			CFR-3	42	1b			4 85	203 70
507-210		1			Flocele	13	1b			1 65	21 45
ORIGINAL											
500-207		1			SERVICE CHARGE	CUBIC FEET		150		1 35	213 30
500-306		1			MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES		95	346 03
						13,245	855	364.238			

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No. B 285444

CONTINUATION TOTAL

1,976.98

WELL DATA

FIELD _____ SEC. 25 TWP. 19S RNG. 22W COUNTY NEW 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 _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	U	25	2 3/8	YS	510	
LINER						
TUBING						
OPEN HOLE			12 1/4	510	515	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 9-19	DATE 9-19	DATE 9-20	DATE 9-20
TIME 1920	TIME 2030	TIME 0230	TIME 0400

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
W. W. W. W.	PEEK-UP 39601	W. W. W. W.
D. D. D. D.	COMBO 4410	"
A. A. A. A.	1300K 4444-5070	"

ORIGINAL

DEPARTMENT CEMENT
 DESCRIPTION OF JOB 25/0" SURFACE

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

CUSTOMER REPRESENTATIVE **X**

HALLIBURTON OPERATOR W. J. E. W. J. COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	170	100/100	60/100	0	270 GALL, 37000	1.30	14.0

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. _____
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____ CEMENT SLURRY: BBL.-GAL. 370
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____
 ORDERED _____ AVAILABLE _____ USED _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET 15' REASON REMOVED

REMARKS

SEE CEMENT & JOB LOG
 THANK YOU

CUSTOMER

CUSTOMER
LEASE
WELL NO.
JOB TYPE



JOB LOG HAL-2013-C

DATE 4-19-2008 PAGE NO. 1

CUSTOMER: [blank] WELL NO.: [blank] LEASE: [blank] JOB TYPE: [blank] TICKET NO.: [blank]

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1130							CRUSH OUT
	1230							ON JOINTS - NORMAL FOR DEPTH
	0130							BREAK CIRCULATION
	0245	6	57.8		✓		200	MAX CEMENT
	0259							RELEASE PLUG
	0300	7	0		✓			RELEASE PLUG
	0305		31.3				300	PLUG BOWED
								CIRCULATION - 40 SEC TO BIT
								SHUT IN
								WASH UP
								RACE UP
	0400							JOB COMPLETE

ORIGINAL

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CUSTOMER



HALLIBURTON ENERGY SERVICES

HAL-1906-N

CHANGE TO
 ADDRESS: American Warrior
 P.O. Box 399
 CITY, STATE, ZIP CODE: Garden City, Ks. 67846

TICKET

No. 914828 - 2

PAGE 1 OF 2

1. SERVICE LOCATIONS Hays, Ks.	WELL/PROJECT NO. # 5	LEASE Wagner	COUNTY/PARISH Ness	STATE Ks.	CITY/OFFSHORE LOCATION	DATE 10-30-95	OWNER American Warrior
2. TICKET TYPE <input type="checkbox"/> SERVICE <input checked="" type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR Southwest Well Ser.	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO Well site	ORDER NO.	
3. WELL TYPE 01	WELL CATEGORY 01	JOB PURPOSE 035	WELL PERMIT NO.	WELL LOCATION S/Bazine, Ks.			
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 RTM	110	mi.			2.85	313.5
009-019		1			Pump Charge	1446	FT.			1255.00	1255.00
116-437		1	0		Port Collar Opening Tool	1	Job			300.00	300.00
ORIGINAL											

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1997 JUL 18 1:29

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 <input checked="" type="checkbox"/>	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 1868.5
	TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						
	BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?						
	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?						SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE 4618.8 4596.8
DATE SIGNED	TIME SIGNED		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 type="checkbox"/> Not offered		TREE CONNECTION	TYPE VALVE	<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) X	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>[Signature]</i>	HALLIBURTON OPERATOR/ENGINEER EMP # 47558	HALLIBURTON APPROVAL
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TICKET CONTINUATION

ORIGINAL

TICKET No. 914828-2

HALLIBURTON ENERGY SERVICES

FORM 1911 R-10

CUSTOMER American Warrior	WELL Wagner #5	DATE 10-30-95	PAGE 2	OF 2
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PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
504-316		1			HLLIBURTON Light Cement	225				8.03	1,806.75
507-210		1			Flocele	56		lb		1.65	78.00 92.40
510-222		1			Sand 20/40	2				9.80	19.60
ORIGINAL											
500-207		1			SERVICE CHARGE	CUBIC FEET		231		1.35	311.85
500-306		1			MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	55		TON MILES	547.140
						19,896				.95	519.78

No. B 285486

CONTINUATION TOTAL	2,727.98 2,750.35
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WELL DATA

FIELD _____ SEC _____ TWP _____ RNG _____ COUNTY *Ness* 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 *BP* SET AT *3800' +*
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC DATA _____ TOTAL DEPTH *4283'*

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<i>u</i>	<i>14.0</i>	<i>5 1/2"</i>	<i>KB</i>	<i>4283'</i>	
LINER						
TUBING	<i>u</i>		<i>2 7/8"</i>	<i>KB</i>	<i>1446'</i>	
OPEN HOLE						SHOTS FT
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <i>10-30-95</i>	DATE <i>10-30-95</i>	DATE <i>10-30-95</i>	DATE <i>10-30-95</i>
TIME <i>1130</i>	TIME <i>1440</i>	TIME <i>1535</i>	TIME <i>1920</i>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER <i>BP</i>	<i>5 1/2"</i>	<i>1 ea.</i>
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<i>E. Reynolds</i>	<i>47559 Pickup</i>	<i>Hays, Ks.</i>
<i>M. Karlin</i>	<i>413222 RUM HT-400</i>	<i>Hays, Ks.</i>
<i>R. Khan</i>	<i>53292 8hr</i>	<i>Hays, Ks.</i>
	<i>38604</i>	<i>Hays, Ks.</i>

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 *25Ks. 20/40 Brady Sand*
 OTHER _____

ORIGINAL

DEPARTMENT *Cementing*
 DESCRIPTION OF JOB *Cement thru Port Collar*
 JOB DONE THRU: TUBING CASING ANNULUS TBG. ANN.

CUSTOMER REPRESENTATIVE *X*
 HALLIBURTON OPERATOR *E. Reynolds*
 COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT. SK.	MIXED LBS./GAL.
	<i>225</i>	<i>HLC</i>				<i>1.68</i>	<i>12.9</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. *74.0* DISPL: BBL. *8.4*
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: BBL. *on*
 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 & Chart
Thank you



JOB LOG HAL-2013-C

DATE: 10-30-95 PAGE: 1

CUSTOMER: American Warrior WELL NO.: #5 LEASE: Wagner JOB TYPE: Cmt. thru Port Collar TICKET NO.: 914828-2

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1130							Called out - Job ready @ 1400 hrs.
	1440							ON Loc. - 40 min. late - Wrong directions ON Call Sheet - Rig Crew Running Tub. & BP Set up Equip.
	1535							Rig Set BP @ t - 3800' - pull 1 1/2 std.
	1537	4 1/2				0		Tubing @ 2750' - load Hole
	1553	4.0	86.0			150	150	Hole loaded w/ 86 bbl. - Close Ann.
	1555					1000	1000	Test Csg. & BP - 1000' - Holding
	1558							Release Press. - Spot 2 SKs. 20/40 Brady Sand
	1620		19.0			100		Sand spotted - Rig pull Tubing
	1640							Locate port Collar @ 1446' - Hookup Braden head
	1645	2 1/2	5.0			225		Take inj. Rate thru Port Collar
	1753	2 1/2				225		Start mixing 225 SKs. HLC -
	1758	3 1/2	81.5			200		Rate 3 1/2 BPM @ 200' - Braden Head Circulating
	1823	3.0	8.4			425		Finish mixing - Start disp.
	1834	2 1/2				400		Cmt. displaced - Shut down Cmt. Circ. ✓ Close Port Collar
	1837					750	750	Press. Test Csg. - Holding 750'
	1839							Release Press. - Rig run 4 Jts. Tubing
	1856					150		Tubing approx. - 1570' - Start Reversing
	1907		25.0			100		out Tubing Cmt. - Reversed out -
	1920							Shut down for night Job Completed
								ORIGINAL
								Thank you Eldon, Mel, Rich
								Circulated 5 bbl. Cmt. to Pit ✓

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 KANSAS CORP
 1977 JUL 18 P



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

July 21, 1997

Re: Confidentiality of Information on
Wagner #5
A.P.I. #15-135-23,906
Sec. 25- Twn. 19S. - Rng. 22 W.
Ness County, Kansas

Rel.
10-13-97
Dpw

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 September 20, 1995 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,

A handwritten signature in cursive script, appearing to read "David P. Williams".

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

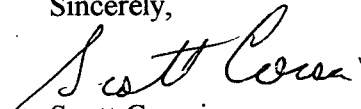
Kansas Corporation Commission
M. L. Korphage, Director
Conservation Division
130 S. Market - Room 2078
Wichita, Kansas 67202

Re: American Warrior Wagner #5, API # 15-135-23906

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

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1997 JUL 18 11:29