

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED
MAY 02 2002
KCC WICHITA
05-02-2002

Operator: License # 4058
 Name: American Warrior, Inc.
 Address: PO Box 399
 City/State/Zip: Garden City, Kansas 67846-0399
 Purchaser: _____
 Operator Contact Person: Cecil O;Brate
 Phone: (620) 275-9231
 Contractor: Name: Duke Drilling Co., Inc.
 License: 5929
 Wellsite Geologist: Allen Downing
 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/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
 09-29-01 10-11-01 10-31-2001
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 033-21254-0000
 County: Comanche County, -Kansas
C-W/2 SE NW Sec. 6 Twp. 32 S. R. 18' East West
2060 feet from S (circle one) Line of Section
1630 feet from E (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Brass Well #: 1-6
 Field Name: NA
 Producing Formation: Miss
 Elevation: Ground: 2117' Kelly Bushing: 2130'
 Total Depth: 6115 Plug Back Total Depth: 5993'
 Amount of Surface Pipe Set and Cemented at 618 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 cml.

Drilling Fluid Management Plan ALT 1 DPW 1-23-03
 (Data must be collected from the Reserve Pit)
 Chloride content 16,000 ppm Fluid volume 320 bbls
 Dewatering method used Hauled Off- Site
 Location of fluid disposal if hauled offsite:
 Operator Name: KBW Oil & Gas
 Lease Name: Harmon SWD License No.: 5993
 Quarter NW/4 Sec. 11 Twp. 33 S. R. 20W East West
 County: Comanche Docket No.: 98329

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 of 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: 4-30-2002
 Subscribed and sworn to before me this 30 day of April
2002
 Notary Public: Debra Purcell
 Date Commission Expires: 11/4/03
 DEBRA J. PURCELL
 Notary Public - State of Kansas
 My Appt. Expires 11/4/03

KCC Office Use ONLY
 Letter of Confidentiality Attached
 If Denied, Yes Date: 5-6-02 DPW
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: American Warrior, Inc. Lease Name: Brass Well: 1-6
 Sec. 6 Twp. 32 S. R. 18 County: Comanche County, Kansas

ORIGINAL

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:
 CDNL/BR, Micro, Sonic,
 Dual Ind.

Name	Top	Datum
Heebner	4310'	-2180
Douglas	4388'	-2258
Lansing	4506'	-2376
Swope	4800'	-2670
BKC	4905'	-2775
Marmaton	4958'	-2828
Pawnee	5040'	-2910
Fort Scott	5080'	-2950'
Miss	5154'	-3024
Viola	5656'	-3526

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	# Sacs Used	Type and Percent Additives
Conductor		20"		120'			
Surface	12-1/4"	8-5/8"	23#	618'	ALW Class A	225 100	3%cc 3%cc 2%gel
Production	7-7/8"	5-1/2"	17#	6035'	SMDC	150	2%cc 1/4 floccle

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

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
2	5667'-5677'-, 5656'-5662'	2500 Gals 20% FE Acid	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8"	5960'	None	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
SI		<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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
	SI	SI	SI		

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

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

Production Interval



CEMENTING LOG STAGE NO ORIGINAL

Date 1/24/02 District MOBILE Ticket No. 5021
 Company ... Rig ...
 Lease ... Well No. ...
 County ... State ...
 Location ... Field ...

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size 17 1/2 Type _____ Weight 24 Collar _____

Casing Depths: Top 118.4 Bottom _____

Drill Pipe: Size 1 1/2 Weight 11.1 Collars XHOK
 Open Hole: Size 12 1/4 T.D. 120 ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbbls/Lin. ft. 0.0727 Lin. ft./Bbl. 13.76
 Open Holes: Bbbls/Lin. ft. 0.1178 Lin. ft./Bbl. 8.50
 Drill Pipe: Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbbls/Lin. ft. 0.0770 Lin. ft./Bbl. 13.1037
 Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:
 Spacer Type: _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type _____
10 + 1/2 FF Excess _____

Amt. 274 Sks Yield 14.2 ft³/sk Density 17.5 PPG

TAIL: Pump Time _____ hrs. Type _____
2.1 Excess _____

Amt. 10 Sks Yield 1.5 ft³/sk Density 17.2 PPG

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Pump Trucks Used 307 570 8
 Bulk Equip. 30.3 - Duro W.

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 MAY 02 2002

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. 2-Port-T, 1-Port-F, 1-Port
 Disp. Fluid Type FL-2A H₂O Amt. 28 Bbbls. Weight 234 PPG
 Mud Type Nat. G. Weight 9.1 PPG

COMPANY REPRESENTATIVE Ken McGuire

CEMENTER David S.

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbbls Min.	
						...
			2.8			...
			1.5			...
			3.			...
			2.2			...

COPY

ALLIED CEMENTING CO., INC.

8421

Federal Tax I.D.#

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

SERVICE POINT: Madison, MO

DATE <u>7-29-21</u>	SEC. <u>6</u>	TWP. <u>32#</u>	RANGE <u>18</u>	CALLED OUT <u>9:00 A.M.</u>	ON LOCATION <u>10:30 A.M.</u>	JOB START <u>4:30 P.M.</u>	JOB FINISH <u>5:00 P.M.</u>
LEASE <u>Blair</u>		WELL# <u>#1-6</u>	LOCATION <u>Coldwater 1/2 N 1/4 Twp</u>		COUNTY <u>Comanch</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Duk #7

TYPE OF JOB Self Feed

HOLE SIZE 12 1/4 T.D. 620

CASING SIZE 8 7/8 DEPTH 618.09

TUBING SIZE _____ DEPTH _____

DRILL PIPE 11 1/2 DEPTH 620

TOOL _____ DEPTH _____

PRES. MAX 250 MINIMUM 100

MEAS. LINE _____ SHOE JOINT 34.99

CEMENT LEFT IN CSG. 34.99 FT

PERFS. _____

DISPLACEMENT Fr - A H₂O 30 P/B 1

OWNER American Well Co.

CEMENT
AMOUNT ORDERED 225 cu (5.35 cu + 2%)
CC + 1/2" Fr - 1 cu + A + 1.5 cu
2% G-1

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

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MAY 02 20
KCC WICHITA

EQUIPMENT

PUMP TRUCK CEMENTER David W.

302 HELPER Steve D.

BULK TRUCK _____

303 DRIVER David W.

BULK TRUCK _____

_____ DRIVER _____

TOTAL _____

REMARKS:

SERVICE

1 1/2 cu P/B in Black Core

225 cu (5.35 cu + 2% G-1)

CC + 1/2" Fr - 1 cu + A + 3%

10" + 2% Bel (no place w/Flash H₂O)

Com T Pack Core

1/2 Twp

DEPTH OF JOB 618.09

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG R/B BOP _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: American Well Co.

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

1 P/B 5 1/2" P/B @ _____

2 P/B 4" T @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Kenneth McGuire

* KENNETH MCGUIRE
PRINTED NAME



CHARGE TO: American Wh...
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 3990
 ORIGINAL
 PAGE 1 OF 1

SERVICE LOCATIONS
 1. Mo. Co. Rd. WELL/PROJECT NO. 1-6 LEASE Brass COUNTY/PARISH Comanche STATE Ks. CITY DATE 10/12/01 OWNER
 2. TICKET TYPE SERVICE CONTRACTOR Dick RIG NAME/NO. Ry 7 SHIPPED MA DELIVERED TO 10/12/01 ORDER NO.
 SALES
 3. WELL TYPE Gas WELL CATEGORY Drill Stem JOB PURPOSE Ent- 5 1/2" Production 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		QTY.	U/M	QTY.	U/M			
575	RECEIVED MAY 02 2002 KCC WICHITA	1			MILEAGE "103"	80	mi			7.12	300	00
575		1			Pump Service	1	hr			1,200	1,200	00
405		1			Packing Shop	1	hr	5 1/2	hr	1.20	13	00
406		1			Lunches - Plug + Re.	1	hr			300	300	00
402		1			Contractors	10	hr			40	400	00
403		1			Bandit	1	hr			110	110	00
280		1			Flocher	850	gal			1.50	1,275	00
											3,905	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 [Signature]
 DATE SIGNED TIME SIGNED A.M. P.M.

REMIT PAYMENT TO:
COPY
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				8,440
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL
<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.
 SWIFT OPERATOR Ry D. Dick APPROVAL
 Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 3990

CUSTOMER *American Water* WELL *Bras. 1-6* DATE *10-17-01* PAGE *2* OF *2*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DR								
330		1				SMD	150		sq		9.50	1425.00
387		1				Gas Stop	300		lbs.		4.50	1,350.00
235		1				CFR	70		lbs.		2.75	192.50
290		1				D-Air	70		lbs.		2.75	192.50
276		1				Fluoride	37		lbs		90	33.30
581		1				SERVICE CHARGE	150		sq		1.00	150.00
583		1				MILEAGE CHARGE	15,417				75	462.75

ORIGINAL

RECEIVED
MAY 02 2002
KCC WICHITA

CONTINUATION TOTAL 3805.80