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MAY 14 2002
5-14-02
KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 4058
 Name: American Warrior inc
 Address: P.O. Box 399,
 City/State/Zip: Garden City, Ks 67846
 Purchaser: None / D/A
 Operator Contact Person: Kevin Wiles Sr
 Phone: (620) 275-2963
 Contractor: Name: Duke Drlg.
 License: 5929
 Wellsite Geologist: Alan 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. _____
 8-13-01 _____ 8-25-01 _____ 8-25-01 _____
 Spud Date or _____ Date Reached TD _____ Completion Date or _____
 Recompletion Date _____ Recompletion Date _____

API No. 15 033-21,253-0000
 County: Comanche
 110' SW of SW Sec. 31 Twp. 31S R. 18W East West
640' feet from N (circle one) Line of Section
770' feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Brass Well #: 1-31
 Field Name: Cold water
 Producing Formation: None
 Elevation: Ground: 2092 Kelly Bushing: 21-5
 Total Depth: 5722' Plug Back Total Depth: NA
 Amount of Surface Pipe Set and Cemented at 642 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 qpt.

Drilling Fluid Management Plan P&H EN 8.6.02
 (Data must be collected from the Reserve Pit)
 Chloride content 16,000 ppm Fluid volume 320 bbls
 Dewatering method used Hauled Offsite
 Location of fluid disposal if hauled offsite: _____
 Operator Name: KBW Oil & Gas
 Lease Name: Harmon SWD License No.: 5993
 Quarter NW Sec. 11 Twp. 33S 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: 5-10-2002
 Subscribed and sworn to before me this 10th day of May
2002
 Notary Public: _____
 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: 5-17-02 DPW
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

15-033-21253-0000

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KCC WIGHTA
1-31

Side Two

ORIGINAL

Operator Name: American Warrior inc Lease Name: Brass Well #: 1-31
 Sec. 31 Twp. 31 S. R. 18 W East West County: Comanche

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)

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Heebner	4270'	-2165
Lansing	4438'	-2333
Swope	4761'	-2656
Marmaton	4918'	-2722
Pawnee	5005'	-2900
Fort Scott	5045'	-2940
Cherokee	5054'	-2949
Miss	5122'	-3017
Viola	5662'	-3557

List All E. Logs Run:
 CDNL/GR. Micro. Sonic.
 Dual IND

CASING RECORD <input checked="" 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	# Sacs Used	Type and Percent Additives
Surface	12 1/4'	8-5/8"	23#	642	Stand.	325	3%cc 2%ga

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 Squeezes Record (Amount and Kind of Material Used)	Depth
	None D/A		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	None	D/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Entr.	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, Sumit ACO-18.)

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

Production Interval _____

15-833-21253-0000
ALLIED CEMENTING CO., INC. 8311

Federal Tax I.D.# 48-0727860

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

ORIGINAL SERVICE POINT: Medicine Lodge

DATE <u>8-14-02</u>	SEC. <u>12</u>	TWP. <u>22s</u>	RANGE <u>19w</u>	CALLED OUT <u>9:00 PM</u>	ON LOCATION <u>10:00 AM</u>	JOB START <u>3:05 AM</u>	JOB FINISH <u>3:45 AM</u>
LEASE <u>7/15</u>		WELL# <u>1-31</u>		LOCATION <u>Coldwater 1/2 E/S</u>		COUNTY <u>Wichita</u>	STATE <u>Ks.</u>
OLD OR NEW (Circle one)							

CONTRACTOR Duke "7"
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 645'
 CASING SIZE 8 1/2 x 24 DEPTH 642'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 100 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 39.52
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 5 1/2 Bbls Freshwater

OWNER American Warrior
 CEMENT AMOUNT ORDERED
225 Sx 65:35:6 + 3/4cc + 14" flc-seal
100 Sx Class A + 3/4cc + 2 1/2 gel
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Carl Puching
 # 10 HELPER Mike Pucket
 BULK TRUCK
 # 33 DRIVER Ric Holmes
 BULK TRUCK
 # _____ DRIVER _____

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TOTAL _____

KCC WICHITA SERVICE

REMARKS:

100 cc of cement
100 cc of cement
100 cc of cement
100 cc of cement
100 cc of cement
100 cc of cement
100 cc of cement
100 cc of cement

DEPTH OF JOB 642'
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 PLUG Rubber _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

CHARGE TO: American Warrior
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

1 Baffle Plate @ _____
1 Basket @ _____
3 Centralizers @ _____
 _____ @ _____
 _____ @ _____

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.

TOTAL _____

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Kenneth McGuire

KENNETH MCGUIRE
 PRINTED NAME

ALLIED CEMENTING CO., INC.

8361

Federal Tax I.D.# 48-0727860

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

15-033-21253-0000

SERVICE POINT:

ORIGINAL

Med Lodge

DATE <i>8-25-01</i>	SEC. <i>31</i>	TWP. <i>31S</i>	RANGE <i>18W</i>	CALLED OUT <i>3:00 pm</i>	ON LOCATION <i>6:30 pm</i>	JOB START <i>7:00 pm</i>	JOB FINISH <i>7:30</i>
LEASE <i>Boass</i>	WELL# <i>1-31</i>	LOCATION <i>Calculator IN E/S</i>			COUNTY <i>Comanche</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Duke Drilling Co.*
 TYPE OF JOB *Rotary Plug*
 HOLE SIZE *7 7/8* T.D. *5722'*
 CASING SIZE *25 1/8* DEPTH *642'*
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX *200* MINIMUM *25*
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER *American Warrior*

CEMENT
 AMOUNT ORDERED *110' @ 60:110:6*

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____

EQUIPMENT
 PUMP TRUCK CEMENTER *Shane Wiscar*
 # *313* HELPER *Mark Brungert*
 BULK TRUCK
 # *31-11* DRIVER *Kevin Congrove*
 BULK TRUCK
 # DRIVER

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TOTAL _____

REMARKS:

*Calculation Rig in - 7:00 pm Pump 1" Plug
 at 10:50' 50' 5/8 15' psi - 7:30 Pump 2"
 Plug at 670' 50' 6 1/2 175 psi - 7:00 Pump
 3" Plug at 40' 15' 4" - 7:15 Plug Rothole w/
 15' Plug 11/2 house hole w/ 10' of*

KCC WICHITA SERVICE
 DEPTH OF JOB *1050'*
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 PLUG _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

CHARGE TO: *American Warrior*
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

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 M. Guire*

Kenneth M. Guire
 PRINTED NAME