

ORIGINAL

FORM MUST BE TYPED

RECEIVED

11-13-01
NOV 13 2001

SIDE ONE

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

KCC WICHITA

CONFIDENTIAL

Operator: License # 4058
Name: American Warrior Inc.
Address P.O. Box 399,
Garden City,
City/State/Zip Ks, 67846 **KCC**

Purchaser: ANR
Operator Contact Person: Kevin Wiles Sr
Phone () 620-275-2963

Contractor: Name: Duke Drlg.
License: 5929

Wellbore Geologist: Ron Nelson

Designate Type of Completion:
 New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, MSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PSTD
 Casing/led Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
7-31-01 8-17-01 8-22-01
Spud Date Date Reached TD Completion Date

API NO. 15-033-21,247-0000
County Comanche
APPROX 184'S&111'E of
C S/2 N/2 Sec. 12 Twp. 32S Rng. 19W E/W

2164' Feet from S/4 (circle one) Line of Section
2529' Feet from E/4 (circle one) Line of Section

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

Lease Name Calvery Well # #1-12

Field Name _____

Producing Formation Viola

Elevation: Ground 2069 KB 2082

Total Depth 5800' PSTD 5724'

Amount of Surface Pipe Set and Cemented at 611' 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 cnt.

Drilling Fluid Management Plan All 1 of 12.5.03
(Data must be collected from the Reserve Pit)

Chloride content 14,000 ppm Fluid volume 500 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

NW/4 Quarter Sec. 11 Twp. 33S S Rng. 20W E/W

County Comanche Docket No. D-98,329

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 _____
Title Production Supt. Date 11-7-2001

Subscribed and sworn to before me this 7th day of Nov 2001

Notary Public Debra Purcell

Date Commission Expires 11/13/03
Notary Public - State of Kansas
My Appt. Expires 11/13/03

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 In c SIDE TWO Lease Name Calvery Well # 1-12
 Sec. 12 Twp. 32SRgs. 19W East County Comanche
 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 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:
 CDNC/GR, Micro, Sonic, Dual Ind.

Name	Top	Datum
Heebner	4271'	-2189'
Lansing	4459'	-2376'
Drum	4660'	-2578'
Swope	4768'	-2686'
BKC	4908'	-2826'
Marmaton	4920'	-2838'
Pawnee	5002'	-2920'
Fort Scott	5042'	-2971'
Cherokee	5053'	-2982'
Miss	5110'	-3028'
Viola	5644'	-3562'

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	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8-5/8"	23#	611'	Allied	325	2%gel, # 3%bc
Production	7-7/8"	5 1/2"	17#	5796'	SMDC	150	D-Air, CFR

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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	5656' - 5660'	None	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	2-3/8"	5656'	None		
Date of First, Resumed Production, SWD or Inj.	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
SI					
Estimated Production Per 24 Hours	Oil SI Bbls.	Gas SI Mcf	Water Bbls. SI	Gas-Oil Ratio	Gravity

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

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

Production Interval _____



CHARGE TO: *American Woman RECEIVED*
 ADDRESS:
 CITY, STATE, ZIP CODE: *NOV 13 2001*
KCC WICHITA

TICKET No 3795
 Release DEC 05 2003 From Confidential
 PAGE 1 OF 2

SERVICE LOCATIONS: *Ness City, KS*
 WELL/PROJECT NO.: *1-12*
 LEASE: *Cathey*
 COUNTY/PARISH: *Curtis*
 STATE: *K*
 CITY:
 DATE: *8-12-01*
 OWNER: *Sam*
 TICKET TYPE: SERVICE SALES
 CONTRACTOR: *Dick #7*
 RIG NAME/NO.:
 SHIPPED VIA: *CT*
 DELIVERED TO: *Location*
 ORDER NO.:
 WELL TYPE: *Gas*
 WELL CATEGORY: *Development*
 JOB PURPOSE: *Cont. Production Csg.*
 WELL PERMIT NO.:
 WELL LOCATION: *Sec 12-37s 19w*
 REFERRAL LOCATION:
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575	ORIGINAL	1			MILEAGE #106	70		mi		2.50	175.00
578		1			Pump Service	1		ea		1,200.00	1,200.00
406		1			Leachdown Plug + Baffle	1		ea	5'6"	200.00	200.00
407		1			Insert Float shoe	1		ea	"	200.00	200.00
402		1			Centralizers	10		ea	"	40.00	400.00
403		1			Bar Nets	1		ea	"	110.00	110.00
291		1			Mud Plug	1,000		gal		50.00	500.00
		1			See Continuation					3739	68

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 TART OF WORK OR DELIVERY OF GOODS
Kenneth M. [Signature]
 DATE SIGNED: TIME SIGNED: A.M. P.M.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	6,524	68
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						
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.
 WIFT OPERATOR: *Roy B. [Signature]* APPROVAL:
 Thank You!

