

**OIL & GAS CONSERVATION DIVISION**  
**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

September 1999  
 Form Must Be Typed

20 391-13

Operator: License # 4058  
 Name: AMERICAN WARRIOR, INC.  
 Address: P.O. Box 399  
 City/State/Zip: Garden City, KS 67846  
 Purchaser: NCRA  
 Operator Contact Person: Cecil O'Brate  
 Phone: (620) 275-9231  
 Contractor: Name: Discovery Drilling Co., Inc.  
 License: 31548  
 Wellsite Geologist: Ronald Nelson

Designate Type of Completion:  
 New Well     Re-Entry     Workover  
 Oil     SWD     SIOW     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. \_\_\_\_\_

<u>9/25/01</u>	<u>10/1/01</u>	<u>10/2/01</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion 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. Rules 82-3-130, 82-3-108 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: 1-23-2002

Subscribed and sworn to before me this 23<sup>rd</sup> day of \_\_\_\_\_, 2002

Notary Public: Debra J. Purcell

Date Commission Expires: 11/4/03  


API No. 15 - 159-22,392-0000  
 County: Rice  
 110' S 9' E N/2 S/2 NE Sec. 6 Twp. 18 S. R. 10 W  East  West  
1760 feet from S / (N) (circle one) Line of Section  
1320 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 (circle one) (NE) SE NW SW  
 Lease Name: Alice "A"    Well #: 1

Field Name: Bloomer  
 Producing Formation: LKC & Arbuckle  
 Elevation: Ground: 1786    Kelly Bushing: 1794

Total Depth: 3230    Plug Back Total Depth: 3230  
 Amount of Surface Pipe Set and Cemented at 420.74 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/ \_\_\_\_\_ ex cmf.

**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)  
 Chloride content 18,000 ppm    Fluid volume 320 bbls  
 Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
 County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**KCC Office Use ONLY**

Letter of Confidentiality Attached  
 If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

**KCC WICHITA**  
**JUN 09 2014**

RECEIVED

Operator Name: AMERICAN WARRIOR INC. Lease Name: Alice "A" Well #: 1  
 Sec. 6 Twp. 18 S. R. 10W  East  West County: Rice

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of 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 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 (Attach Additional Sheets)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Topeka	2554'	-760
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	2808'	-1014
List All E. Logs Run:		Toronto	2830'	-1036
		Douglas	2836'	-1042
		Brown Lime	2920'	-1126
		LKC	2936'	-1142
		BKC	3194'	-1400
		Arbuckle	3226'	-1432
Daul Dens: Neut, Daul Ind.				

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	# Sacks Used	Type and Percent Additives
Surface Pipe	13 1/2	10 3/4	30	420.74	Common	280	2% Gel & 3% CC
Production St.	9 7/8	7	20	3226	SMDC	150	1/2# floccel D-Air

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
	None	O.H.	3226' - 3230'	1000 Gals	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-7/8"	@3200'	None		
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	
SI	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