

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

Operator: License # 4058
 Name: American Warrior, Inc.
 Address P.O. Box 399
 City/State/Zip Garden City, KS 67846
 Purchaser: Panhandle Eastern/ Koch Oil Co.
 Operator Contact Person: Kevin Wiles
 Phone (316) 275-2963
 Contractor: Name: Cheyenne Drilling
 License: 5382
 Wellsite Geologist: Scott Corsair
 Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, 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 PBT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
7-1-97 7-11-97 8-15-97
 Spud Date Date Reached TD Completion Date

API NO. 15- 175216380000
 County Seward
C E/2 Sec. 34 Twp. 32 Rng. 31
2640 Feet from S (circle one) Line of Section
330 Feet from B/W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE SE, NW or SW (circle one)
 Lease Name Singley Well # 6
 Field Name Masoni
 Producing Formation St. Louis
 Elevation: Ground 2770 KB 2780
 Total Depth 6080 PBTD 6062
 Amount of Surface Pipe Set and Cemented at 1572 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/ _____ sk cont

Drilling Fluid Management Plan AH-1, 3-13-98 etc.
(Data must be collected from the Reserve pit)

Chloride content 4400 ppm Fluid volume 300 bbls

RECEIVED
STATE CORPORATION COMMISSION

Location of fluid disposal if hauled offsite:

OCT 13 1997
 Operator Name _____
 Lease Name CONSERVATION DIVISION License No. _____
WICHITA, KS
 Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W
 County _____ Docket No. _____

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 Kevin Wiles
 Title Production Manager Date 10-10-97
 Subscribed and sworn to before me this 10th day of October, 1997.
 Notary Public Debra J. Purcell
 Date Commission Expires 07/01/99

Debra J. Purcell
 NOTARY PUBLIC
 State of Kansas
 MY APPT EXPIRES 11/1/99

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)

SIDE TWO

ORIGINAL

Operator Name American Warrior, Inc.

Lease Name

SingleyWell # 6Sec. 34 Twp. 32 Rge. 31 EastCounty Seward 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 NoCores Taken Yes NoElectric Log Run Yes No
(Submit Copy.)

List All E.Logs Run:

Array Ind.

CNCD

 Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Heebner	4262	-1482
Toronto	4292	-1512
Lansing	4398	-1618
Judy	4660	-1880
Hodges	4880	-2100
Marm.	5020	-2240
Atoka	5497	-2717
Chester	5561	-2781
St. Louis	5855	-3075

CASING RECORD

 New 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"	24#	1572	Midcon	500	2%CC 1/4# flocele
Production	7-7/8"	5-1/2"	15.5#	6078		330	2%CC 1/4# flocele

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		Acid, Fracture, Shot, Cement Squeeze Record		
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		Depth
4	6033'-6041'		2500 gallons	15% Fe Acid	5858
4	5928'-5933'				
4	5903'-5905'				
4	5858'-5861'				6041

TUBING RECORD	Size	Set At	Pecker At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8"	6050			

Date of First, Resumed Production, SUD or Inj.	Producing Method	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
September 3, 1997		

Estimated Production Per 24 Hours	Oil	Sbls.	Gas	Mcf	Water	Sbls.	Gas-Oil Ratio	Gravity
	15		41		10			

Disposition of Gas:

 Vented Sold Used on Lease
(If vented, submit ACD-18.)

METHOD OF COMPLETION

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

Production Interval

5858

6041

ORIGINAL



P.O. BOX 901046
DALLAS, TX 75395-1046
Corporate FIN 73-027128

INVOICE

HALLIBURTON ENERGY SERVICES, INC.

INVOICE NO.	DATE
197105	07/02/1

WELL/LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER
SINGLEY 6	SEWARD	KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	INVOICE DATE
HAYS	CHEYENNE DRILLING	SHOWN BELOW	07/02/1
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER JOB NUMBER
016806	PHIL LOYD		COMPANY TRUCK 26

ORIGINAL

AMERICAN WARRIOR
BOX 399
GARDEN CITY, KS 67846

DIRECT CORRESPONDENCE TO:
1102 E. 8TH
HAYS KS 67601
913-625-3431

PRICING AREA	JOB PURPOSE	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
MID CONTINENT	CEMENT SURFACE CASING				
000-117	MILEAGE CEMENTING ROUND TRIP	40 HY	3.20	128.00	
		1 UNT			
001-016	CEMENTING CASING	1571 FT	1,523.00	1,523.00	
		1 UNT			
030-016	SW PLUG	8 5/8 IN	132.00	132.00	
		1 EA			
24A	INSERT FLOAT VALVE - 8 5/8" BRD	1 EA	188.00	188.00	
815.19502					
27	FILL-UP UNIT 7" - 8 5/8"	1 EA	70.00	70.00	
815.19413					
40	CENTRALIZER-8-5/8 X 12-1/4	3 EA	90.00	270.00	
806.60059					
12A	GUIDE SHOE - 8 5/8" BRD THD.	1 EA	216.00	216.00	
825.217					
504-280	MIDCON-2 STANDARD CEMENT	500 SK	13.53	6,765.00	
503-406	ANHYDROUS CALCIUM CHLORIDE	10 SK	46.90	469.00	
507-210	FLOCELK	125 LB	1.90	237.50	
508-207	BULK SERVICE CHARGE	528 CFT	1.55	818.40	
500-306	MILEAGE CHRG MAT DEL. OR RETURN	1038.52 TMI	1.18	1,225.44	

JOB PURPOSE SUBTOTAL 12,042.31

INVOICE SUBTOTAL 12,042.31

DISCOUNT-(BID) 4,576.00

INVOICE BID AMOUNT 7,466.31

*-KANSAS STATE SALES TAX 315.60

***** CONTINUED ON NEXT PAGE *****

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer

VALIDATION

JOB LOG 4239-5

REGION North America	NWA/COUNTRY	TICKET # 197105	TICKET DATE 7.2.97
MBU ID / EMP #	EMPLOYEE NAME	BDA / STATE	COUNTY
LOCATION	COMPANY	PSL DEPARTMENT	
TICKET AMOUNT 12042.35	WELL TYPE	CUSTOMER REP / PHONE P172 LOYD - TOOL ASMR	
WELL LOCATION	DEPARTMENT	API / UWI #	
LEASE / WELLS	SEC / TWPT / HNG	JOB PURPOSE CODE 21538 0000	010

HEB EMP NAME/EMP#/(EXPOSURE HOURS) (HRS)	HEB EMP NAME/EMP#/(EXPOSURE HOURS) (HRS)	HEB EMP NAME/EMP#/(EXPOSURE HOURS) (HRS)	HEB EMP NAME/EMP#/(EXPOSURE HOURS) (HRS)
W. J. J. 80377			
A. J. J.			
F. J. J.			

CHART NO.	TIME	RATE (BPM)	VOLUME (GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
	0700							CELSA AT
	1300							ON LOCATION - BEGINS JOB PROCEDURE
	1650							BREAK OBSERVED - MUD PUMP
1	1714	8'b	217.4	✓		400		MAX CEMENT ORIGINAL
	1742							RELEASE PLUG
	1745	7'b	0	✓		600		DISPLACE PLUG
	1758	2	95.5			900		PLUG DOWN
								CALCULATED 60 SPS CEMENT TO DEPT
	1759							RELEASE BIT
								ON FLOAT HEAD
								WASH UP
								BACK UP
	1930							JOB COMPLETE
								TRIP UP
								WASH DOWN



HALLIBURTON

HALLIBURTON ENERGY SERVICES

HAL-1906-P

AMERICAN WARRIOR TX
ADDRESS

CITY, STATE, ZIP CODE

GROESBURY, MS

No.

197105-1

PAGE 1 OF 2

SERVICE LOCATIONS 1. H-11-2-15	WELL/PROJECT NO. 6	LEASE SEAGLEY	COUNTY/PARISH SEWARD	STATE MS	CITY/OFFSHORE LOCATION	DATE 7-2-97	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR CNC-WAL DELG	RIG NAME/NO. #5	SHIPPED VIA 52293	DELIVERED TO LOCATION	ORDER NO.
3.	WELL TYPE 01	WELL CATEGORY 01	JOB PURPOSE 010	WELL PERMIT NO. 15 175 21638 0000	WELL LOCATION 34-325-31W		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
000-117		1			MILEAGE	40	ME	1	WTX	128.00
001-016		1			PUMP SERVICE	1591	FT	6	HRS	1523.00
030-016		1			SW PLUG	1	EA	8 3/8"		132.00
244	RIS. 19502	1			INSERT FLOAT VALVE	1	EA	"		188.00
27	RIS. 19413	1			AUTO FLOAT UNIT	1	EA			90.00
40	806. 60039	1			CONTROLLERS	3	EA	"		270.00
12A	825. 217	1			GUIDE SIGN	1	EA	"		216.00

ORIGINAL

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	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 FROM CONTINUATION PAGE(S) SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE
	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?						
DATE SIGNED 7-2-97	TIME SIGNED 1500	TUBING SIZE		TUBING PRESSURE	WELL DEPTH	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
<input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not checked		TREE CONNECTION	TYPE VALVE		ARE YOU SATISFIED WITH OUR SERVICE?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input checked="" 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 invoice)

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) PHIL LOYD	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) X [Signature]	HALLIBURTON OPERATOR/ENGINEER WAYNE WILSON	EMP # 85377	HALLIBURTON APPROVAL
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13163376211 P.03 TO FROM 03-12-1998 05:09PM

HALLIBURTON ENERGY SERVICES

INVOICE CONTINUATION

No. 13110

FORM 1911 R-10

Trk. 3846-8206

CUSTOMER
American Warrior

WELL
86 Singley

DATE
7-2-97

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOG	ACCT	DF								
504-280		1			Mid-Con-2	500				13.53	6,765.00	
509-406		1			Calcium Chloride Blended	10				46.90	469.00	
507-210		1			Floccle Blended	125	lb			11.90	2371.50	
ORIGINAL												
500-207		1			SERVICE CHARGE	CUBIC FEET		528		1.55	818.40	
500-306		1			MREAGE CHARGE	TOTAL WEIGHT	51,926	LOADED AIRS	40	TON MILES	1,038.52	1,225.40

CONTINUATION TOTAL 9,515.30

No. B 339237

13163376211 P.04

TO

03-12-1998 05:09PM FROM