

FORM MUST BE TYPED

SIDE ONE

ORIGINAL

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

Operator: License # 4958

Name: American Warrior Inc

Address: PO/ Box 399

Garden City,

City/State/Zip KS 67846

Purchaser: KN

Operator Contact Person: Kevin Wiles Sr

Phone (316) 275-2963

Contractor: Name: EXXONR Cheyenne Drll.

License: 5382

Wellsite Geologist: NONE

Designate Type of Completion
 New Well Re-Entry Workover

Oil SVD SIOV Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSV, 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/SVD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SVD or Inj?) Docket No. _____

10-28-99 10-31-99 11-24-99
Spud Date Date Reached TD Completion Date

API NO. 15-055-21,6610000

County Finney

W/2- W/2- SE/4 Sec. 19 Twp. 24s Rge. 31w

1250' Feet from NW (circle one) Line of Section

2200' Feet from NW (circle one) Line of Section

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

Lease Name ID Well # 2

Field Name Hugoton

Producing Formation Hugoton

Elevation: Ground 2880' KB 2885'

Total Depth 2680' PSTD 2660;

Amount of Surface Pipe Set and Cemented at 342' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2618

feet depth to Surface w/ 470 ex cat.

Drilling Fluid Management Plan Att. 2, 5-5-00
(Data must be collected from the Reserve Pit)

Chloride content 4800 ppm Fluid volume 300 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

RECEIVED
STATE CORPORATION COMMISSION
APR 25 2000

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 4-14-2000

Subscribed and sworn to before me this 20th day of April

19 2000
Notary Public Debra J. Purcell

Date Commission Expires 11/1/03

DEBRA J. PURCELL
Notary Public - State of Kansas
My Appt. Expires 11/1/03

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SVD/Rep NGPA
 KGS Plug Other
(Specify)

RIDE TWO

Operator Name American Warrior Inc Lease Name ID. Well # 2
 Sec. 19-Twp. 24SRge. 31W East County Finney
 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:

Log	Formation (Top), Depth and Datum	Sample
Name	Top	Datum
Herrington	2600'	-280
Krider	2632'	-312' xxx

Cased Hole ~~xxxx~~ gamma ray neutron

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	12 1/2	8-5/8'	23#	342'	swift	225	1/2# flocele
production	7-7/8	4 1/2	10.5#	2678'	midcon	470	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
2	2600'-2604' & 2632-2642'	1500gals 20% fe acid 2600'
		frac w/ 20000# 20-4- sand
		2642'

TUBING RECORD	Size	Set At	Packer At	Liner Run
2-3/8		2650'	none	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
SI				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
	NA	SI	SI	

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: 2600-2604, 2632 2642

APR. 19 2000 03:48PM P10



15-055-21661-0000

TICKET ORIGINAL
No. 1721

CHARGE TO: *American Warrior*
 ADDRESS:
 CITY, STATE, ZIP CODE: *Landon City, KS*

PAGE 1 OF 1

15-055-21661

SERVICE LOCATIONS: *Landon City, KS*
 WELL/PROJECT NO.: *2*
 LEASE: *I, D.*
 COUNTY/PARISH: *Finnay*
 STATE: *KS*
 CITY:
 DATE: *10-31-99*
 ORDER: *same*
 TICKET TYPE: SERVICE SALES
 CONTRACTOR:
 RIG NAME/NO.: *Chapman #8*
 SHIPPED: *via 100*
 DELIVERED TO: *E. Landon City, KS*
 ORDER NO.:
 WELL TYPE: *Geo*
 WELL CATEGORY: *Development*
 JOB PURPOSE: *2/5*
 WELL PERMIT NO.:
 WELL LOCATION:

REFERRAL LOCATION:
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575					MILEAGE	70	mi	2	00	140.00
578					Pump Change	1	EA			1200.00
281					mud flush	500	gal	50		250.00
221					Liquid KCL	260		19	00	38.00
400					Guide shoe	1	EA	4 1/2	IN	65.00
406					Stretch Down Plug & Baffle	1	EA			190.00
402	RECEIVED				Centalypis	10	EA	30	00	300.00
403	STATE COMPARATION COMMISSION				Cement Baskets	2	EA	100	00	200.00
330	ADD 25 2000				5 MDS Cement	470	SKS	9	50	4465.00
276					Floccals	118	lbs	90		106.20
281	COMBINATION DIVISION Warrens, Kansas				Bulk Service charge	470		1	00	470.00
583					Drayage	1638	63	75		1228.97

PHONE NO.:

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

SIGNED: *[Signature]*
 DATE SIGNED: *10-31-99*
 TIME SIGNED: *06:30*
 BY: 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
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				8653.17
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX 340.31
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL 8993.48
<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: *[Signature]*
 APPROVAL:

17-200 Thank You!

ORIGINAL

TICKET NO. ORIGINAL

PAGE 1 OF 1



CHARGE TO: *American Wharrior*
 ADDRESS:
 CITY, STATE, ZIP CODE: *Harden St., KS*

APR. 19 2000 03:44PM PB

PHONE NO. :

FROM :

SERVICE LOCATIONS 1. <i>None</i>	WELL PROJECT NO. 2	LEASE <i>I. D.</i>	COUNTY/PARISH <i>Furness</i>	STATE <i>KS</i>	CITY	DATE <i>10-29-99</i>	OWNER <i>Soyler</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME NO. <i>Chapman 8</i>	SHIPPED VIA <i>truck</i>	DELIVERED TO <i>E. Garden City</i>	ORDER NO.	
3.	WELL TYPE <i>Sus</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Surface</i>	WELL PERMIT NO.		WELL LOCATION	
4.	REFERRAL LOCATION						
INVOICE INSTRUCTIONS							

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT		UNIT PRICE	AMOUNT
		LOG	ACCT	DF			UM		UM		
575		1			MILEAGE <i>100</i>	70				2.00	140.00
576		1			Pump Charge	345		1	EA		6.00
410		1			Top Plug	1		85	IN		56.00
326		1			60/40 Puzmix	215			SK	5.00	1075.00
278		1			Calcium Chloride	5			SK	25.00	125.00
521		1			Back Service Charge	215					215.00
523		1			Drayage	631		77	Ton M	75	473.25
	RECEIVED										
	ATION COMMISSION										
	ADD 2.5 2000										

LEGAL TERMS: *Customer here by 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
 DATE SIGNED *10-27-99* TIME SIGNED *3:00* 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	<i>253/8</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					<i>2281 35</i>
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	<i>82.45</i>
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL	<i>2363 85</i>
<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: *[Signature]* APPROVAL: *[Signature]*

ORIGINAL

Thank You.

