

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

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 31548
 Name: AMERICAN WARRIOR, INC.
 Address: P.O. Box 399
 City/State/Zip: Garden City, KS 67846
 Purchaser: NONE
 Operator Contact Person: Cecil O'Brate
 Phone: (620) 275-9231
 Contractor: Name: Discovery Drilling Co., Inc.
 License: 31548
 Wellsite Geologist: Ron 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>10/29/02</u> | <u>11/3/02</u> | <u>11/4/02</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

D&A

**RECEIVED
JUN 09 2003
KCC WICHITA**

API No. 15 - 185-23,168-0000
 County: Stafford
 30' S & 80' W of
 C E/2-SW-SW Sec. 34 Twp. 21 S. R. 14W East West
2010 feet from / (circle one) Line of Section
910 feet from / (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE **NW** SW
 Lease Name: Gates Well #: 1-34
 Field Name: Curtis
 Producing Formation: None
 Stratification: Ground: 1941 Kelly Bushing: 1949
 Total Depth: 3849 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 366.32 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 cmt.
Drilling Fluid Management Plan *Per'd Wk 6-26-03*
(Data must be collected from the Reserve Pit)
 Chloride content 26,000 ppm Fluid volume 240 bbls
 Dewatering method used Haul Free Fluids
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Gee Oil Service
 Lease Name: Rodgers SWD License No.: 32482
 Quarter NW/4 Sec. 34 Twp. 23 S. R. 13W East West
 County: Stafford Docket No.: D-23350

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: [Signature]
 Title: Compliance Corr. Date: 6-5-2003
 Subscribed and sworn to before me this 6th day of June, 2003
 Notary Public: [Signature]
 Date Commission Expires: _____

NOTARY PUBLIC State of Kansas
MARY L. WATTS
 My Appt. Exp. 08-07-2006

KCC Office Use ONLY

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

Operator Name: AMERICAN WARRIOR, INC. Lease Name: Gates Well #: 1-34
 Sec. 34 Twp. 21 S. R. 14W East West County: Stafford

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(a). 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: _____ Dual.IND, Dens.Neut., Sonic | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr><td>Topeka</td><td>3024</td><td>- 1075</td></tr> <tr><td>Heebner</td><td>3310</td><td>- 1361</td></tr> <tr><td>Toronto</td><td>3334</td><td>- 1385</td></tr> <tr><td>Douglas</td><td>3349</td><td>- 1399</td></tr> <tr><td>LKC</td><td>3438</td><td>- 1489</td></tr> <tr><td>BKC</td><td>3662</td><td>- 1713</td></tr> <tr><td>Viola</td><td>3716</td><td>- 1767</td></tr> <tr><td>Simpson</td><td>3774</td><td>- 1827</td></tr> <tr><td>Arbuckle</td><td>3832</td><td>- 1883</td></tr> </tbody> </table> | Name | Top | Datum | Topeka | 3024 | - 1075 | Heebner | 3310 | - 1361 | Toronto | 3334 | - 1385 | Douglas | 3349 | - 1399 | LKC | 3438 | - 1489 | BKC | 3662 | - 1713 | Viola | 3716 | - 1767 | Simpson | 3774 | - 1827 | Arbuckle | 3832 | - 1883 |
|---|---|--------|-----|-------|--------|------|--------|---------|------|--------|---------|------|--------|---------|------|--------|-----|------|--------|-----|------|--------|-------|------|--------|---------|------|--------|----------|------|--------|
| Name | Top | Datum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Topeka | 3024 | - 1075 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heebner | 3310 | - 1361 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Toronto | 3334 | - 1385 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Douglas | 3349 | - 1399 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LKC | 3438 | - 1489 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BKC | 3662 | - 1713 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Viola | 3716 | - 1767 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Simpson | 3774 | - 1827 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arbuckle | 3832 | - 1883 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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 Pipe | 12 1/2 | 8 5/8 | 23 | 366.32 | Common | 260 | 2%Gel&3%CC |
| | | | | | | | |
| | | | | | | | |

| 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 | D/A. | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | |
|---|-----------|---|-------------|--|
| TUBING RECORD | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NONE | | | | |
| Date of First, Resumed Production, SWD or Enhr. | | 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 | METHOD OF COMPLETION | Production Interval |
| <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i> | <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____ | _____ |

ORIGINAL



CHARGE TO: American Warrior
 ADDRESS: P.O. Box 399
 CITY, STATE, ZIP CODE: Garden City, Ks

15.195.23168.0000

TICKET No 4960

PAGE 1 OF 1

SERVICE LOCATIONS: Ness City, Ks | WELL/PROJECT NO.: 1-34 | LEASE: Gates | COUNTY/PARISH: Stafford | STATE: Ks | CITY: Ness City, Ks | DATE: 10-28-02 | OWNER: Sams

TICKET TYPE: SERVICE SALES | CONTRACTOR: Discovery Drilling | RIG NAME/NO.: | SHIPPED VIA: | DELIVERED TO: Wot Seward, Ks | ORDER NO.:

WELL TYPE: Oil | WELL CATEGORY: Development | JOB PURPOSE: new well - surface - cmt csg | WELL PERMIT NO.: | WELL LOCATION:

REFERRAL LOCATION: | INVOICE INSTRUCTIONS:

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | U/M | QTY. | U/M | UNIT PRICE | AMOUNT |
|-----------------|-------------------------------------|------------|------|----|---------------------|--------|----------|----------|-----|------------|----------|
| | | LOC | ACCT | DF | | | | | | | |
| 575 | | 1 | | | MILEAGE #104 | 50 | mi | | | 2.50 | 125.00 |
| 576 | | 1 | | | Hourly Charge | 1 | hr | | | 500.00 | 500.00 |
| 410 | | 1 | | | Top Plug | 1 | lea | 8 1/2 in | | 56.00 | 56.00 |
| 325 | | 1 | | | Standard Cement | 210 | sk | | | 83.57 | 17550.00 |
| 279 | | 1 | | | Bentonite gel 2% | 5 | sk | | | 11.00 | 55.00 |
| 278 | | 1 | | | Calcium Chloride 3% | 7 | sk | | | 25.00 | 175.00 |
| 581 | | 1 | | | Service Charge | 260 | hr | | | 1.00 | 260.00 |
| 583 | | 1 | | | Drayage | 637.50 | Tonmiles | | | .75 | 478.13 |

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 *[Signature]*
 DATE SIGNED: 10-28-02 | TIME SIGNED: 6:00 | 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 |
|--|--|------------|-----------|------------|
| OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? | | | | 3404 |
| WE UNDERSTOOD AND MET YOUR NEEDS? | | | | 13 |
| 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.

SWIFT OPERATOR: *[Signature]* | APPROVAL:

Thank You!

ALLIED CEMENTING CO., INC. 13118

Federal Tax I.D.# 48-7860

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

SERVICE POINT: Great Bend
ORIGINAL

| | | | | | | | |
|------------------------------------|----------------|----------------|-------------------|--------------------------------------|----------------------------|---------------------------|---------------------------|
| DATE <u>11-2-22</u> | SEC. <u>31</u> | TWP. <u>24</u> | RANGE <u>14 W</u> | CALLED OUT <u>5:30 pm</u> | ON LOCATION <u>8:00 pm</u> | JOB START <u>10:45 AM</u> | JOB FINISH <u>3:15 PM</u> |
| LEASE <u>Artis</u> | | | WELL# <u>1-1</u> | LOCATION <u>11-11 + 281 - 5 west</u> | | COUNTY <u>Stark</u> | STATE <u>KS</u> |
| OLD OR NEW (Circle one) <u>NEW</u> | | | | <u>1 1/2 miles - East side</u> | | | |

CONTRACTOR Dickerson
 TYPE OF JOB Water Well
 HOLE SIZE 7 7/8 TD 394'
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER Thomas Warren Garrison
 CEMENT AMOUNT ORDERED 135 5x 1 1/4" 6' length
at 1 1/2" hole

EQUIPMENT

PUMP TRUCK CEMENTER Jack
 # 120 HELPER FD
 BULK TRUCK # 34 DRIVER Steve
 BULK TRUCK # _____ DRIVER _____

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

REMARKS:
1st 1/2 @ 394' with 20' cement
2nd 1/2 @ 370' with 20' cement
3rd 1/2 @ 370' with 20' cement
1 1/2" hole with 15' cement
1 1/2" hole with 15' cement
1 1/2" hole with 15' cement
Thanks

SERVICE

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

CHARGE TO: American Warren
 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 Thomas Warren Garrison

Thomas Warren Garrison
 PRINTED NAME