

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

15.185.23150.0000

ORIGINAL

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: Ron Nelson

API No. 15 - 185-23,150-0000
County: Stafford
160' W of SW of SE Sec. 17 Twp. 21 S. R. 13 W. East West
330 feet from (circle one) Line of Section
1150 feet from (circle one) Line of Section
Elevations Calculated from Nearest Outside Section Corner:
NE SE NW SW
Lease Name: Vink Well #: 1-17
Field Name: Hazel West
Producing Formation: Arbuckle

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Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Elevation: Ground: 1897 Kelly Bushing: 1905
Total Depth: 3683 Plug Back Total Depth: 3684'
Amount of Surface Pipe Set and Cemented at 321.99 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.

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. _____

3/8/02 3/13/02 3/14/02
Spud Date or 3/8/02 Date Reached TD 3/13/02 Completion Date or 3/14/02
Recompletion Date 3/8/02 Date Reached TD 3/13/02 Completion Date or 3/14/02
Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 21,000 ppm Fluid volume 480 bbls
Dewatering method used Hauled free fluid
Location of fluid disposal if hauled offsite:
Operator Name: Gee Oil Service, Inc.
Lease Name: Rodgers SWD License No.: 03546
Quarter NW Sec. 34 Twp. 23 S. R. 13 W. 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: Production Supt. Date: 4-30-2002
Subscribed and sworn to before me this 30 day of April
19-2002
Notary Public: [Signature]
Date Commission Expires: 11/4/02

DEBRA J. PURCELL
Notary Public - State of Kansas
My Appt. Expires 11/4/03

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: Vink Well #: 1-17
Sec. 17 Twp. 21 S. R. 13W [] East [X] 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(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 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:
NONE

Log	Formation (Top), Depth and Datum	Sample
	Name	Top Datum
	Heebner	3223' -1318
	Toronto	3243' -1338
	Douglas	3258' -1353
	LKC	3360' -1455
	BKC	3587' -1682
	CONG	3598' -1693
	Simpson	3636' -1731
	Arbuckle	3678' -1773

CASING RECORD <input checked="" 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	12 1/4	8 5/8	24	321.99	Common	235	2%Gel&3%CC
Production St.	7 7/8	5 1/2	14	3680	SMDC	125	2%cc 1/4 #Flocc 1e

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	OH. 3680' - 3684'	750Gals 20% FE Acid	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8"	3678'	none		
Date of First, Resumed Production, SWD or Enhr.			Producing Method			
SI			<input type="checkbox"/> Flowing <input checked="" 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			

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



CHARGE TO:
 AMERICAN WAREHOUSE TXC.
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET No 4197
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SERVICE LOC 1. <u>NESS</u>	WELL/PROJECT NO. 1-17	LEASE VINK	COUNTY/PARISH STAFFORD	STATE KS	CITY	DATE 3-14-02	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR DISCOVERY DRILLING	RIG NAME NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEV-LOPMENT	JOB PURPOSE 5 1/2" COAL STRIP	WELL PERMIT NO.	WELL LOCATION GRANT BEND - 10S, 17E W NS		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575		1			MILEAGE * 104	60	MI	2.50		150.00
578		1			PUMP SERVICE	1	JOB	3680	FT	1200.00
281		1			MUD FLUSH	500	GAL	.50		250.00
405		1			FORMATION PACKED SHOES	1	EA	5 1/2"	1250.00	1250.00
406		1			LATCH DOWN PULG - RAFFLE	1	EA		200.00	200.00
402		1			CEMENTIZERS	5	EA		40.00	200.00
330		1			SLEEP MULTI-BENSITY STAINLESS	125	SMS		9.50	1187.50
276		1			FLOCFEE	31	LBS		.90	27.90
285		1			CFR-1	59	LBS		2.25	132.75
290		1			D-ARI	59	LBS		2.25	132.75
!		1			SERVICE CHARGE CEMENT	125	SMS		1.00	125.00
583		1			DEBRIS	12509	LBS	375.27	MI	4714.875

Release
 MAY 13 2004
 From
 Confidential

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 3-14-02 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
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?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	5196.35
TAX	
TOTAL	

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CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR WAYNE WILSON APPROVAL

Thank You

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JOB LOG

SWIFT Services, Inc.

DATE 3-11-02 PAGE NO. 1

CUSTOMER AMERICAN WARRIOR TX. WELL NO. 1-17 LEASE VINA JOB TYPE 5 1/2" LONGSTAIRS TICKET NO. 4197

Table with columns: CHART NO., TIME, RATE (BPM), VOLUME (GAL), PUMPS (T, C), PRESSURE (PSI) (TUBING, CASING), DESCRIPTION OF OPERATION AND MATERIALS. Includes handwritten entries like 'ON LOCATION', 'START 5 1/2" CASING TO WELL', 'KCC', 'APR 30 2002', 'CONFIDENTIAL', 'CIRCUITE WELL', 'DROP BALL - SET PACKER SHOES', 'PLUG RH - MII', 'PUMP MUD FLUSH', 'MAX CMWT - 125 SPS SMC W/ADDITIONS @ 13 PPG', 'WASH OUT PUMP - LT-215', 'RELEASE UTCH BOWL PLUG', 'DISPACE PLUG', 'PLUG DOWN - PSE UP UTCH PLUG', 'RELEASE PSE - HPLN - OK', 'WASH-UP', 'JOB COMPLETE'.

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THANK YOU
WASH DUSTY SHAW



CHARGE TO: *American Well*
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 4362

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1. SERVICE LOCATIONS	WELL/PROJECT NO. <i>1-17</i>	LEASE <i>Vink</i>	COUNTY/PARISH <i>St. Louis</i>	STATE <i>K.</i>	CITY	DATE <i>3-2-02</i>	OWNER <i>S. S. S.</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Dickinson Data</i>	RIG NAME/NO.	SHIPPED VIA <i>217</i>	DELIVERED TO <i>Location</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL-CATEGORY <i>Development</i>	JOB PURPOSE <i>Complete RT' Surface E.g.</i>	WELL PERMIT NO.		WELL LOCATION	
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575		1			MILEAGE <i>1706</i>	60	mi	2	25	150
576		1			Pump Service	1	ea	500	1	500
410		1			Top Plug	1	ea	56	1	56
581		1			Screen Change	235	yd	1	235	235
583		1			Drayage	694.5	ton	75	75	520
395		1			Standard Cement	235	yd	6	75	1,586
279		1			Restonite	5	yd	11	22	55
278		1			Calcium Chloride	7	yd	25	25	175

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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: 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	3,278	13
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						

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JOB LOG **CONFIDENTIAL**

SWIFT Services, Inc.

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DATE: 4/27/02 PAGE NO. 7

CUSTOMER: *Hoover* WELL NO.: *111* LEASE: *Vial* JOB TYPE: *Well* TICKET NO.: *4762*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2100							On loc. ...
	0215							Run ...
	0300							Start in ...
	0315		57					Comp. on ...
								Start mixing ...
								APR 30 2002
								CONFIDENTIAL
			19					Finished mixing
	0330							Return Top Plug + Displace
								Plug down
								Circ. ...
	0400							Wait + Read up ...
								Top ...

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4-30-2004



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State of Kansas
Kansas Corporation Commission
130 S. Market - Room 2078
Wichita, Kansas 67202

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Dear Corporation Commission,

American Warrior, Inc. request that you please hold the enclosed information confidential for as long as the law allows.

Thank you.

Sincerely,

Kevin Wiles, Sr
Production Manager

KW/kk
enclosure

American Warrior, Inc.

P.O. Box 200 - Garden City, KS