

CONFIDENTIAL

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

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

API NO. 15- 185-23,0930000
County Stafford
NW - NE - SW Sec. 16 Twp. 21s Rge. 13W XX V

Operator: License # 4058 **CONFIDENTIAL**

2310' Feet from (S/N) (circle one) Line of Section
3600' Feet from (E/W) (circle one) Line of Section

Name: American Warrior Inc
Address: PO. Box 399,
Garden City.

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

City/State/Zip KS 67846

Name Grow "C" Well # 4x

Purchaser: NCRA

Name Hazel West

Operator Contact Person: KEVIN WILES

Producing Formation Arbuckel

Phone (316) 275-2963

Elevation: Ground 1893' KS 1901'

Contractor: Name Discovery Drlg

Total Depth 3645' PSTD 3645'

License: 31548

Amount of Surface Pipe Set and Cemented at 350' Feet

Wellsite Geologist: Alan Down

Multiple Stage Cementing Collar Used? Yes X No

Designate Type of Completion
 New Well Re-Entry Workover

If yes, show depth set _____ Feet

Oil SVD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cat.

If Workover/Re-Entry: old well info as follows:

Drilling Fluid Management Plan ALT 1 5/9/01 JB
(Data must be collected from the Reserve Pit)

Operator: _____

Chloride content 13000 ppm Fluid volume 720 bbls

Well Name: _____

Dewatering method used Hauled Off-site

Comp. Date _____ Old Total Depth _____

Location of fluid disposal if hauled offsite: _____

Deepening Re-perf. Conv. to Inj/SVD
Plug Back PSTD
Commingled Docket No. _____
Dual Completion Docket No. _____
Other (SVD or Inj?) Docket No. _____

Operator Name Gee Oil Services

2-26-2000 3-3-2000 3-13-2000
Spud Date Date Reached TD Completion Date

Lease Name Rodgers License No. 03546

NW/4 Quarter Sec. 34 Twp. 23s S Rng. 13W XX V

County Stafford Docket No. D-23,350

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 6-12-2000

Subscribed and sworn to before me this 6th day of June, 2000

Notary Public Debra Purcell

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input checked="" type="checkbox"/>	Geologist Report Received
Distribution		
<input type="checkbox"/>	KCC	<input type="checkbox"/> SVD/Rep
<input type="checkbox"/>	KCS	<input type="checkbox"/> Plug
<input type="checkbox"/>		<input type="checkbox"/> NGPA
<input type="checkbox"/>		<input type="checkbox"/> Other (Specify)

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

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SIDE TWO

Operator Name American Warrior Inc

Lease Name Grow "C"

Well # 4x

Sec. 16 Twp. 21s Rge. 13W

East
 West

County Stafford

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
(Attach Additional Sheets.)

Yes No

Samples Sent to Geological Survey

Yes No

Cores Taken

Yes No

Electric Log Run
(Submit Copy.)

Yes No

List All E.Logs Run:

Micro, -- Dual Ind.

Log Name	Formation (Top), Depth and Datum	Sample Datum
Heebner	3200'	-1299'
Toronto	3218'	-1317'
Douglas	3232'	-1331'
Lansing	3330'	-1429'
BKC Conglomerate	3554'	-1661'
Simpson	3562'	-1671'
Arbuckel	3596'	-1695'
	3639'	-1738'

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 1/2"	8 5/8"	23#	350'	60/40	250	2%gr1&3%CC
Production	7-7/8"	5 1/2"	14#	3641'	SMDC	125	1/4# flocele 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
OH.	3641' - 3645'	none	NA

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	3640'	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 type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil SI Bbls.	Gas SI Mcf	Water Bbls.	SI Gas-Oil Ratio Gravity

Disposition of Gas:

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

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Coamingled
 Other (Specify)

Production Interval
3641' 3645'



CHARGE TO: *American Warren*
 ADDRESS:
 CITY, STATE, ZIP CODE: *Harden City, KS*

15.185.23093.0000

TICKET No 2143

PAGE 1 OF 2

SERVICE LOCATIONS 1. <i>12000000</i>	WELL/PROJECT NO. <i>4X</i>	LEASE <i>Grow C</i>	COUNTY/PARISH <i>Stafford</i>	STATE <i>KS</i>	CITY	DATE <i>3-3-00</i>	OWNER <i>SWT</i>
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>DISCON</i>	SHIPPED VIA <i>104</i>	DELIVERED TO <i>S, W, GT Band</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Drillpoint</i>	JOB PURPOSE <i>YS</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

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PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	OF							
<i>575</i>		<i>1</i>			MILEAGE <i>104</i>	<i>50</i>	<i>mi</i>			<i>2.00</i>	<i>100.00</i>
<i>578</i>		<i>1</i>			<i>Pack Clay</i>	<i>1</i>	<i>EA</i>				<i>1200.00</i>
<i>405</i>		<i>1</i>			<i>PKR Shop</i>	<i>1</i>	<i>EA</i>	<i>5 1/2 in</i>			<i>1200.00</i>
<i>406</i>		<i>1</i>			<i>Latex Down Plug + Duff</i>	<i>1</i>	<i>EA</i>				<i>200.00</i>
<i>402</i>		<i>1</i>			<i>Centralizers</i>	<i>5</i>	<i>EA</i>			<i>40.00</i>	<i>200.00</i>
<i>281</i>		<i>1</i>			<i>MUDFLUSH</i>	<i>500</i>	<i>Gal</i>			<i>.50</i>	<i>250.00</i>
<i>221</i>		<i>1</i>			<i>Liquid KCL</i>	<i>2</i>	<i>Gal</i>			<i>19.00</i>	<i>38.00</i>
<i>326</i>		<i>1</i>			<i>60/40 POC</i>	<i>25</i>	<i>SK</i>			<i>5.00</i>	<i>125.00</i>
<i>330</i>		<i>1</i>			<i>SMD</i>	<i>100</i>	<i>LB</i>			<i>9.50</i>	<i>950.00</i>
<i>276</i>		<i>1</i>			<i>Flexite</i>	<i>25</i>	<i>LB</i>			<i>.90</i>	<i>22.50</i>
<i>28</i>		<i>1</i>			<i>CRR-2</i>	<i>50</i>	<i>LB</i>			<i>2.75</i>	<i>137.50</i>
					<i>From Continuation</i>						<i>43? 44</i>

FROM CONFIDENTIAL
 JUN 12 2002
 RELEASED

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: *3-3-2000* TIME SIGNED: *10:00*
 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>4712 46</i>
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					

ORIGINAL

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]

JOB LOG **CONFIDENTIAL**

SWIFT Services, Inc.

ORIGINAL

DATE 3-3-00 PAGE NO

CUSTOMER *H. C. ...*

WELL NO. *4x*

LEASE *Ground "C"*

JOB TYPE *L/S*

TICKET NO. *2143*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	<i>0750</i>							<i>On Location Rig Hoisting Down Dr</i>
	<i>2240</i>							<i>Start Csg Run PKR 310C + 50mt</i>
	<i>2415</i>							<i>Csg on bottom</i>
								<i>Start Cinc</i>
								<i>Set PKR 310C</i>
								<i>Service Cinc</i>
	<i>1915</i>							<i>Plug Rod + Monitor 25 SKS 60/90</i>
								<i>ST Cement 100 SKS 5MD</i>
								<i>Service Cmt</i>
								<i>ST DISP</i>
	<i>0210</i>					<i>1500</i>		<i>Plug Down</i>

RELEASED

JUN 12 2002

FROM CONFIDENTIAL

CONFIDENTIAL

ALLIED CEMENTING CO., INC.

3878

Federal Tax I.D.# 48-0727860

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

SERVICE POINT:

1st Bend

DATE <u>2-27-00</u>	SEC. <u>16</u>	TWP. <u>21</u>	RANGE <u>13</u>	CALLED OUT <u>2:45AM</u>	ON LOCATION <u>4:30AM</u>	JOB START <u>5:45AM</u>	JOB FINISH <u>12:15 AM</u>	<u>KCC</u>
LEASE <u>Acres</u> WELL# <u>4X</u>			LOCATION <u>281 - Pt. of Co. hwy - 1W, 1/4S</u>					
OLD OR (NEW) (Circle one)			COUNTY <u>Stafford</u> STATE <u>Ks</u>					

JUN 1 2000

CONTRACTOR Discovery Rig #2
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4" T.D. 352'
 CASING SIZE 8 7/8" DEPTH 350'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 2 1/4 bbls

OWNER Same
 CEMENT AMOUNT ORDERED 250 lbs 6/40 390cc, 2% Adm.
 COMMON 15.0 @ 6.35 952.50
 POZMIX 1.00 @ 3.25 325.00
 GEL 4 @ 9.50 38.00
 CHLORIDE 8 @ 28.00 224.00

EQUIPMENT
 PUMP TRUCK CEMENTER Team #
 # 181 HELPER Dick D.
 BULK TRUCK # 341 DRIVER Mark B
 BULK TRUCK # _____ DRIVER _____

HANDLING CHARGE 250 @ 1.05 262.50
 STORAGE CHARGE 9 @ 100.00 900.00
 TOTAL \$1902.00

RELEASED JUN 1 2 2002

REMARKS: From Confidential
Ran 350' of 8 7/8" cas. Break circulation
Mixed 250 lbs 6/40 390cc 2% Adm.
Released Plug. Displaced with fresh
H₂O.

SERVICE

DEPTH OF JOB	<u>350'</u>		
PUMP TRUCK CHARGE	<u>0-300'</u>		<u>470.00</u>
EXTRA FOOTAGE	<u>50</u>	@ <u>.43</u>	<u>21.50</u>
MILEAGE	<u>9</u>	@ <u>2.85</u>	<u>25.65</u>
PLUG 1-8 7/8 wooden		@ <u>45.00</u>	<u>45.00</u>
TOTAL			<u>\$562.15</u>

Cement Adm. Circulate

 CHARGE TO: American Warrior, Inc.
 STREET P.O. Box 399
 CITY Andover City STATE Ks ZIP 67846

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 -0-
 TOTAL CHARGE \$2464.15
 DISCOUNT \$492.83 IF PAID IN 30 DAYS

SIGNATURE Thomas Almy

PRINTED NAME Thomas Almy

Net \$1971.32