

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 4058
Name: American Warrior, Inc.
Address: P.O. Box 399
City/State/Zip: Garden City, Kansas 67846-0399
Purchaser: None
Operator Contact Person: Cecil O'Brate
Phone: (620) 275-9231
Contractor: Name: Duke Drilling Co., Inc.
License: 5929

API No. 15 007-22702-00-00
County: Barber County, Kansas
E/2 NE SW S Sec. 25 Twp. 31 S. R. 15 East West
1835 feet from (S) N (circle one) Line of Section
2275 feet from E / (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Bear Creek Well #: 3
Field Name: Skinner

Wellsite Geologist: Allen Downing
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____

Producing Formation: None
Elevation: Ground: 1782' Kelly Bushing: 1795'
Total Depth: 5110' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 392 Feet
Multiple Stage Cementing Collar Used? Yes No
Yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

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. _____
04-09-02 04-18-02 4-18-02
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan Wk 1 & 6. 14. 02
(Data must be collected from the Reserve Pit)
Chloride content 16,000 ppm Fluid volume 320 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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: _____
Title: Production Supt Date: 5-23-02
Subscribed and sworn to before me this 23rd day of May 2002
Notary Public: Debra J. Purcell
Date Commission Expires: 11/4/04
DEBRA J. PURCELL
Notary Public - State of Kansas
My Appt. Expires _____

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

RECEIVED
MAY 28 2002
KCC WICHITA
JUL 16 2002
From
Confidential
KCC
MAY 23 2002
CONFIDENTIAL

~~5-23-2003~~
512304



RECEIVED
MAY 28 2002
KCC WICHITA

Release
JUL 06 2004
From
Confidential

CONFIDENTIAL

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

KCC

MAY 23 2002

CONFIDENTIAL

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

Operator Name: **American Warrior, Inc.** Lease Name: **Bear Creek** Well #: **3**
 Sec. **25** Twp. **31** S. R. **15** East West County: **Barber County, Kansas**

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:
 CDNL/GR, Micro. Sonic
 Dual IND

<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum			<input type="checkbox"/> Sample
Name	Top	Datum	
Heebner	4004'	-2209	
Douglas	4063'	-2268	
Lansing	4201'	-2406	
Swope	4576'	-2781	
BKC	4672'	-2877	
Marmaton	4690'	-2895	
Miss	4938'	-3143	
Cowley	5066'	-3271	

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	# Sacs Used	Type and Percent Additives
Surface	12-1/4"	8-5/8"	23#	392'	ALW Class A	125 100	3%cc 1/2# floe seal 3%cc 2%gel
Production							

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	D/A	

Date of First, Resumerd Production, SWD or Enhr. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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 _____

