



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., 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 Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1053764

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed 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
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	Evel 1-21
Doc ID	1053764

Tops

Name	Top	Datum
Anhydrite	1511	714
Heebner	3675	-1454
Lansing	3725	-1500
BKC	4048	-1823
Pawnee	4127	-1902
Ft. Scott	4209	-1984
Cherokee	4230	-2005
Mississippian	4299	-2074
TD	4326	-2101



Services, Inc.

CHARGE TO: American Wellmark Inc
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET
18074

PAGE 1 OF 1

1. SERVICE LOCATIONS <u>HRV</u>	WELL/PROJECT NO. <u>101</u>	LEASE <u>Ever</u>	COUNTY/PARISH <u>Miss</u>	STATE <u>LA</u>	CITY	DATE <u>09-01-10</u>	OWNER
2. <u>1255</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	REG NAME NO <u>Discretionary 13</u>	SHIPPED VA <input checked="" type="checkbox"/> WA <input type="checkbox"/>	DELIVERED TO <u>201, 12, 12, Bazine</u>	ORDER NO.	
3. <u>1255</u>	WELL TYPE <u>DIC</u>	WELL CATEGORY <u>ADAMS</u>	JOB PURPOSE <u>PTA</u>	WELL PERMIT NO. <u>15-15-0065</u>	WELL LOCATION <u>501718122</u>		
4. REPERAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
572					MILEAGE #112	30	M			5.00	1.50
576-P					Long Service	1	HR			750.00	750.00
290					DRILL	2	HR			35.00	70.00
338-1					BI DRAPEL LISC	2	HR			9.25	18.50
276					TRUCK	60	LR			1.50	90.00
581					SHOCK CHECKUP	2	HR			1.50	3.00
582					DRANK	2	HR			25.00	50.00

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

DATE SIGNED: 09/01/10 TIME SIGNED: 0830 A.M. P.M.

SWIFT OPERATOR: Davitt

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	400.00
	WE UNDERSTOOD AND MET YOUR NEEDS?					
	OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX	
	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
	ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL	
	<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

Thank You!

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

JOB LOG

SWIFT Services, Inc.

DATE 09/01/10 PAGE NO. 7

CUSTOMER *AWI* WELL NO. *1-21* LEASE *EVEL* JOB TYPE *PTA* TICKET NO. *18071*

CHART NO.	TIME	RATE (BPM)	VOLUME (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	<i>0030</i>							<i>ON LOCATION</i>
								<i>CMT: 240 50s 60' 40 4 1/2 gal 1/4" Pw</i>
								<i>DIP 1/2 HOSE 7 1/2</i>
								<i>1st Pvc @ 1590' 50s</i>
	<i>0200</i>		<i>6.0</i>		<i>/</i>			<i>How</i>
			<i>13.1</i>		<i>/</i>			<i>CMT</i>
			<i>2.0</i>		<i>/</i>			<i>How</i>
	<i>0215</i>		<i>17.0</i>		<i>/</i>			<i>MWD</i>
								<i>Pull DP</i>
								<i>2nd Pvc @ 810' 80s</i>
	<i>0245</i>		<i>6.0</i>		<i>/</i>			<i>How</i>
			<i>2.10</i>		<i>/</i>			<i>CMT</i>
	<i>0255</i>		<i>3.0</i>		<i>/</i>			<i>How</i>
								<i>Pull DP</i>
								<i>3rd Pvc @ 240' 40s</i>
	<i>0315</i>		<i>2.0</i>		<i>/</i>			<i>How</i>
			<i>10.5</i>		<i>/</i>			<i>CMT</i>
	<i>0330</i>		<i>.5</i>		<i>/</i>			<i>How</i>
								<i>Pull DP, LAYDOWN HOSE, etc</i>
	<i>0045</i>		<i>5.2</i>		<i>/</i>			<i>4th Pvc @ 60ft 20s</i>
	<i>0050</i>		<i>8.0</i>		<i>/</i>			<i>RA 30s</i>
	<i>0100</i>		<i>5.2</i>		<i>/</i>			<i>MP 20s</i>
								<i>TOTAL CMT 240 50s</i>
	<i>0115</i>							<i>JOB COMPLETE</i>
								<i>THANK YOU</i>
								<i>DAVE J. B. JONES</i>

JOB LOG

SWIFT Services, Inc.

DATE 5/24/10 PAGE NO. 1

CUSTOMER AMERICAN WARRIOR WELL NO. LEASE EVEL 1-21 JOB TYPE CEMENT 878 TICKET NO. 18937

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1630							ON LOCATION START PIPE IN WELL SET @ 220' 8 7/8 - 23 1/2
	1846							CIRCULATE
	1853		36		✓			ADD CEMENT - MIX @ 14.7 PPG 150 SEC STD 2% GEL 3% CC
	1907		13		✓			DISPLACE CEMENT
	1911							SHUT WELL IN
	1915							WASH TRUCK
	1945							JOB COMPLETE
								THANKS #110
								JASON, JEFF, JOE

Location location
8:00 a.m. 8-30-2010

10
20
30
40
3550
60
70
80
90
3600
10
20
30
40
3650
60
70
80
90
3700
10
20

Ls - Tan. Lt. grey. Fossil.
Cherty, Cherty, Barren

Ls. ala

Ls. ala

Ls. Tan. Lt. grey. Fossil.
Cherty - Sh. Barren

Heckner
3679' - 454'

Sh - Blk. Carb. Fissile

Sh - Gray. Bea. Green

Ls - Oliv. Tan. Fossil.
Poor internal fr. Barren

Sh - Gray. Bea

Lansing

3725 500

3750

3800

3850

3900

20
30
40
50
60
70
80
90
10
20
30
40
50
60
70
80
90
10
20
30

Ls. Off-white to gray, Fa-sub Xln, Sh. fossil, nat. Lut. pore com
p. Barren

Sh- Gray - Ben

Ls - Tan - Lt. Gray, Fa-sub, Fossil
nat. Lut. pore - Good. Barren

Ls - Com. Substr. UNLS, Barren

Sh - Gray

Ls - Off Wht, Fa - Med Xln, Fossil, Bar

Ls - Off Wht, Sub Xln, Bar

Sh - Dk to gray - black,

Ls - Com - tan, Sub Xln, Very Dnc

Ls - tan - lt. tan, Fa - med Xln, Dnc

Sh - gray

Ls - Off Wht, Sub Xln, Bar.

Ls - Lt - med gray, Sub Xln, Fossil

Ls - Lt gray - med gray, bench, sub Xln

Ls - Com, Fa - sub Xln, cherty A

Ls - Com - tan, fa - sub Xln

Sh - med gray

Sh - dia

Ls - Off white - lt gray, Fa - sub Xln

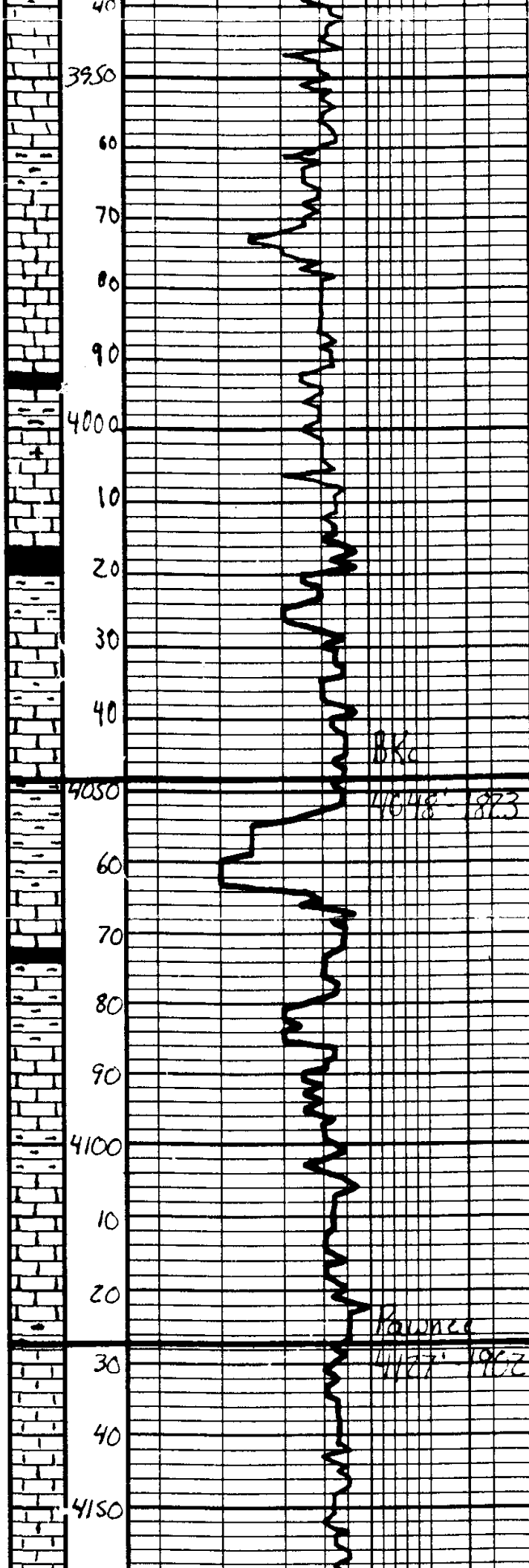
Ls - Com - tan, Fa - sub Xln, Very cherty

Ls - tan - lt tan, Fa - sub Xln, Sh. to cherty

Ls - Com, Fa - sub Xln

Ls - Off Wht, Fa - sub Xln

Sh - black gray



ls - con, sub Xln
 ls - con, sub Xln
 ls - off wht - con, fn - sub Xln
 ls - tan - grey, An - sub Xln, off white
 all sharp
 ls - tan, sub Xln
 sh - low - med grey
 ls - lt - med heavy, An - sub Xln, white
 tan
 ls - ala
 sh - blk. carb.
 sh - grey - Ben. Gen
 ls - Tan - lt grey, sub Xln, DKS,
 sh - fossil rich
 ls - ala
 sh - grey - Ben. Gen "Sub"
 ls - off white - con, sub Xln,
 DKS
 sh - grey
 ls - off wht - lt grey, sub Xln, DKS
 sh - lt grey - con, sh - sub Xln,
 sh - med - blk grey
 ls - off white - con, white
 ls - off wht, sub Xln, Δ
 sh - med grey
 ls - lt - med grey, fine - sub Xln
 ls - off wht - lt grey, fine - sub Xln
 ls - blk wht, fn - sub Xln
 ls - off wht - con, sub Xln

BKC

4048 873

Pawnee

4/27/1962

PSI 1235#
Dead

FH 2083#

BHT 115°F

Recovery:

25' USOCM
5% Oil

60' SWCM w/ oil
spots

60' SWCM
15% Water
Chl. 20K

Respectfully,
Jason Ah
9-4-2010



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

American Warrior, Inc.
PO Box 399 Garden City Ks
67846
ATTN: Jason Alm

Evel #1-21
21-18s-22wNess Ks
Job Ticket: 40338 **DST#: 1**
Test Start: 2010.08.31 @ 21:38:26

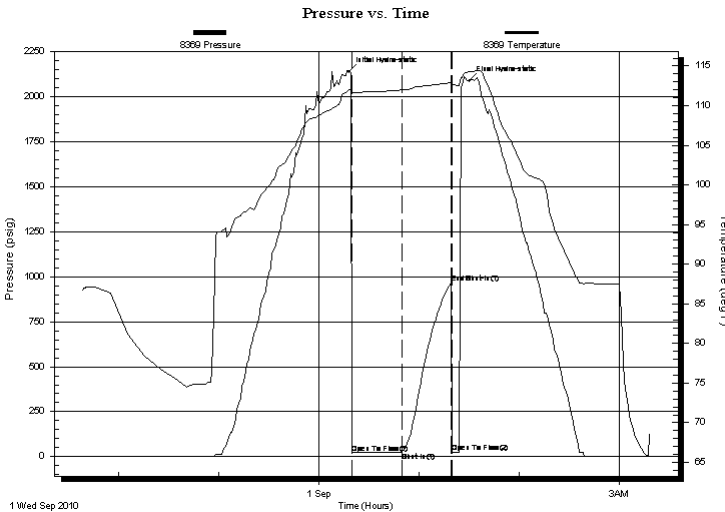
GENERAL INFORMATION:

Formation: **Miss.**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 00:19:26
Time Test Ended: 03:17:56
Interval: **4257.00 ft (KB) To 4320.00 ft (KB) (TVD)**
Total Depth: 4320.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition:
Test Type: Conventional Bottom Hole
Tester: Brett Dickinson
Unit No: 47
Reference Elevations: 2225.00 ft (KB)
2217.00 ft (CF)
KB to GR/CF: 8.00 ft

Serial #: 8369 Outside
Press @ Run Depth: 24.01 psig @ 4258.02 ft (KB) Capacity: 8000.00 psig
Start Date: 2010.08.31 End Date: 2010.09.01 Last Calib.: 2010.09.01
Start Time: 21:38:31 End Time: 03:17:55 Time On Btm: 2010.09.01 @ 00:17:56
Time Off Btm: 2010.09.01 @ 01:29:56

TEST COMMENT: IF-1/2in blow died back to 1/4in blow
ISI-No blow
FF-No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2139.11	112.00	Initial Hydro-static
2	21.34	111.55	Open To Flow (1)
32	24.01	111.98	Shut-In(1)
61	967.71	112.87	End Shut-In(1)
62	25.08	112.62	Open To Flow (2)
72	2089.02	114.24	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	Oilspotted mud	0.21

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior, Inc.

Evel #1-21

PO Box 399 Garden City Ks
67846

21-18s-22wNess Ks

Job Ticket: 40338

DST#: 1

ATTN: Jason Alm

Test Start: 2010.08.31 @ 21:38:26

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 66.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4300.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	Oilspotted mud	0.210

Total Length: 15.00 ft Total Volume: 0.210 bbl

Num Fluid Samples: 0

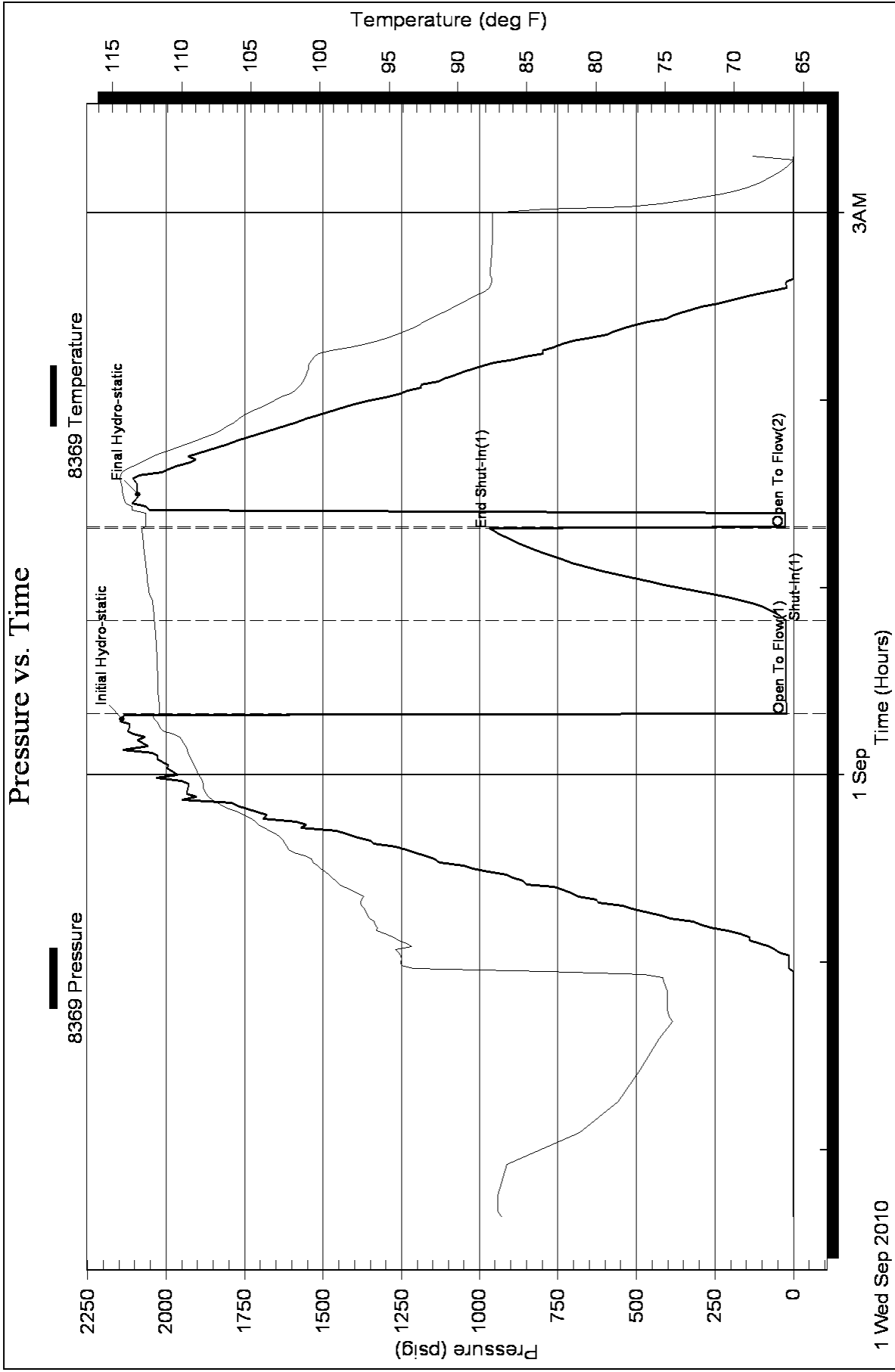
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

American Warrior, Inc.
 PO Box 399 Garden City Ks
 67846
 ATTN: Jason Alm

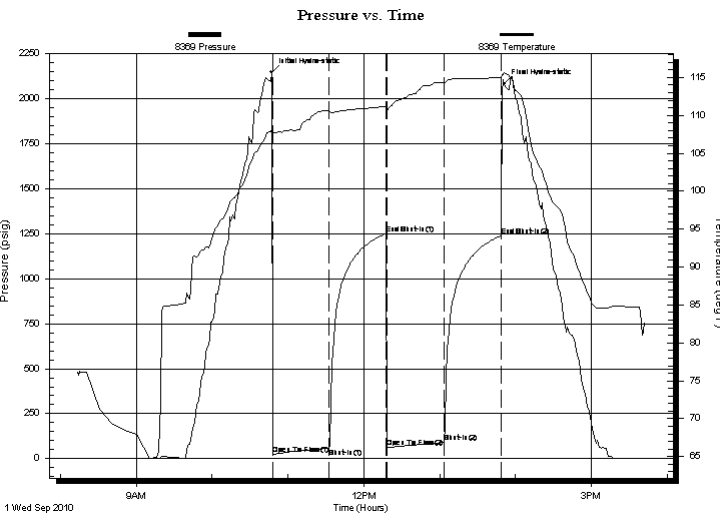
Evel #1-21
21-18s-22wNess Ks
 Job Ticket: 40339 **DST#: 2**
 Test Start: 2010.09.01 @ 08:13:42

GENERAL INFORMATION:

Formation: **Miss.**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 10:48:12
 Time Test Ended: 15:42:42
 Interval: **4256.00 ft (KB) To 4326.00 ft (KB) (TVD)**
 Total Depth: 4326.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition:
 Test Type: Conventional Bottom Hole
 Tester: Brett Dickinson
 Unit No: 47
 Reference Elevations: 2225.00 ft (KB)
 2217.00 ft (CF)
 KB to GR/CF: 8.00 ft

Serial #: 8369 Outside
 Press @ Run Depth: 89.93 psig @ 4257.02 ft (KB) Capacity: 8000.00 psig
 Start Date: 2010.09.01 End Date: 2010.09.01 Last Calib.: 2010.09.01
 Start Time: 08:13:47 End Time: 15:42:41 Time On Btm: 2010.09.01 @ 10:47:12
 Time Off Btm: 2010.09.01 @ 13:51:12

TEST COMMENT: IF-6.5in blow
 IS-No Blow
 FF-1.5in blow
 FS-No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2147.27	108.08	Initial Hydro-static
1	23.75	107.50	Open To Flow (1)
46	58.10	110.49	Shut-In(1)
91	1251.68	111.16	End Shut-In(1)
91	64.55	110.50	Open To Flow (2)
137	89.93	114.27	Shut-In(2)
182	1239.59	114.97	End Shut-In(2)
184	2083.93	115.67	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
25.00	VSOCM 5%O 95%M	0.35
60.00	Oilspotted VSWCM 5%W 95%M	0.84
60.00	VSWCM 15%W 85%M	0.84

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior, Inc.
PO Box 399 Garden City Ks
67846
ATTN: Jason Alm

Evel #1-21
21-18s-22wNess Ks
Job Ticket: 40339 **DST#: 2**
Test Start: 2010.09.01 @ 08:13:42

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 47.00 sec/qt	Cushion Volume: bbl		
Water Loss: 11.19 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 4100.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
25.00	VSOCM 5%O 95%M	0.351
60.00	Oilspotted VSWCM 5%W 95%M	0.842
60.00	VSWCM 15%W 85%M	0.842

Total Length: 145.00 ft Total Volume: 2.035 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:

