

Kansas Corporation Commission Oil & Gas Conservation Division

1054353

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	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: sx cmt
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Original Total Depth: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	QuarterSec TwpS. R East West
ENHR Permit #:	County: Permit #:
GSW Permit #:	
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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:

Side Two



Operator Name:			Lease Name	e:			_ Well #:	
Sec Twp	S. R	East West	County:					
time tool open and clos	sed, flowing and shut s if gas to surface tes	I base of formations per in pressures, whether s it, along with final chart well site report.	shut-in pressure	reached s	static level,	hydrostatic press	sures, bottom h	ole temperature, fl
Orill Stem Tests Taken (Attach Additional S		Yes No		Log	Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolo		☐ Yes ☐ No	N	lame			Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No						
List All E. Logs Run:			RECORD [Used			
	Size Hole	Report all strings set- Size Casing	-conductor, surface Weight		ate, producti Setting	on, etc. Type of	# Sacks	Type and Percen
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		ADDITIONA	L OFMENTING (00115575	DECORD			
		ADDITIONA	L CEMENTING / :	SQUEEZE	RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	d		Type and F	Percent Additives	
Shots Per Foot		ON RECORD - Bridge Plu ootage of Each Interval Pe				cture, Shot, Cement mount and Kind of Ma	•	d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes No		
Date of First, Resumed I	Production, SWD or EN	HR. Producing Me	thod:	Gas Li	ift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	В	bls. (Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease	Open Hole	METHOD OF COM	MPLETION: ually Comp omit ACO-5)	. Cor	nmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:
(If vented, Sub	mit ACO-18.)	Other (Specify) _						

Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	Schaben 3-24
Doc ID	1054353

Tops

Name	Тор	Datum
Anhydrite	1436	770
Heebner	3684	-1478
Lansing	3730	-1524
ВКС	4077	-1871
Pawnee	4148	-1942
Ft. Scott	4224	-2018
Cherokee	4242	-2036
Misssissippian	4320	-2114
TD	4344	-2138

Geological Report

American Warrior, Inc.
Schaben #3-24
430' FNL & 1400' FEL
Sec. 24 T19s R22w
Ness County, Kansas



American Warrior, Inc.

General Data

Well Data:	American Warrior, Inc. Schaben #3-24 430' FNL & 1400' FEL Sec. 24 T19s R22w Ness County, Kansas API # 15-135-25182-0000
Drilling Contractor:	Petromark Drilling, LLc. Rig #1
Geologist:	Jason Alm
Spud Date:	November 15, 2010
Completion Date:	November 24, 2010
Elevation:	2200' Ground Level 2206' Kelly Bushing
Directions:	Bazine KS, intersection of DD rd. and Hwy 96, South on DD rd. to 90 rd. West on 90 rd. 1/4 mi. South into location.
Casing:	225' 8 5/8" surface casing 4343' 5 1/2" production casing
Samples:	10' wet and dry, 3600' to RTD
Drilling Time:	3600' to RTD
Electric Logs:	None
Drillstem Tests:	One, Trilobite Testing, Inc. "Dan Bangle"
Problems:	None

None

Remarks:

Formation Tops

	American Warrior, Inc.
	Schaben #3-24
	Sec. 24 T19s R22w
Formation	430' FNL & 1400' FEL
Anhydrite	1436', +770
Base	1476', +730
Heebner	3684', -1478
Lansing	3730', -1524
BKc	4077', -1871
Pawnee	4148', -1942
Fort Scott	4224', -2018
Cherokee	4242', -2036
Mississippian	4320', -2114
RTD	4344', -2138

Sample Zone Descriptions

Mississippian Osage (4320', -2114): Covered in DST #1

Dolo – Δ – Fine sucrosic crystalline with poor to fair intercrystalline and vuggy porosity, heavy chert, triptolic, heavily weathered with fair vuggy porosity, fair show of free oil, strong odor, bright yellow fluorescents, 35-65 units hotwire.

Drill Stem Tests

Trilobite Testing, Inc. "Dan Bangle"

DST #1 <u>Mississippian Osage</u>

Interval (4325' – 4340') Anchor Length 15'

IHP - 2254 #

FHP - 2100 # BHT - 116°F

Recovery: 120' GIP

90' GCO

60' MGO 65% Oil

Structural Comparison

	American Warrior, Inc.	American Warrior, Inc.		Slawson	
	Schaben #3-24	Schaben #1-24		Schaben B #1	
	Sec. 24 T19s R22w	Sec. 24 T19s R22w		Sec. 24 T19s R22w	
Formation	430' FNL & 1400' FEL	1100' FNL & 600' FEL		52' FNL & 2580' FEL	
Anhydrite	1436', +770	1441', +774	(-4)	1450', +769	(+1)
Base	1476', +730	NA	NA	NA	NA
Heebner	3684', -1478	3684', -1469	(-9)	3693', -1474	(-4)
Lansing	3730', -1524	3732', -1517	(-7)	3743', -1524	FL
BKc	4077', -1871	NA	NA	NA	NA
Pawnee	4148', -1942	NA	NA	NA	NA
Fort Scott	4224', -2018	4226', -2011	(-7)	NA	NA
Cherokee	4242', -2036	4244', -2029	(-7)	4258', -2039	(+3)
Mississippian	4320', -2114	4324', -2109	(-5)	4331', -2112	(-2)

Summary

The location for the Schaben #3-24 was found via 3-D seismic survey. The new well ran structurally as expected via the survey. One drill stem test was conducted which recovered commercial amounts of oil from the Mississippian Osage Formation. After all gathered data had been examined the decision was made run 5½ inch production casing to further evaluate the Schaben #3-24 well.

Recommended Perforations

Mississippian Osage: (4324' – 4344') DST #1

Respectfully Submitted,

Jason Alm Hard Rock Consulting, Inc.

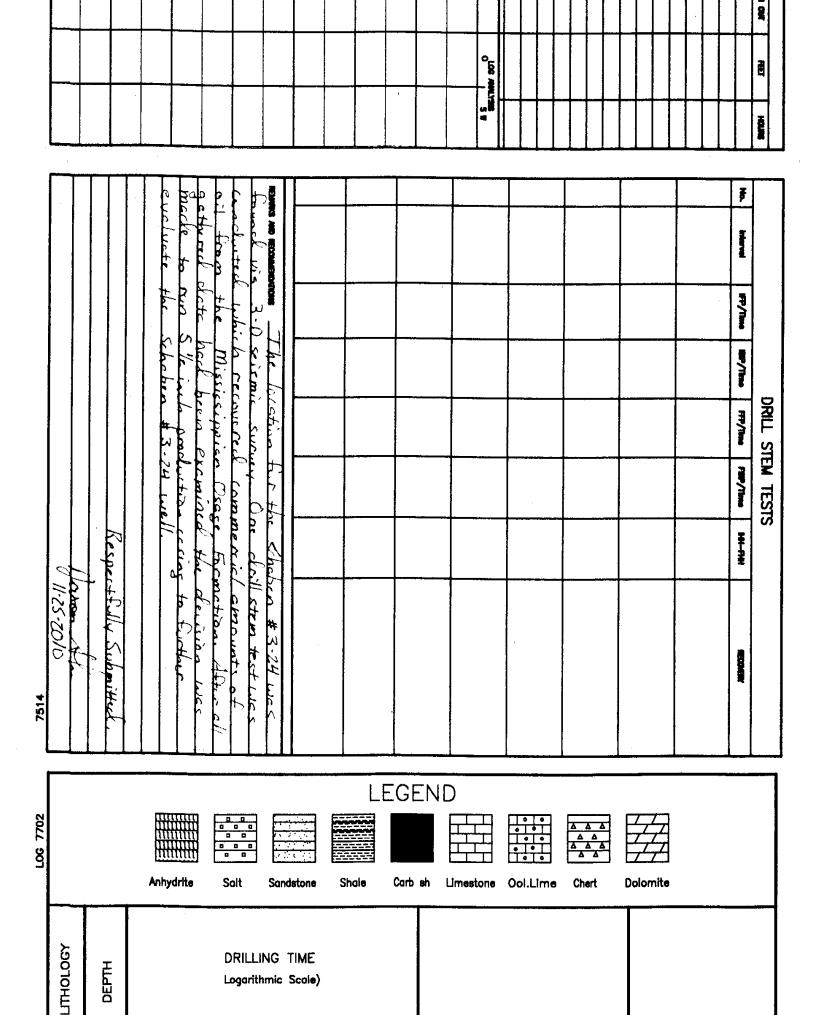
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DESCRIPTION OF SHOP

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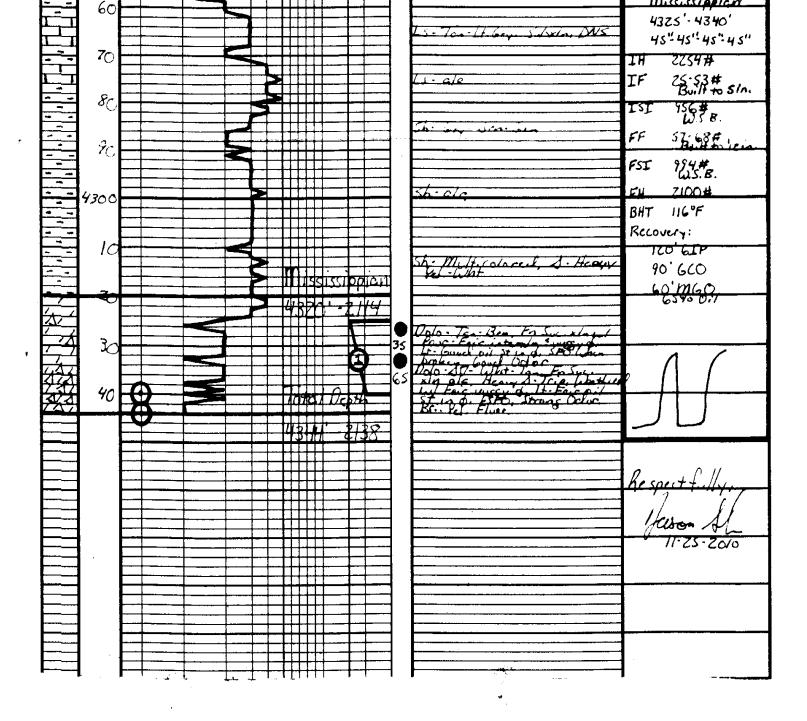
SAMPLE DESCRIPTIONS

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ALLIED CEMENTING CO., LLC. 33453

REMIT TO P.O. BOX 31

SERVICE POINT: Gueral Bend W **RUSSELL, KANSAS 67665** 22 00 ON LOCATION JOB START JOB FINISH TWP. RANGE CALLED OUT DATE 11- 17-18 200 AM 195 231 Am COUNTY STATE LEASE WELL # 3 - 2 4 LOCATION GEZINEWS 35 MITH W 5 Ness 4 west somewhate OLD OR NEW (Circle one) Other Righ OWNER A accident warner CONTRACTOR PETODOM AND TYPE OF JOB Such acc HOLE SIZE 12 4 T.D. ユンソ **CEMENT** AMOUNT ORDERED 15034 Class A 3% " DEPTH 224 CASING SIZE & 2 % be! TUBING SIZE DEPTH DRILL PIPE **DEPTH** TOOL DEPTH MINIMUM COMMON___ PRES. MAX POZMIX _____ SHOE JOINT MEAS. LINE CEMENT LEFT IN CSG. 15 CHLORIDE _____ PERFS. DISPLACEMENT 13.25 ASC ______@ _____ **EQUIPMENT** CEMENTER Way a year and a **PUMP TRUCK** HELPER C 3 # 3106 **BULK TRUCK** DRIVER Levinor w # 456 **BULK TRUCK** DRIVER HANDLING_____ MILEAGE ___ **REMARKS:** TOTAL _____ Pipe on Battom Break Circulation winn Rig und **SERVICE** Mix 1505x Class A 38cc 290 Gel Displace 13.25BBLD fresh water DEPTH OF JOB ___ / 3 ~ ~ Coment did Circulate Shutin PUMP TRUCK CHARGE _____ washing Rig Down EXTRA FOOTAGE ______ @ _____ ___ MILEAGE ______ @ ______ ____ MANIFOLD ______@ ______ @ __ CHARGE TO: TOTAL _____ _____ STATE _____ ZIP____ CITY_ PLUG & FLOAT EQUIPMENT To Allied Cementing Co., LLC. @ You are hereby requested to rent cementing equipment @ and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was TOTAL ____ done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL SALES TAX (If Any) TERMS AND CONDITIONS" listed on the reverse side. TOTAL CHARGES _____

DISCOUNT ______ IF PAID IN 30 DAYS



	CHARGE IO	*
i.	ADDRESS THE PROPERTY OF THE PR	
	CITY, STATE, ZIP CODE	

19860

Services, Inc.	,	CIT, SIAIE, AP CODE				PAGE	_, と
	WELL/PROJECT NO.	ILEASE	COUNTY JAMES	STATE		TOATE I	AICS 1
1. Noss Pary, 80		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	COOKI II PRINGE		1		OWNER
		JCHABEN S'SY NESS	XY NESS	30	しななるで、大い	プランクラン	
2.	TICKET TYPE CONTRACTOR		RIG NAME/NO.	SHIPPED	SHIPPED DELIVERED TO	ORDER NO.	
	Bales FETRO	BALES TETROMARK DRILLING		V _A	LOCATION		
	-WELL TYPE	WELL CATEGORY	JOB PURPOSE ,		WELL PERMIT NO.	WELL LOCATION	
	OIL	ないたいをかだるこ	いっし ここ ここ ここ ここ ここ ここ ここ ここ ここ こ			45 501 5 TUTO	Cotto
REFERRAL LOCATION	INVOICE INSTRUCTIONS	Section 1					

	DATE SIGNED	START OF WORK OR DELI	MUST BE SIGNED BY CUSTOMER OR CUSTOM	but are not limited	the terms and condi	LEGAL TERMS: C			5/1/2	22/	180	407	406	404	403	402	578	57.5	PRICE
-	TIME SIGNED	START OF WORK OR DELIVERY OF GOODS	NIT PROVISIONS.	but are not limited to, PAYMENT, RELEASE, INDEMNITY, and	the terms and conditions on the reverse side hereof which include	LEGAL TERMS: Customer hereby acknowledges and agrees to													SECONDARY REFERENCE/ PART NUMBER
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5	MV CO WW			NITY, and	ch include,	d agrees to													ACCOUNTING ACCT
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100-190-2000	г - с	I a o s al	SWIFT SERVICES, INC.			•		7 4	ROTATING HEAD RENTAL	LIBUID KEL	DIUD FUSA	ENSERT FLOAT SHOT UNAUTO FILL	LATCH COUNT PLUC & BAFFLE	PERT COLOR - ALREADY CHARGED	BASKETS	CE TRALIZERS	Pump CHARGE	MILEAGE \$ 110	DESCRIPTION
CUS1	E YOU SATISFI	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	WE UNDERSTOOD AND MET YOUR NEEDS?	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	SURVEY							•						
CUSTOMER DID NOT WISH TO RESPOND	URE YOU SATISFIED WITH OUR SERVICE?	JOB	S HOUT DELAY?	OAND S7	PERFORMED DOWN?				/હેઝ	2 80	SCORN	Ma.	1/64	IFA.	2 FA	S EA.	/1003	2K	QTY. UM
TO RESPON	II NO					AGREE DECIDED		,						1399			4343		QIY.
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SWIFT OPERATOR

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

APPROVAL

Thank You!



TICKET CONTINUATION

No. 19860

582	531	325											×200	とのな	284	X83	276	Seculary, Inc.	
										,						-		Off: 785-798-2300	PO Box 466.
TOTAL WEIGHT S LONDED MILES		STANDARY CENENT									•		D-AIR	HALAD 322	CALSEAL	SALT	FLUCTIC	CUSTOMER CAN (L)PRRIOR	
10N MLES /28,97	CUBIC FEET / //SSX	17/5 5x											12/54	134 1/15	8 isx 800 ilbs	900//65	4/4/1/bs	WELL SCHABEN 3-34	
 250 × 250 ×	262	13 0000										3	35/00/ 52/52	1808 1001	2/0	135	(s) (x) (s)	DATE JOY 10 PAGE OF Q	No. 19860

JOB LOG

SWIFT Services, Inc.



DATE 3 NOVIO PAGENO.

SUSTOMER AMERI	CANDO	RRIOR	WELL NO.		SCHA!	3EN 3	-24	JOB TYPE SA LONGSTRING	TICKET NO. 19860
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS T C	PRESSUR TUBING	E (PSI) CASING		DESCRIPTION OF OPERATION AND) MATERIALS
	1200						ON	LOCATION	
	1240						STAG	(PIPC 52:15:54	
							RT	DO 4344 SETE	4343
								E JJ 42.55'	
 	<u> </u>						POR	TOWAR TOP OF ST 70	<u>0@ 1399` </u>
							1	PACIZERS 1, 2, 3 4	69
·····							10/15	SKETS. 5,70	
	1425						A1RA	LICATE.	
							<u></u>		
	1500	4	12				Pui	np 500 814 MUD	FLUSH
	1503	4	20	7			Pur	M 20BH KCL FO	usii
	1508	3	7				PLU	16 RH (305v)	
	1512	4	35	7			MIX	1455x &EA2@	15.5 pps
· · · · · · · · · · · · · · · · · · ·	1427						1,10<	none De la Large	
	1721						0.300	HOUT Pump LINE	5
	1529	lo		7			PELI	AST PLUC START D	KOLACE MENT
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	1549						RFL	FASE PRESSURF - DRY	·
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	1551							SH TRACK	
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	1630						707	3 Complete	·
	1030						700	SCOMPCCIE	
								 	
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	3

TICKET 19325

Services.	ces. Inc.						•	PAGE	_ _ •
SERVICE LOCATIONS	11	LEASE	m	I COUNTY/PARISH	ISTATE ICITY		NA.		ANICE
1. Hayo K	12.24	5	Schapen	7) I	7	OWNER OWNER
2 Mars Lily	TICKEL TYPE CONTRACTOR	ACTOR	110	RIG NAME/NO.) B	D 10	S.	NO	ŀ
3.	WELL TYPE	WELL	WELL CATEGORY JOB PI	JOB PURPOSE	_	WELL PERMIT NO.	3W	WELL LOCATION	
4.	6,1		acust coment	Rel Cillar			-		
REFERRAL LOCATION	INVOICE INSTRUCTIONS				-				
PRICE	SECONDARY REFERENCE/ PART NUMBER LOC	ACCOUNTING ACCT	OF .	DESCRIPTION		OTY.	YTO	DINT	TNUOMA
575	,		MILEAGE E			26 2.	_ .	4	11000
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290			D.A.			2 50/	_	Sal. L. C.	2/26
					·				
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276	2		Phole			50 0		1 8.2	75 00
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							_		
	2		Comes 150	ervice Charge		and the said) 100	202 80
583	2		Minimum	D. eyoge		1100	 -	250 65	250 00
LEGAL TERMS: Cus the terms and conditio	LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include,	nd agrees to hich include,	REMIT PAY	MENT TO:	SURVEY OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE ORMED	DECIDED AGREE	PAGE TOTAL	3807 50
LIMITED WARRANTY provisions	LIMITED WARRANTY provisions.	MNITY, and	SWIFT SERVICES INC		WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS				
START OF WORK OR DELIVE	MACH DE SIGNED DE COSTOMER OR COSTOMER'S AGENT PRIOR TO		P.O. BOX 466		WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS	UIPMENT		TAX	
X Scatt	41100000		NESS CITY	NESS CITY, KS 67560	SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE?	TH OUR SERVICE?		6.3%	131 199
11-30-10	1620	1 0 × 5 × 1	785-798-2300	8-2300		O YES O	8	TOTAL	
					CUSTOME	CUSTOMER DID NOT WISH TO RESPOND	ESPOND		3939 4

SWIFT OPERATOR

Thank You!

SWIFT Services, Inc. **JOB LOG** WELL NO 3-24 Schubeg
PRESSURE (PSI) CUSTOMER CUSTOMER MACRICA JAC RATE (BPM) , VOLUME (BBL) (GAL) PUMPS DESCRIPTION OF OPERATION AND MATERIALS TC 1300 lac schaptiles 1415 1425 1430 250 Circ Coment fraise weight End Coment fotart Displacement Coment Displaced 500 1446 10 1447 1400 Run Sits Reverse out Holo Claus 1510 12 170 sks SMD Circ 20 sks to pit Mick Josh F. 9 David



DRILL STEM TEST REPORT

Am Warrior Inc Schaben # 3-24

Box 399

Garden City Ks 67846 Job Ticket: 040967 DST#:1

24-19-22-Ness-Ks

ATTN: Cecil O'Brate Test Start: 2010.11.22 @ 19:03:21

GENERAL INFORMATION:

Formation: Miss

Deviated: No Whipstock: ft (KB) Test Type: Conventional Bottom Hole

Time Tool Opened: 21:32:36 Tester: Dan Bangle
Time Test Ended: 02:39:36 Unit No: 38

Interval: 4325.00 ft (KB) To 4340.00 ft (KB) (TVD) Reference Elevations: 2206.00 ft (KB)

Total Depth: 4340.00 ft (KB) (TVD) 2200.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 6.00 ft

Serial #: 8354 Inside

Press@RunDepth: 68.17 psig @ 4326.00 ft (KB) Capacity: 8000.00 psig

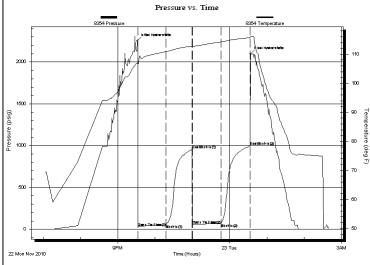
 Start Date:
 2010.11.22
 End Date:
 2010.11.23
 Last Calib.:
 2010.11.23

 Start Time:
 19:03:22
 End Time:
 02:39:36
 Time On Btm:
 2010.11.22 @ 21:31:21

 Time Off Btm:
 2010.11.23 @ 00:33:21

TEST COMMENT: IF-Weak building to 5"

ISI-Weak steady surface blow FF-Weak building to 1/2" FSI-Weak steady surface blow



		PI	RESSUR	RE SUMMARY
	Time	Pressure	Temp	Annotation
	(Min.)	(psig)	(deg F)	
	0	2254.24	106.93	Initial Hydro-static
	2	24.79	105.88	Open To Flow (1)
	46	52.52	110.87	Shut-In(1)
1	89	955.72	112.78	End Shut-In(1)
Temperature (deg F)	89	57.61	112.59	Open To Flow (2)
rature	135	68.17	114.23	Shut-In(2)
(deg	181	994.55	115.68	End Shut-In(2)
F)	182	2100.25	116.06	Final Hydro-static

DDECCLIDE CLIMANA DV

Recovery

Length (ft)	Description	Volume (bbl)
60.00	MCGsyO 5%g 65%o 30%m	0.30
90.00	CGsyO 10%g 90%o	0.72
0.00	120 GIP	0.00
-		, ,

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

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DRILL STEM TEST REPORT

FLUID SUMMARY

ppm

Water Salinity:

Am Warrior Inc Schaben # 3-24

Box 399 **24-19-22-Ness-Ks**

Garden City Ks 67846 Job Ticket: 040967 **DST#:1**

ATTN: Cecil O'Brate Test Start: 2010.11.22 @ 19:03:21

psig

Mud and Cushion Information

Mud Type: Gel Chem Cushion Type: Oil API: 34 deg API

Mud Weight:9.00 lb/galCushion Length:ftViscosity:57.00 sec/qtCushion Volume:bbl

Water Loss: 6.40 in³ Gas Cushion Type:

Resistivity: ohm.m Gas Cushion Pressure:

Salinity: 4300.00 ppm
Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
60.00	MCGsyO 5%g 65%o 30%m	0.295
90.00	CGsyO 10%g 90%o	0.716
0.00	120 GIP	0.000

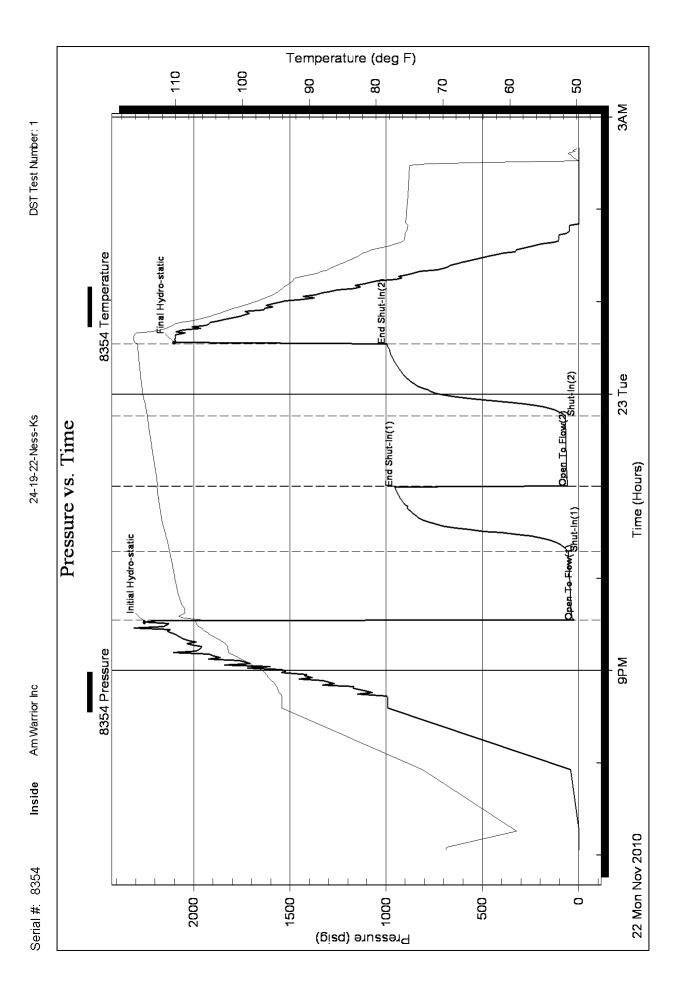
Total Length: 150.00 ft Total Volume: 1.011 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

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