



**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

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: \_\_\_\_\_



1054553

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	LaDonna 1-29
Doc ID	1054553

Tops

Name	Top	Datum
Anhydrite	1363	763
Heebner	3594	-1468
Lansing	3640	-1514
BKC	3955	-1829
Pawnee	4038	-1912
Ft. Scott	4118	-1992
Cherokee	4134	-2008
Mississippian	4207	-2081
TD	4220	-2094

# **Geological Report**

American Warrior, Inc.

**LaDonna #1-29**

380' FSL & 1300' FWL

Sec. 29 T18s R21w

Ness County, Kansas



**American Warrior, Inc.**

## General Data

Well Data: American Warrior, Inc.  
LaDonna #1-29  
380' FSL & 1300' FWL  
Sec. 29 T18s R21w  
Ness County, Kansas  
API # 15-135-25096-0000

Drilling Contractor: Petromark Drilling, LLC Rig # 1

Geologist: Jason Alm

Spud Date: January 13, 2011

Completion Date: January 21, 2011

Elevation: 2120' Ground Level  
2126' Kelly Bushing

Directions: Bazine KS, ½ mi. East on Hwy 96, North ¼ mi. on  
EE rd. East into location.

Casing: 1374' 8 5/8" surface casing  
4219' 5 1/2" production casing

Samples: 10' wet and dry, 3500' to RTD

Drilling Time: 3500' to RTD

Electric Logs: None

Drillstem Tests: One, Trilobite Testing, Inc. "Chuck Smith"

Problems: None

Remarks: None

## Formation Tops

	<b>American Warrior, Inc.</b> <b>LaDonna #1-29</b> <b>Sec. 29 T18s R21w</b> <b>380' FSL &amp; 1300' FWL</b>
<b>Formation</b>	
Anhydrite	<b>1363', +763</b>
Base	<b>1399', +727</b>
Heebner	<b>3594', -1468</b>
Lansing	<b>3640', -1514</b>
BKc	<b>3955', -1829</b>
Pawnee	<b>4038', -1912</b>
Fort Scott	<b>4118', -1992</b>
Cherokee	<b>4134', -2008</b>
Mississippian	<b>4201', -2075</b>
Osage	<b>4207', -2081</b>
RTD	<b>4220', -2094</b>

## Sample Zone Descriptions

- Fort Scott (4118', -1992): Not Tested**  
 Ls – Fine to Sub-crystalline with scattered pinpoint inter-crystalline porosity, light to fair oil stain in porosity, slight show of free oil when broken, no odor, fair yellow cut fluorescents.
- Mississippian Osage (4207', -2081): Covered in DST #1**  
 Dolo – Δ – Fine to medium sucrosic crystalline with fair to good inter-crystalline and vuggy porosity, heavy trip chert, heavily weathered with good vuggy porosity, fair to heavy oil stain and saturation, good show of free oil, good odor, excellent cut fluorescents, 35 units hotwire.

**Drill Stem Tests**  
Trilobite Testing, Inc.  
"Chuck Smith"

**DST #1**

**Mississippian Osage**

Interval (4217' – 4224') Anchor Length 10'

IHP	– 2184 #	
IFP	– 15" – B.O.B. 7 min.	34-117 #
ISI	– 30" – Built to 4 in.	1312 #
FFP	– 15" – B.O.B. 7 min.	117-178 #
FSI	– 30" – Built to 6 in.	1303 #
FHP	– 2086 #	
BHT	– 118°F	

Recovery:	283' GIP	
	282' GCO	Gravity: 41°API
	63' GWOCM	20% Oil, 5% Water
	120' GWMCO	70 %Oil, 5% Water

**Structural Comparison**

	<b>American Warrior, Inc.</b> <b>LaDonna #1-29</b> Sec. 29 T18s R21w 380' FSL & 1300' FWL	American Warrior, Inc. Phyllis #2-32 Sec. 32 T18s R21w 884' FNL & 1170' FWL		American Warrior, Inc. Pablo #2-30 Sec. 30 T18s R21w 350' FSL & 800' FEL	
<b>Formation</b>					
Anhydrite	<b>1363', +763</b>	1362', +760	<b>(+3)</b>	1379', +749	<b>(+14)</b>
Base	<b>1399', +727</b>	1396', +726	<b>(+1)</b>	1413', +715	<b>(+12)</b>
Heebner	<b>3594', -1468</b>	3592', -1470	<b>(+2)</b>	3603', -1475	<b>(+7)</b>
Lansing	<b>3640', -1514</b>	3640', -1518	<b>(+4)</b>	3650', -1522	<b>(+8)</b>
BKc	<b>3955', -1829</b>	3955', -1833	<b>(+4)</b>	3971', -1843	<b>(+14)</b>
Pawnee	<b>4038', -1912</b>	4038', -1916	<b>(+4)</b>	4046', -1918	<b>(+6)</b>
Fort Scott	<b>4118', -1992</b>	4118', -1996	<b>(+4)</b>	4130', -2002	<b>(+10)</b>
Cherokee	<b>4134', -2008</b>	4134', -2012	<b>(+4)</b>	4147', -2019	<b>(+11)</b>
Mississippian	<b>4201', -2075</b>	4210', -2088	<b>(+13)</b>	4221', -2093	<b>(+18)</b>
Osage	<b>4207', -2081</b>	4216', -2094	<b>(+13)</b>	4235', -2107	<b>(+26)</b>

## Summary

The location for the LaDonna #1-29 was found via 3-D seismic survey. The new well ran structurally higher than 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 to run 5 1/2 inch production casing to further evaluate the LaDonna #1-29 well.

## Recommended Perforations

**Primary:**

**Mississippian Osage:** (4207' – 4217') **DST #1**

**Before Abandonment:**

**Fort Scott:** (4120' – 4126') **Not Tested**

Respectfully Submitted,

Jason Alm  
Hard Rock Consulting, Inc.





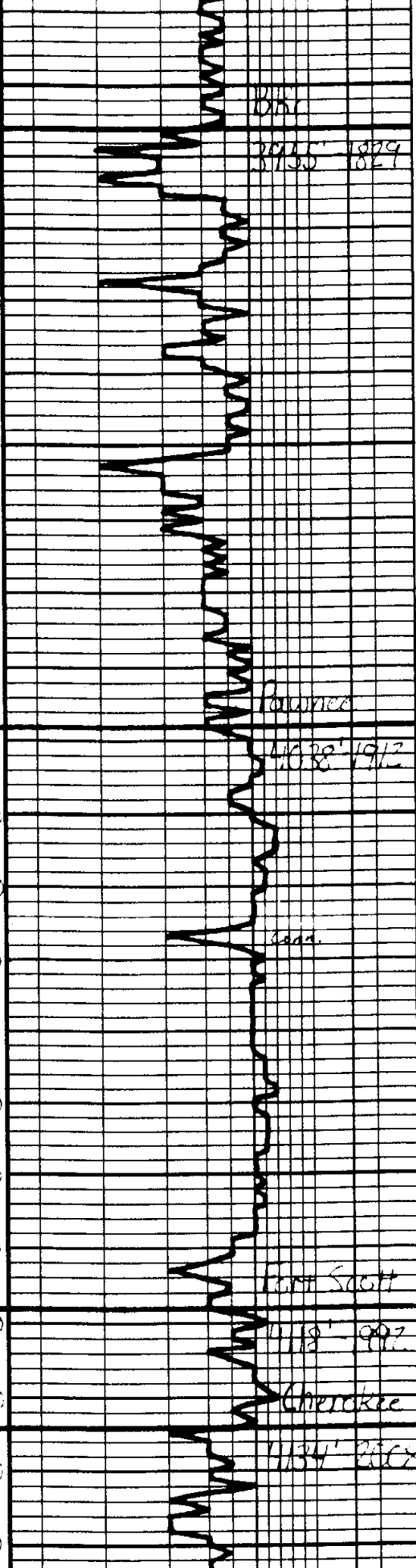
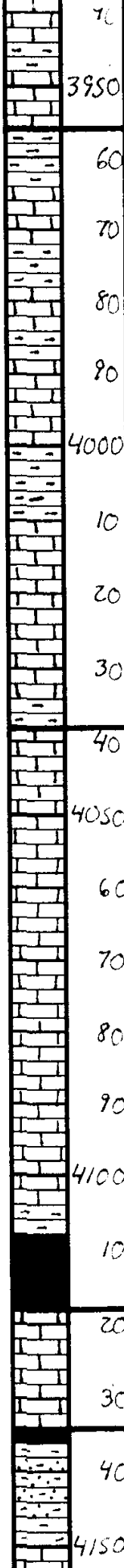




20  
30  
40  
3750  
60  
70  
80  
90  
3800  
10  
20  
30  
40  
3850  
60  
70  
80  
90  
3900  
10  
20  
30



LS - ... Mostly DNS  
LS - Tan - Lt Gray, Fx xla, Col. w/ Fair am of, Baccan  
LS - ala  
LS - Tan - Lt Gray, Fx - Sublar DNS  
LS - Tan - Lt Gray, Fx xla w/ Poor internal, sect am of Baccan  
LS - Tan - Lt Gray, Sublar, Col, DNS  
Sh - Gray - Ben  
LS - Off wh - Tan, Fx xla, Col. w/ poor am of Baccan  
LS - ala, Mottled  
LS - Tan - Lt Gray, Fx xla, Col. w/ Fair am of Baccan  
LS - ala, DNS  
Sh - Gray - Ben  
LS - Off wh - Tan, Fx xla, Col. w/ Fair am of Baccan  
Sh - Dk Gray  
LS - Off wh - Tan, Fx xla, Col. w/ Poor am & sect internal of Baccan  
Sh - Dk Gray Blk



Ls - blk, St. Mattie  
 Sh - Gray - Ben - Gen  
 Ls - Tan - Gyp, Subal., DNS  
 Sh - Gray - Ben - Gen  
 Ls - Tan - Gyp, Subal., Fin - Subal.,  
 St. Col., DNS  
 Sh - Gray - Ben - Gen  
 Ls - Tan - Gyp, Subal., Fin - Subal.,  
 DNS, St. J. Whit - Org.  
 Sh - Gray - Ben - Gen  
 Ls - Tan - Gyp, Subal., DNS  
 Ls - blk  
 Ls - Gyp, subal., DNS  
 Ls - blk  
 Sh - blk Gyp  
 Sh - Blk, Leap  
 Ls - Tan - Gyp, Subal., Fin - Subal.,  
 Gyp - approx. in top of blk -  
 Fin - blk - in top of subal.  
 Gyp, No. Col. - Tan - blk  
 Sub. Flak.  
 Sh - Gray - Ben - Gen, Fin, DNS  
 Gyp - chert, Very thick,  
 Basal  
 Ls - Tan - Gyp, Mattie, DNS

**DST #1**  
 Mississippi  
 4210' - 4220'  
 15° 30' 15" - 30"

LH 2184#  
 IF 34-117#  
 BOB 7 min.





Services, Inc.

CHARGE TO: American Warrior  
ADDRESS  
CITY, STATE, ZIP CODE

TICKET 19989

PAGE 1 OF 2

SERVICE LOCATIONS: 1. *Mod (1) ES* WELL/PROJECT NO: 1-29 LEASE: *Ln Donna* COUNTY/PARISH: *Need* STATE: *KS* CITY: *Bazine* DATE: *15 Jan 11* OWNER: *29-185-21W*

2. TICKET TYPE:  SERVICE CONTRACTOR: *Johnson* RIG NAME/NO.: *location* ORDER NO.: *29-185-21W*

3. WELL TYPE: *0.1* WELL CATEGORY: *Development* JOB PURPOSE: *central surface pipe* WELL PERMIT NO.: *29-185-21W*

4. REFERRAL LOCATION: INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE	70	M.			5.00	120.00
576 D					Pump Charge	1	hr			100.00	100.00
409					Central zone	4	hr			90.00	360.00
412					Baffle Plate	1	hr			100.00	100.00
410					TOP Plug	1	hr			100.00	100.00
281					MUD FLUSA	500	gal			1.00	500.00
221					KCL liquid	2	gal			25.00	50.00
330					SWD cost	450	sk			15.00	6750.00
276					fluid	100	lb			1.50	150.00
581					Service Charge	450	sk			1.50	675.00
5					Drillage	447.80	lb			1.00	447.80
290					D-AIR	3	gal			35.00	105.00

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: *12/5* TIME SIGNED:  AM  PM

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

SURVEY:  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?  CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 10437  
TAX:   
TOTAL:   
Thank You!

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

SWIFT OPERATOR: *RS. Hill* APPROVAL: *RS. Hill*







**SWIFT Services, Inc.**

CHARGE TO: American Leasing, Inc.  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: \_\_\_\_\_

TICKET  
**19392**

PAGE 1 OF 2

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>Hays, KS</u>	<u>1-29</u>	<u>La Donna</u>	<u>Ness</u>	<u>Ks</u>	<u>La Donna</u>	<u>1-20-11</u>	
2. <u>Ness City, KS</u>	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Relio Mark</u>	RIG NAME/NO. <u>#1</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>La Donna, KS</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Wildcat</u>	JOB PURPOSE <u>Cement Grouting</u>	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.		
575					MILEAGE # 113	20	Mi		500	10000
578					Rump Charge - cut longstring	100		2219 ft	14000	140000
231					Lequid RCL	2	ga		2500	5000
201					Mud Flush	5	gals		100	50000
290					D-Air	2	gal		3500	7000
162					Centrifuges	1	ea		5500	5500
163					Cement Basket	1	ea		2000	2000
166					1 in. Dues Plug 1/30th	1	ea		21500	21500
167					Insect Flat Shoe w/Act-Roll	1	ea		27500	27500
119					Relious Head Rental	1	ea		15000	15000

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**MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS**

DATE SIGNED: 1-20-11 TIME SIGNED: 2:15

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	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				P1	3215.00
WE UNDERSTOOD AND MET YOUR NEEDS?				P2	3947.75
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Subtotal	7192.75
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Tax	326.36
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL	7519.11
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

SWIFT OPERATOR: [Signature]

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: \_\_\_\_\_

APPROVAL: \_\_\_\_\_

Thank You!



PO Box 466,  
Ness City, KS 67560  
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 19392

CUSTOMER  
American Express, Inc

WELL  
1-29 La Dange

DATE  
1-20-11

PAGE  
2

LINE NO	DESCRIPTION	QTY	UNIT	WELL	DATE	PAGE
325	Standard Cement	2		195 Sfs 12450 lbs	1201	210000
276	Flux	2		411 lbs	157	66100
283	Salt	2		825 lbs	15	13105
284	Calced	2		823 lbs	300	27000
292	1616d 322	2		191 lbs	200	86000
581		2			150	31250
582		2			350M	25000

SERVICE CHARGE 175 Sfs  
 TOTAL WEIGHT 18316 lbs  
 LOADED MILES 30  
 CUMULATIVE TON MILES 18316 TMA  
 150  
 31250  
 25000  
 3947.75

**JOB LOG**

**SWIFT Services, Inc.**

DATE 1-20-11 PAGE NO. 7

CUSTOMER American Warrior, Inc. WELL NO. 1-29 LEASE La Donna JOB TYPE Cement Logging TICKET NO. 19392

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		TD 4720'	DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING		
Y20	2010							5 1/2"	On location w/ Fleet Equip - Rigging over to run 5 1/2 15.5 #/ft casing - 9212'
	2100								Start 5 1/2" casing - Install Fleet Shoe w/ Auto-fill - Latch Down Bottle - 55-42' Cont. 1-2-3-4-80 Cui Basket #5 74
	2210								Drop Kill-up Ball 4 Jts out
	2215								Fin Run Csgs
	2305		7						Start 1st casing + Tang bottom
		5	12						Fin run - Plug RH - 30 SKS cont.
		6	20				300		Pump 500 gal Mucal Flush
		6 1/2					350		Pump 20 BBL KCL Flush
							300		Start 145 SKS EM-2 cont
Y21	2400		35						Use Fin cont - Wash out Pump Lines
	0005	9					100		Drop L.D. Plug - Start Disp
		8	70				100		Caught cont - Slow Rate
		7	90				200		Slow rate
		6	95				700		Slow rate
	0020	5 1/2	99 1/2				800		Plug Down + Hold Release + Hold.
	0030						1500		Job Complete
									Washup + Backup
									Thanks Hon, Doug & Lane



Services, Inc.

CHARGE TO: American Warrior  
ADDRESS  
CITY, STATE, ZIP CODE

TICKET 19998

PAGE 1 OF 1

SERVICE LOCATIONS: **MOBILE KS**

WELL/PROJECT NO.: **1-29** LEASE: **CO DONNA** COUNTY/PARISH: **AND** STATE: **KS** CITY: **Bazine** DATE: **75 Jan 11** OWNER:

TICKET TYPE:  SERVICE  SALES CONTRACTOR: **WELL TYPE: P-1** WELL CATEGORY: **Development** JOB PURPOSE: **convert 58 annuities**

WELL PERMIT NO. **WELL LOCATION: 1-E-4 N**

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE TOX 114	20	mi			5.00	100.00
577					Pump Charge	1	hr			850.00	850.00
330					SMD cont					15.00	187.50
276					Flare					1.50	37.50
290					D-AIR	2	gal			35.00	70.00
581					Service Charge	1	hr			1.58	187.50
582					Drayage (min)	1	hr			250.00	250.00

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: **Scott** TIME SIGNED: **11K**  P.M.  A.M.

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
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: **3370.00**

TAX: **124.90**

TOTAL: **3494.90**

SWIFT OPERATOR: **McK** APPROVAL: **McK**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5/22/11 PAGE NO.

CUSTOMER American Warrior WELL NO. 1-29 LEASE LA DONNA JOB TYPE Cement 85 Annulus TICKET NO. 19998

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								125 sk SMD w/ 1/4" floccule 5 1/2 x 8 1/2
	1500							on loc TRK 114 Broken head leaking
	1625							mix SMD cement @ 12.5 ppg 125 sks
	1645	3 1/2	49			350		Kick out
						300		close in valves
								wash up truck
								job complete
								Thanks Alan Dyer - David



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

A.W.I.  
POB 389  
Garden City, KS 67846  
ATTN: Jason Alm

**LaDonna 1-29**  
**S29-18s-21w Ness**  
Job Ticket: 040635      **DST#: 1**  
Test Start: 2011.01.20 @ 05:47:00

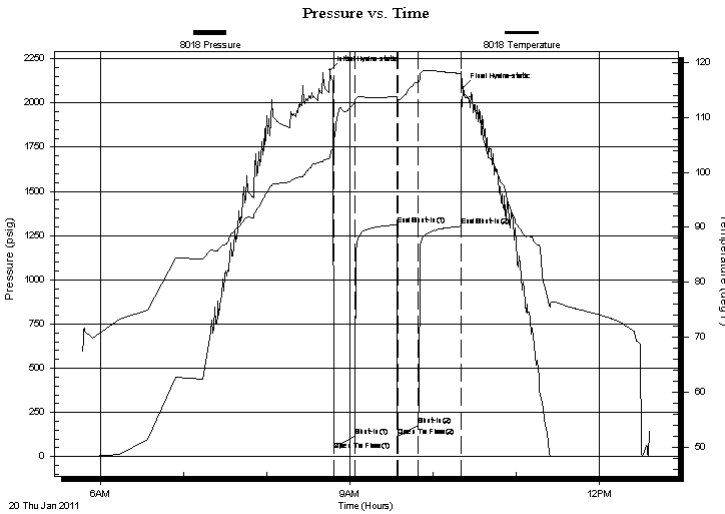
## GENERAL INFORMATION:

Formation: **Mississippian**  
Deviated: No      Whipstock:      ft (KB)  
Time Tool Opened: 08:48:00  
Time Test Ended: 12:36:30  
Test Type: Conventional Bottom Hole  
Tester: Chuck Smith  
Unit No: 37  
Interval: **4210.00 ft (KB) To 4220.00 ft (KB) (TVD)**  
Reference Elevations: 2126.00 ft (KB)  
Total Depth: 4220.00 ft (KB) (TVD)      2120.00 ft (CF)  
Hole Diameter: 7.88 inches      Hole Condition: Good      KB to GR/CF: 6.00 ft

**Serial #: 8018      Inside**  
Press @ RunDepth: 177.95 psig @ 4212.00 ft (KB)      Capacity: 8000.00 psig  
Start Date: 2011.01.20      End Date: 2011.01.20      Last Calib.: 2011.01.20  
Start Time: 05:47:05      End Time: 12:36:29      Time On Btm: 2011.01.20 @ 08:45:30  
Time Off Btm: 2011.01.20 @ 10:21:30

TEST COMMENT: IF: B.O.B. @ 7 min.  
IS: 4" Return.  
FF: B.O.B. @ 7 min.  
FS: 6" Return.

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2184.41	102.67	Initial Hydro-static
3	34.68	103.85	Open To Flow (1)
18	116.74	112.76	Shut-In(1)
49	1311.75	113.78	End Shut-In(1)
49	117.88	113.10	Open To Flow (2)
64	177.95	116.39	Shut-In(2)
95	1302.98	118.03	End Shut-In(2)
96	2086.17	115.34	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
0.00	RW: Not enough clean water to get PPM	0.00
120.00	GWMCO 10g 5w 15m 70o	0.59
63.00	GWOOM 15g 5w 20o 60m	0.88
282.00	GO 20g 80o	3.96
0.00	283 Feet GIP	0.00

## Gas Rates

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



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

A.W.I.  
POB 389  
Garden City, KS 67846  
ATTN: Jason Alm

**LaDonna 1-29**  
**S29-18s-21w Ness**  
Job Ticket: 040635      **DST#: 1**  
Test Start: 2011.01.20 @ 05:47:00

## Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API: 41 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: 0 ppm
Viscosity: 51.00 sec/qt	Cushion Volume: bbl	
Water Loss: 7.20 in <sup>3</sup>	Gas Cushion Type:	
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig	
Salinity: 8600.00 ppm		
Filter Cake: 1.00 inches		

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	RW: Not enough clean water to get PPM	0.000
120.00	GWMCO 10g 5w 15m 70o	0.590
63.00	GWOCM 15g 5w 20o 60m	0.884
282.00	GO 20g 80o	3.956
0.00	283 Feet GIP	0.000

Total Length: 465.00 ft      Total Volume: 5.430 bbl  
 Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:  
 Laboratory Name:      Laboratory Location:  
 Recovery Comments: API:39 @40 Degrees F = 41.

