



**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: \_\_\_\_\_



1054665

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	LaDonna 2-29
Doc ID	1054665

Tops

Name	Top	Datum
Anhydrite	1368	757
Heebner	3588	-1463
Lansing	3636	-1511
BKC	3954	-1829
Pawnee	4037	-1912
Ft. Scott	4114	-1989
Cherokee	4132	-2007
Mississippian	4196	-2071
TD	4212	-2087

# **Geological Report**

American Warrior, Inc.

**LaDonna #2-29**

1400' FSL & 1880' FWL

Sec. 29 T18s R21w

Ness County, Kansas



**American Warrior, Inc.**

## General Data

Well Data: American Warrior, Inc.  
LaDonna #2-29  
1400' FSL & 1880' FWL  
Sec. 29 T18s R21w  
Ness County, Kansas  
API # 15-135-25212-0000

Drilling Contractor: Petromark Drilling, LLC Rig # 1

Geologist: Jason Alm

Spud Date: February 22, 2011

Completion Date: March 2, 2011

Elevation: 2119' Ground Level  
2125' Kelly Bushing

Directions: Bazine KS, ½ mi. East on Hwy 96, North 1/2 mi. on  
EE rd. East and South into location.

Casing: 1373' 8 5/8" surface casing  
4217' 5 1/2" production casing

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

Drilling Time: 3500' to RTD

Electric Logs: Log-Tech, Inc. "R. Barnhart"  
CNL/CDL, DIL

Drillstem Tests: One, Trilobite Testing, Inc. "Ray Schwager"

Problems: None

Remarks: LTD was six feet short of RTD due to fill in the  
hole.

## Formation Tops

	<b>American Warrior, Inc.</b> <b>LaDonna #2-29</b> <b>Sec. 29 T18s R21w</b> <b>1400' FSL &amp; 1880' FWL</b>
<b>Formation</b>	
Anhydrite	<b>1368', +757</b>
Base	<b>1399', +726</b>
Heebner	<b>3588', -1463</b>
Lansing	<b>3636', -1511</b>
BKc	<b>3954', -1829</b>
Pawnee	<b>4037', -1912</b>
Fort Scott	<b>4114', -1989</b>
Cherokee	<b>4132', -2007</b>
Mississippian	<b>4196', -2071</b>
Osage	<b>4202', -2077</b>
RTD	<b>4218', -2093</b>
LTD	<b>4212', -2087</b>

## Sample Zone Descriptions

**Mississippian Osage (4202', -2077):            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, 135 units hotwire.

**Drill Stem Tests**  
 Trilobite Testing, Inc.  
 "Ray Schwager"

**DST #1**

**Mississippian Osage**

Interval (4206' – 4215') Anchor Length 9'

IHP	– 2120 #	
IFP	– 45" – B.O.B. 30 min.	36-136 #
ISI	– 45" – Built to 1/2 in.	1304 #
FFP	– 45" – B.O.B. 25 min.	141-226 #
FSI	– 45" – W.S.B.	1293 #
FHP	– 2021 #	
BHT	– 122°F	

Recovery:	535' GIP	
	455' GCO	Gravity: 38°API
	124' MGO	65% Oil

**Structural Comparison**

	American Warrior, Inc. LaDonna #2-29 Sec. 29 T18s R21w 1400' FSL & 1880' FWL	American Warrior, Inc. LaDonna #1-29 Sec. 29 T18s R21w 380' FSL & 1300' FWL		American Warrior, Inc. Pablo #2-30 Sec. 30 T18s R21w 350' FSL & 800' FEL	
<b>Formation</b>					
Anhydrite	<b>1368', +757</b>	1363', +763	<b>(-6)</b>	1379', +749	<b>(+8)</b>
Base	<b>1399', +726</b>	1399', +727	<b>(-1)</b>	1413', +715	<b>(+11)</b>
Heebner	<b>3588', -1463</b>	3594', -1468	<b>(+5)</b>	3603', -1475	<b>(+12)</b>
Lansing	<b>3636', -1511</b>	3640', -1514	<b>(+3)</b>	3650', -1522	<b>(+11)</b>
BKc	<b>3954', -1829</b>	3955', -1829	<b>FL</b>	3971', -1843	<b>(+14)</b>
Pawnee	<b>4037', -1912</b>	4038', -1912	<b>FL</b>	4046', -1918	<b>(+6)</b>
Fort Scott	<b>4114', -1989</b>	4118', -1992	<b>(+3)</b>	4130', -2002	<b>(+13)</b>
Cherokee	<b>4132', -2007</b>	4134', -2008	<b>(+1)</b>	4147', -2019	<b>(+12)</b>
Mississippian	<b>4196', -2071</b>	4201', -2075	<b>(+4)</b>	4221', -2093	<b>(+22)</b>
Osage	<b>4202', -2077</b>	4207', -2081	<b>(+4)</b>	4235', -2107	<b>(+30)</b>

## **Summary**

The location for the LaDonna #2-29 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 #2-29 well.

## **Recommended Perforations**

**Primary:**

**Mississippian Osage:           (4202' – 4212')                           DST #1**

Respectfully Submitted,

Jason Alm  
Hard Rock Consulting, Inc.



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## **Recommended Perforations**

**Primary:**

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Respectfully Submitted,

Jason Alm  
Hard Rock Consulting, Inc.



CHANGE TO: AMERICAN DARRICK  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET 20526  
 PAGE 1 OF 1

1. SERVICE LOCATIONS: NESS CITY, KS  
 WELL/PROJECT NO.: LA DONNA 2-29  
 COUNTY: NESS  
 STATE: KS  
 CITY: BAZINE, KS  
 DATE: 23 FEB 11  
 OWNER: [ ]

2. TICKET TYPE:  SERVICE  SALES  
 CONTRACTOR: PETROMARK DRILLING  
 RIG NAME NO.:  
 SHIPPED: MA  
 DELIVERED TO: LOCATION  
 ORDER NO.:  
 WELL PERMIT NO.:  
 WELL LOCATION: 1E, 34N SE 10E

3. WELL TYPE: OIL  
 WELL CATEGORY: DEVELOPMENT  
 JOB PURPOSE: CEMENT 2 5/8

4. REFERRAL LOCATION: [ ]  
 INVOICE INSTRUCTIONS: [ ]

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
595					MILEAGE #110	20	mi			5.00	100.00
576D					PUMP CHARGE	1	hrs	13.14	FT.	100.00	110.00
401-8					INSERT FLOAT VALVE W/O FILL UP	1	EA			250.00	250.00
409					TURBOCHARGERS	4	EA			90.00	360.00
410					TOP PLUG	1	EA			100.00	100.00
281					LIQUID FLUSH	500	gal			1.00	500.00
291					LIQUID KIL	2	EA			25.00	50.00
290					D-AIR	4	EA			35.00	140.00
270					FLUCEL	1	EA			150.00	150.00
330					SUITE MULTI DENSITY STANDARD	4	EA			15.00	60.00
581					SERUIE CHARGE CEMENT	4	EA			150.00	603.75
583					DRAVAGE	4	EA			1.00	4.00

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: 24 FEB 11  
 TIME SIGNED: 0145 P.M.  
 SIGNATURE: [Signature]

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?  THE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  ARE YOU SATISFIED WITH OUR SERVICE?  YES  NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 10/95  
 TAX: 99

SWIFT OPERATOR: [Signature]  
 APPROVAL: [Signature]

STATIONER ACCEPTANCE OF MATERIALS AND SERVICES

Thank You!

**JOB LOG**

**SWIFT Services, Inc.**

DATE 23 FEB 11 PAGE NO. 1

CUSTOMER AMERICAN WARRIOR

WELL NO.

LEASE

LADONNA 2-29

JOB TYPE

CEMENT 8 5/8

TICKET NO.

20526

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2030							ON LOCATION
	2200							START PIPE 8 5/8 - 23'
								RTD @ 1375 SET @ 1374
								SHOE ST. 20.80
								CENTRALIZERS 1, 4, 12, 27
	0010							CIRCULATE
	0020	6	12		✓		200	Pump 500 gal MUD FLUSH
	0033	6	20		✓		200	Pump 20 BIX KCL FLUSH
	0036	6			✓			MIX SMD CEMENT
		6	46		✓			10DSx @ 11.8 PPL
		6	48		✓			125Sx @ 12.5 PPL
		6	31		✓			100Sx @ 13.5 PPL
		6	26		✓			100Sx @ 14.5 PPL
	0057							WASH OUT PUMPING LINES
	0100	6			✓			RELEASE PLUG START DISPLACEMENT
	0115	8	86 1/2		✓		600	PLUG DOWN CIRCULATE CEMENT TO SURFACE
	0018							WASH TRUCK
	0145							JOB COMPLETE
								THANKS #110
								JASON JEFF JOHN



Services, Inc.

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

TICKET 20156

PAGE 1 OF 2

SERVICE LOCATIONS: 1. AND AR KS WELL PROJECT NO: 2-29 LEASE: LADONNA COUNTY/PARISH: MOSS STATE: KS CITY: Bazine DATE: 1 MAR 11 OWNER: 29-185-2110

2. TICKET TYPE:  SERVICE  SALES CONTRACTOR: Retreat RIG NAME/NO.: location SHIPPED: WRT DELIVERED TO: location ORDER NO.: 29-185-2110

3. WELL TYPE: 0-1 WELL CATEGORY: Development JOB PURPOSE: Contract long string WELL PERMIT NO.: 29-185-2110

4. REFERRAL LOCATION: INVOICE INSTRUCTIONS WELL LOCATION: 29-185-2110

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DR							
515					MILEAGE	20	mi			5.00	100.00
578					Pump Charge	1	ea			1400.00	1400.00
402					Contractor	5 1/2	in			325.00	1812.50
403					Contractor	5 1/2	in			225.00	1237.50
406					1/4" Arch Alum plug & bellows	4	ea			150.00	600.00
<del>419</del>					Rotating head control	1	ea			500.00	500.00
781					MU OF US 4	2	gal			25.00	50.00
221					Liquid KCL	2	gal			25.00	50.00

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

DATE SIGNED: [Signature] 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	TAX	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BROWDOWN?				2830	00	2830.00
WE UNDERSTOOD AND MET YOUR NEEDS?				4070	00	4070.00
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				6900	00	6900.00
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?						
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						



JOB LOG

SWIFT Services, Inc.

DATE / MAR 11 PAGE NO.

CUSTOMER American Warrior WELL NO. 2-29 LEASE La Donna JOB TYPE cement logging TICKET NO. 2054

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								175 sks EA-2 w/ 1/4" floacle 5 1/2 casing 98 joints RTD 4218 LTD 1212 Shoe + 41.85 TOTAL PIPE 4220 control valves 1,2,3,4,7,8 Bkts. #5 NO RET COLLAR on loc TRK 114 start 5 1/2 casing in well
	1255							
	1320							
	1415							Drop ball - circulate <del>RTD</del>
	1500	4 3/4					350	Pump 500 gal MUD FLUSH
		4 3/4					350	Pump 20 bbl - KCL H <sub>2</sub> O flush
	1510		7					Plug RH (30 sks)
	1515	6 3/4	35				450	Mix cem + 145 sks EA-2 @ 15.4 / 119
	1525							Wash out pump & lines
	1535							Release latch down plug
	1540	6 3/4					400	Displace plug
		6 3/4	95				350	
	1600	6 3/4	100				150	Plug down
	1603							Release pressure to truck - dried up wash truck
	1640							Job complete Thanks Dave David & Blaine





CHARGE TO: AMERICAN WARRIOR  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET  
 20535

PAGE 1 OF 1

1. SERVICE LOCATIONS: Ness, Kansas WELL/PROJECT NO. LEASE: LADDDOWN 2-27 COUNTRY/STATE: NESS STATE: KS. CITY: BARNE, KS. DATE: 8 MAR 11 OWNER: \_\_\_\_\_  
 2. TICKET TYPE:  SERVICE CONTRACTOR: \_\_\_\_\_ RIG NAME NO. \_\_\_\_\_ ORDER NO. \_\_\_\_\_  
 3. WELL TYPE: DIL WELL CATEGORY: DEVELOPMENT JOB PURPOSE: 858 Annulars WELL PERMIT NO. \_\_\_\_\_ WELL LOCATION: 1E, 34N/E15 T10  
 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 \$110	20	MIL			\$5.00	100.00
577					PUMP CHARGE		HOB			850.00	850.00
2710					FLOECE	32	lbs			1.50	48.00
2910					D-AIR	1	gpk			35.00	35.00
3310					SWIFT MULTI DENSITY	125	5x			1.50	187.50
581					SERVICE CHARGE CEMENT	125	5x			1.50	187.50
582					MINIMUM TRAVEL	1239	2 lbs	1239	2 Tm	250.00	250.00

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  
 X Scott DATE SIGNED: 8 MAR 11 TIME SIGNED: 1400  A.M.  P.M.  
 SWIFT OPERATOR: [Signature] APPROVAL: \_\_\_\_\_

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 SERVICES?  YES  NO  CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 3345.50  
 TAX: 7.33%  
 TOTAL: 3408.85

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 8 MAR 11 PAGE NO. 1

CUSTOMER AMERICAN WARRIOR WELL NO. LEASE LA DONNA 2-29 JOB TYPE CEMENT 8 5/8 ANNULUS TICKET NO. 20535

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1300							ON LOCATION
	1318	3			✓		1000	TAKE INJECTION RATE
	1322	3	58		✓		400	MIX 125SX SMD @ 11.8 PPG
	1345				✓		700	SHUT WELL IN.
	1348							WASH TRUCK
	1400							JOB COMPLETE
								THANKS B 110
								JASON JEFF JOAN



**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

American Warrior Inc  
 P O Box 399  
 Garden City Ks 67846  
 ATTN: Cecil O'Brate

**LaDonna #2-29**  
**29-18s-21w Ness**  
 Job Ticket: 41894 **DST#: 1**  
 Test Start: 2011.02.28 @ 16:18:00

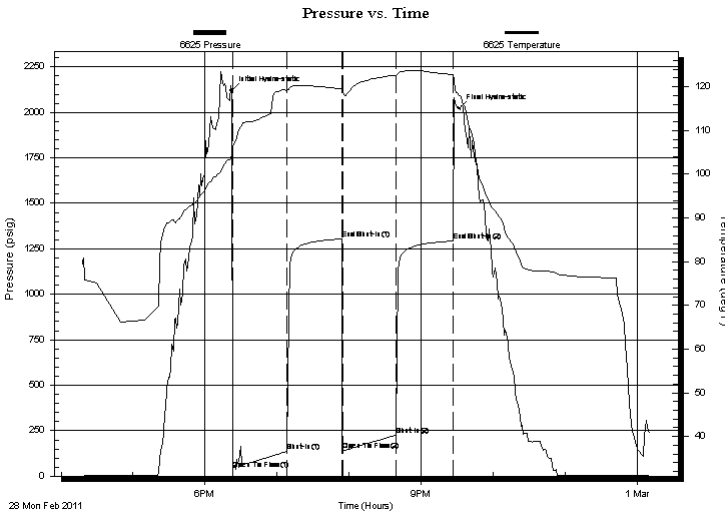
## GENERAL INFORMATION:

Formation: **Miss**  
 Deviated: No Whipstock: ft (KB)  
 Time Tool Opened: 18:23:25  
 Time Test Ended: 00:10:54  
 Interval: **4206.00 ft (KB) To 4215.00 ft (KB) (TVD)**  
 Total Depth: 4215.00 ft (KB) (TVD)  
 Hole Diameter: 7.85 inches Hole Condition: Fair  
 Test Type: Conventional Bottom Hole  
 Tester: Ray Schwager  
 Unit No: 42  
 Reference Elevations: 2125.00 ft (KB)  
 2119.00 ft (CF)  
 KB to GR/CF: 6.00 ft

**Serial #: 6625 Inside**  
 Press @ Run Depth: 226.30 psig @ 4207.00 ft (KB) Capacity: 8000.00 psig  
 Start Date: 2011.02.28 End Date: 2011.03.01 Last Calib.: 2011.03.01  
 Start Time: 16:18:00 End Time: 00:10:54 Time On Btm: 2011.02.28 @ 18:21:55  
 Time Off Btm: 2011.02.28 @ 21:31:24

**TEST COMMENT:** IFP-w k to a strg bl in 30min  
 ISIP-1/2"bl bk  
 FFP-w k to a strg bl in 25min  
 FSIP-surface bl bk

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2119.64	104.45	Initial Hydro-static
2	36.79	106.21	Open To Flow (1)
47	136.22	119.12	Shut-In(1)
92	1303.59	119.56	End Shut-In(1)
93	141.04	118.75	Open To Flow (2)
138	226.30	122.51	Shut-In(2)
185	1293.04	122.78	End Shut-In(2)
190	2020.72	118.07	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
124.00	MGO 20%G15%M65%O	0.65
455.00	CO	6.38
0.00	535'GIP	0.00

## Gas Rates

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



**TRILOBITE**  
**TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

American Warrior Inc  
P O Box 399  
Garden City Ks 67846  
ATTN: Cecil O'Brate

**LaDonna #2-29**  
**29-18s-21w Ness**  
Job Ticket: 41894      **DST#: 1**  
Test Start: 2011.02.28 @ 16:18:00

## Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API: 38 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: ppm
Viscosity: 51.00 sec/qt	Cushion Volume: bbl	
Water Loss: 7.93 in <sup>3</sup>	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 9100.00 ppm		
Filter Cake: 1.00 inches		

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
124.00	MGO 20%G15%M65%O	0.646
455.00	CO	6.382
0.00	535'GIP	0.000

Total Length: 579.00 ft      Total Volume: 7.028 bbl  
Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:  
Laboratory Name:      Laboratory Location:  
Recovery Comments:

