



KANSAS CORPORATION COMMISSION 1106020
OIL & GAS CONSERVATION DIVISION

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 # _____

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: _____



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
---	---

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	Cure 1-33
Doc ID	1106020

Tops

Name	Top	Datum
Anhy	1346'	+864
B/Anhy	1368	+842
Heebner	3891	-1591
Lansing	3875	-1665
Stark	4119	-1909
B/KC	4232	-2022
Marmaton	4240'	-2030
Ft.Scott	4391'	-2181
Mississippian	4466	-2256

Geological Report

American Warrior, Inc.

Cure #1-33

1550' FNL & 335' FWL

Sec. 33, T22s, R21w

Hodgeman County, Kansas



American Warrior, Inc.

General Data

Well Data: American Warrior, Inc.
Cure #1-33
1550' FNL & 335' FWL
Sec. 33, T22s, R21w
Hodgeman County, Kansas
API # 15-083-21868-0000

Drilling Contractor: Duke Drilling Co. Rig #5

Geologist: Kevin Timson

Spud Date: November 30, 2012

Completion Date: December 8, 2012

Elevation 2199' G.L.
2210' K.B.

Directions: From the NW side of Hanston, KS at the intersection of Hwy 156 & Bazine Rd/228 Rd. Go South on 228 Rd 2.9 miles to M Rd. Go East on M Rd 3.9 miles to 232 Rd. Go North on 232 Rd .7 miles. East into location.

Casing: #23 8 5/8" surface casing @ 260 with 180 sacks Class A, 3% c.c, 2% gel. #15.5 5 1/2" production casing @ 4459 with 125 sacks EA-2. Port collar @ 1308.

Samples: 3750' to RTD 10' Wet & Dry

Drilling Time: 3750' to RTD

Electric Logs: Pioneer "D. Martin"-Radiation Guard Log & Sonic

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

Problems: None

Formation Tops

Formation

	American Warrior, Inc.
	Cure #1-33
	Sec. 33, T22s, R21w
	1550' FNL & 335' FWL
Anhydrite	1346' +864
Base	1368' +842
Heebner	3801' -1591
Douglas	3827' -1617
Lansing	3875' -1665
Stark	4119' -1909
BKC	4232' -2022
Marmaton	4240' -2030
Pawnee	4312' -2102
Fort Scott	4391' -2181
Cherokee	4415' -2205
Mississippian	4466' -2256
RTD	4474' -2264

Sample Zone Descriptions

Mississippian Osage (4652' -2281) Covered in DST #1

Chert- White. Triptolitic. Scattered pin point vuggy porosity and poor intercrystalline porosity. Tight. Poor stain and no saturation. Poor to absence of odor. 20 Unit gas kick.

Drill Stem Tests
 Trilobite Testing Inc.
 "Ray Schwager"

DST #1

Mississippian Osage

Interval (4431' – 4474') Anchor Length 43'

IHP	- 2187 #	
IFP	- 45" – Weak Blow ½" to 2 ½" blow	22-69 #
ISI	- 45" – No return	1261 #
FFP	- 45" – Weak blow ¼" to 1 ½" blow	81-113 #
FSIP	- 45" – No return	1220 #
FHP	- 2107 #	
BHT	- 117° F	

Recovery: 60' GIP
 30' CO
 124' GMO (10% G, 50% O, 40% M)
 62' OGCM (10% G, 25% O, 65% M)

Structural Comparison

	American Warrior, Inc. Cure #1-33 Sec. 33, T22s, R21w 1550' FNL & 335' FWL		APC Inc. Bauer-Reece #1 Sec. 32, T22s, R21w SE SE NW		Rain and Williamson Oil Co. Cure #1 Sec 33, T22s, R21w C NW NE
Formation					
Heebner	3801' -1591	+2	3835' -1593	-10	3842' -1581
Douglas	3827' -1617	NA	NA	NA	NA
Lansing	3875' -1665	+7	3907' -1672	-6	3917' -1659
Stark	4119' -1909	NA	NA	NA	NA
BKC	4232' -2022	+11	4268' -2033	-1	4282' -2021
Marmaton	4240' -2030	+11	4276' -2041	NA	NA
Pawnee	4312' -2102	+5	4342' -2107	NA	NA
Fort Scott	4391' -2181	+10	4426' -2191	-3	4436' -2178
Cherokee	4415' -2205	+9	4449' -2214	-2	4464' -2203
Miss.	4466' -2256	+5	4496' -2261	-4	4510' -2252

Summary

The location for the Cure #1-33 well was found via 3-D seismic survey. The new well ran structurally as expected. One drill stem test was conducted, which recovered commercial quantities of oil from the Mississippian Osage formation. After all gathered data had been examined the decision was made to run 5 ½" production casing to further evaluate the Cure #1-33 well.

Packer Shoe Set at 4468'

Respectfully Submitted,

Kevin Timson
American Warrior, Inc.

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: near n. KS

DATE <u>0-12</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>10:30</u>	JOB FINISH <u>1:30</u>
LEASE <u>11</u>	WELL# <u>1-</u>	LOCATION <u>e T, S 6,</u>			COUNTY <u>enr</u>	STATE <u>S</u>	
OLD OR NEW (Circle one)							

CONTRACTOR u i c
 TYPE OF JOB C
 HOLE SIZE 2 1/2 T.D.
 CASING SIZE 5 DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE 1 1/2 DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. T
 PERFS.
 DISPLACEMENT - 1

OWNER
 CEMENT
 AMOUNT ORDERED 5 Ca

EQUIPMENT
 PUMP TRUCK CEMENTER 1
 # 1 HELPER 1
 BULK TRUCK
 # 2-2 DRIVER 1
 BULK TRUCK
 # DRIVER

COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @
 HANDLING @
 MILEAGE @

REMARKS:
as circ to R' n
un
7
1
1:30

TOTAL
 SERVICE
 DEPTH OF JOB
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE @
 MANIFOLD @
 @
 @

CHARGE TO: vic n 10
 STREET
 CITY STATE ZIP

TOTAL
 PLUG & FLOAT EQUIPMENT
 @
 @
 @
 @
 @

To: Allied Oil & Gas Services, 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 done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

TOTAL
 SALES TAX (If Any)
 TOTAL CHARGES
 DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME NAH UIRB
 SIGNATURE [Signature]



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

TICKET NO 23778

PAGE 1 OF

SERVICE LOCATIONS: 1. NESS CITY, KS.
 WELL/PROJECT NO.: CURE 1-33
 LEASE: HODGEMAN
 COUNTY/PARISH: HANSTON KS
 STATE: KS.
 CITY: HANSTON KS
 DATE: 18 DEC 12
 OWNER:
 TICKET TYPE: SERVICE SALES
 CONTRACTOR: CO. TOOLS
 RIG NAME/NO.:
 SHIPPED VIA:
 DELIVERED TO:
 ORDER NO.:
 WELL TYPE: OIL
 WELL CATEGORY: DEVELOPMENT
 JOB PURPOSE: CEMENT PORT COLLAR
 WELL PERMIT NO.:
 WELL LOCATION: S.E. 1/4 E 1/4 S 20 T 10 R 15 E 20 W

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #115	45		mi		6.00	270.00
576D					PUMP CHANGE	1		hr		1257.00	1257.00
105					PIPE COLLAR OPENING TOOL	1		hr		350.00	350.00
276					FLUCEL	33		lbs		2.00	66.00
296					D-AIR	1		gal		35.00	35.00
330					SWIFT MULTI DENSITY	130		sq		16.52	2145.60
531					CEMENT SERVICE CHARGE	175		sq		2.00	350.00
533					DRAYAGE	17384		lb	391.14	1.00	391.14

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
 DATE SIGNED: 18 DEC 12
 TIME SIGNED: 1015
 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
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	4857.14
TAX	
TOTAL	

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: [Signature]

APPROVAL:

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 18 DEC 12 PAGE NO.

CUSTOMER AMERIKON WARRIOR

WELL NO.

LEASE CURE 1-33

JOB TYPE CEMENT PORT COLLAR

TICKET NO. 23778

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0830							ON LOCATION
								PORT COLLAR @ 1308
	0900				✓		1000	TEST - HELD
	0905							OPEN PORT COLLAR
	0912	4 1/2	72	✓		400		MIX 130sx SMD
		3	4	✓		200		DISPLACE CEMENT
								CIRCULATE 20sx TO PTI
	0931				✓		1000	CLOSE PORT COLLAR - TEST - HELD
	0935							RUN 4 JTS.
	0941	4 1/2	19		✓		300	REVERSE CEMENT OUT OF TUBING.
	0950							WASH TRUCK
	1015							JOB COMPLETE.
								THANKS #115
								JASON SEFF FLINT



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

TICKET
 23716

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>NESS City, KS</u>	WELL/PROJECT NO. <u>CURE 1-33</u>	LEASE <u>HODGEMAN</u>	COUNTY/PARISH <u>KS. HANSTON, KS</u>	STATE <u>KS.</u>	CITY <u>HANSTON, KS</u>	DATE <u>7 DEC 12</u>	OWNER
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>DUKE DRILLING RIG 5</u>	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>S2 HUNGSTRING</u>	WELL PERMIT NO.	WELL LOCATION <u>S. EDGE 4E 1/2 S E INTO</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
575					MILEAGE #115	4.5	MIL	60		270.00
578					PUMP CHARGE	1	HR	1500		1500.00
402					CENTRALIZERS	9	EA	70		630.00
403					CEMENT BASKETS	2	EA	257		500.00
404					PORT COLLAR	1	EA	2400	1368 FT.	2400.00
405					FORMATION PACKER SHOE	1	EA	1400		1400.00
406					LATCH DOWN PLUG & BAFFLE	1	EA	257		257.00
231					MUD FLUSH	500	YAL	1.25		625.00
221					LIQUID KCL	2	YAL	25		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

X [Signature]
 DATE SIGNED 1 DEC 12 TIME SIGNED 14:30 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
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	7625	15.00
	4686	15.00
TAX	12311	15.00
TOTAL		



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

TICKET CONTINUATION

TICKET No. 23716

CUSTOMER AMERICAN WARRIOR WELL CURE 1-33 DATE 7 DEC 12 PAGE 21 OF 2

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF				UM			
276						FLUXE	44	lbs	2	10	88.00
233						SALT	900	lbs		10	180.00
234						CALSFAL	8	sv	35	80	280.00
						HALAD 322	124	lbs	7	75	910.00
290						D+AIR	1 1/2	gal	35	10	52.50
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325						STANDARD CEMENT EA2	175	sq	13	50	2362.50
531						SERVICE CHARGE			CUBIC FEET 175	sq	350.00
533						MILEAGE CHARGE	TOTAL WEIGHT 7838	LOADED MILES 4/5	TON MILES 412.15		412.15
CONTINUATION TOTAL											4686.15

JOB LOG

SWIFT Services, Inc.

DATE 7 DEC 12 PAGE NO.

CUSTOMER AMERICAN WARRIOR WELL NO. LEASE CURE 1-33 JOB TYPE 5 1/2 LONGSTRING TICKET NO. 23716

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							ON LOCATION
	1115							START PIPE 5 1/2 - 15.5" RTD @ 4474 LTD @ 4476 SHOE JT. 21.08' SET 8' OFF BOTTOM CENTRALIZERS 1, 2, 3, 4, 5, 6, 8, 10, 75 BASKETS 6, 76 PORT COLLAR TOP OF # 76 @ 1308
	1300						1100	SET PACKERSHDE CIRCULATE.
	1320	6 1/2	12		✓		300	Pump 500 gal MUD FLUSH
		6 1/2	20		✓		300	Pump 20 BBL KCL FLUSH
	1332		7.5					PLUG RH/MH (30sx-20sx)
	1335	4 1/2	30		✓			MIX 125 SX EA2.
	1346							WASH OUT Pump & LINES.
	1349	6 1/2			✓			START DISPLACING PLUG.
	1406	Ø	106		✓		1500	PLUG DOWN PSI up LATCH PLUG IN
	1408				✓			RELEASE PSI - DRY
	1411							WASH TRUCK
	1430							JOB COMPLETE.
								THANKS # 115
								JASON JEFF DOUG



DRILL STEM TEST REPORT

Prepared For: **American Warrior Inc**

PO Box 399
Garden City KS 67846

ATTN: Cecil O'Brate

Cure #1-33

33-22s-21w Hodgeman,KS

Start Date: 2012.12.06 @ 09:35:23

End Date: 2012.12.06 @ 16:41:02

Job Ticket #: 51509 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Printed: 2012.12.07 @ 08:53:40

American Warrior Inc
33-22s-21w Hodgeman,KS
Cure #1-33
DST # 1
Miss , Osage
2012.12.06



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

American Warrior Inc
 PO Box 399
 Garden City KS 67846
 ATTN: Cecil O'Brate

33-22s-21w Hodgeman, KS
Cure #1-33
 Job Ticket: 51509 **DST#: 1**
 Test Start: 2012.12.06 @ 09:35:23

GENERAL INFORMATION:

Formation: **Miss , Osage**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 11:15:48
 Time Test Ended: 16:41:02
 Interval: **4431.00 ft (KB) To 4474.00 ft (KB) (TVD)**
 Total Depth: 4474.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Ray Schwager
 Unit No: 42
 Reference Elevations: 2210.00 ft (KB)
 2199.00 ft (CF)
 KB to GR/CF: 11.00 ft

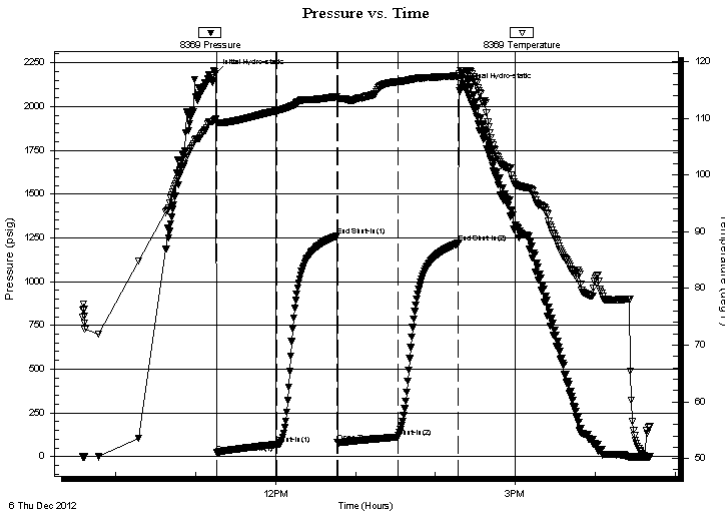
Serial #: 8369

Inside

Press @ Run Depth: 113.23 psig @ 4438.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.12.06 End Date: 2012.12.06 Last Calib.: 2012.12.06
 Start Time: 09:35:23 End Time: 16:41:02 Time On Btm: 2012.12.06 @ 11:15:03
 Time Off Btm: 2012.12.06 @ 14:21:32

TEST COMMENT: 45-IFP-w k bl thru-out 1/2" to 2 1/2" bl
 45-ISIP-no bl
 45-FFP-w k bl thru-out 1/4" to 1 1/2" bl
 45-FSIP-no bl

PRESSURE SUMMARY



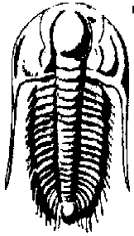
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2187.32	109.86	Initial Hydro-static
1	22.65	109.24	Open To Flow (1)
46	69.86	111.38	Shut-In(1)
91	1261.66	113.84	End Shut-In(1)
92	81.16	113.50	Open To Flow (2)
137	113.23	116.47	Shut-In(2)
183	1219.68	117.50	End Shut-In(2)
187	2107.25	118.45	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
62.00	O&GCM 10%G25%O65%M	0.30
124.00	GMO 10%G40%M50%O	0.61
30.00	CO	0.15
0.00	60'GIP	0.00

Gas Rates

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



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

American Warrior Inc
PO Box 399
Garden City KS 67846
ATTN: Cecil O'Brate

33-22s-21w Hodgeman, KS
Cure #1-33
Job Ticket: 51509 **DST#: 1**
Test Start: 2012.12.06 @ 09:35:23

GENERAL INFORMATION:

Formation: **Miss , Osage**
Deviated: No Whipstock: ft (KB) Test Type: Conventional Bottom Hole (Initial)
Time Tool Opened: 11:15:48 Tester: Ray Schwager
Time Test Ended: 16:41:02 Unit No: 42
Interval: **4431.00 ft (KB) To 4474.00 ft (KB) (TVD)** Reference Elevations: 2210.00 ft (KB)
Total Depth: 4474.00 ft (KB) (TVD) 2199.00 ft (CF)
Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 11.00 ft

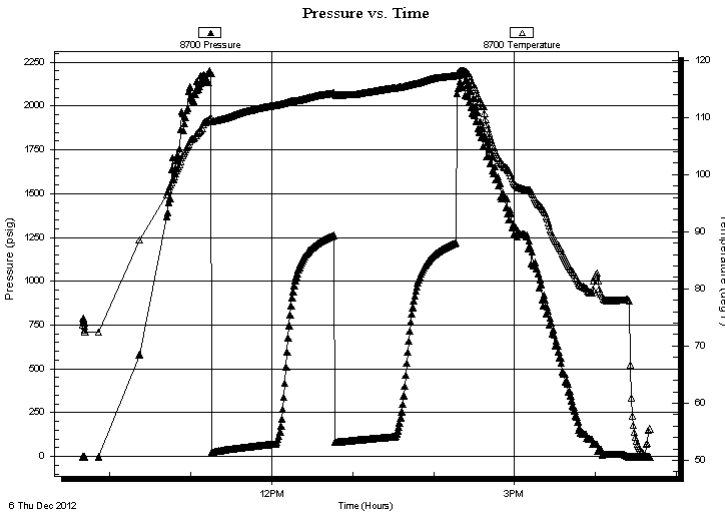
Serial #: 8700

Outside

Press@RunDepth: psig @ 4438.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2012.12.06 End Date: 2012.12.06 Last Calib.: 2012.12.06
Start Time: 09:40:08 End Time: 16:40:17 Time On Btm:
Time Off Btm:

TEST COMMENT: 45-IFP-w k bl thru-out 1/2" to 2 1/2" bl
45-ISIP-no bl
45-FFP-w k bl thru-out 1/4" to 1 1/2" bl
45-FSIP-no bl

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
62.00	O&GCM 10%G25%O65%M	0.30
124.00	GMO 10%G40%M50%O	0.61
30.00	CO	0.15
0.00	60'GIP	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

American Warrior Inc
PO Box 399
Garden City KS 67846
ATTN: Cecil O'Brate

33-22s-21w Hodgeman,KS
Cure #1-33
Job Ticket: 51509 **DST#: 1**
Test Start: 2012.12.06 @ 09:35:23

Tool Information

Drill Pipe:	Length: 4150.00 ft	Diameter: 3.80 inches	Volume: 58.21 bbl	Tool Weight:	2200.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer:	25000.00 lb
Drill Collar:	Length: 270.00 ft	Diameter: 2.25 inches	Volume: 1.33 bbl	Weight to Pull Loose:	80000.00 lb
			<u>Total Volume: 59.54 bbl</u>	Tool Chased	0.00 ft
Drill Pipe Above KB:	17.00 ft			String Weight: Initial	76000.00 lb
Depth to Top Packer:	4431.00 ft			Final	76000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	43.00 ft				
Tool Length:	71.00 ft				
Number of Packers:	2	Diameter: 6.75 inches			

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Change Over Sub	1.00			4404.00	
Shut In Tool	5.00			4409.00	
Hydraulic tool	5.00			4414.00	
Jars	5.00			4419.00	
Safety Joint	2.00			4421.00	
Packer	5.00			4426.00	28.00 Bottom Of Top Packer
Packer	5.00			4431.00	
Stubb	1.00			4432.00	
Perforations	6.00			4438.00	
Recorder	0.00	8369	Inside	4438.00	
Recorder	0.00	8700	Outside	4438.00	
Blank Spacing	33.00			4471.00	
Bullnose	3.00			4474.00	43.00 Bottom Packers & Anchor

Total Tool Length: 71.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior Inc
PO Box 399
Garden City KS 67846
ATTN: Cecil O'Brate

33-22s-21w Hodgeman,KS
Cure #1-33
Job Ticket: 51509 **DST#: 1**
Test Start: 2012.12.06 @ 09:35:23

Mud and Cushion Information

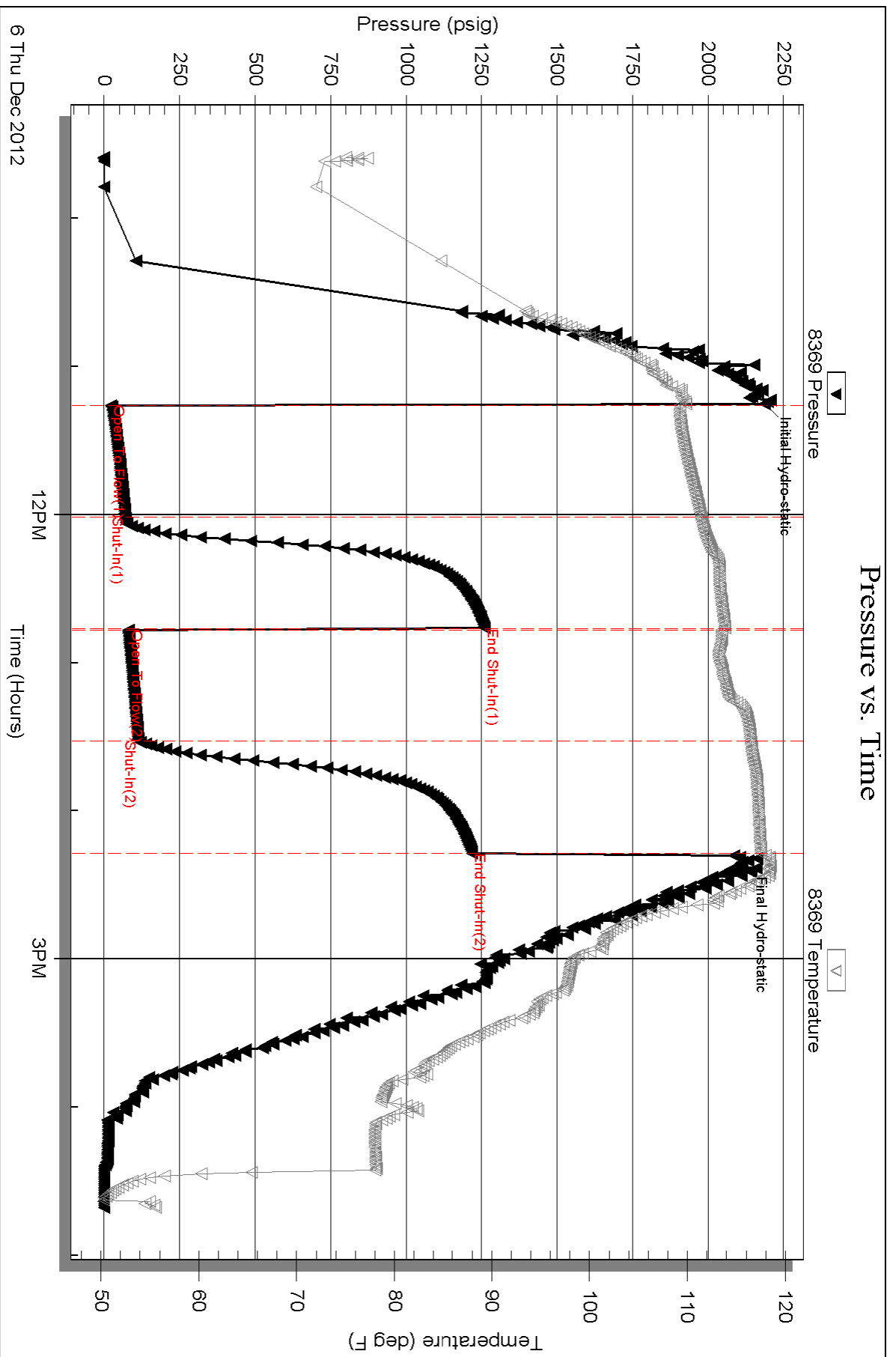
Mud Type:	Gel Chem	Cushion Type:		Oil API:	34 deg API
Mud Weight:	9.00 lb/gal	Cushion Length:	ft	Water Salinity:	ppm
Viscosity:	60.00 sec/qt	Cushion Volume:	bbbl		
Water Loss:	9.95 in ³	Gas Cushion Type:			
Resistivity:	ohm.m	Gas Cushion Pressure:	psig		
Salinity:	8000.00 ppm				
Filter Cake:	1.00 inches				

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
62.00	O&GCM 10%G25%O65%M	0.305
124.00	GMO 10%G40%M50%O	0.610
30.00	CO	0.148
0.00	60'GIP	0.000

Total Length: 216.00 ft Total Volume: 1.063 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:

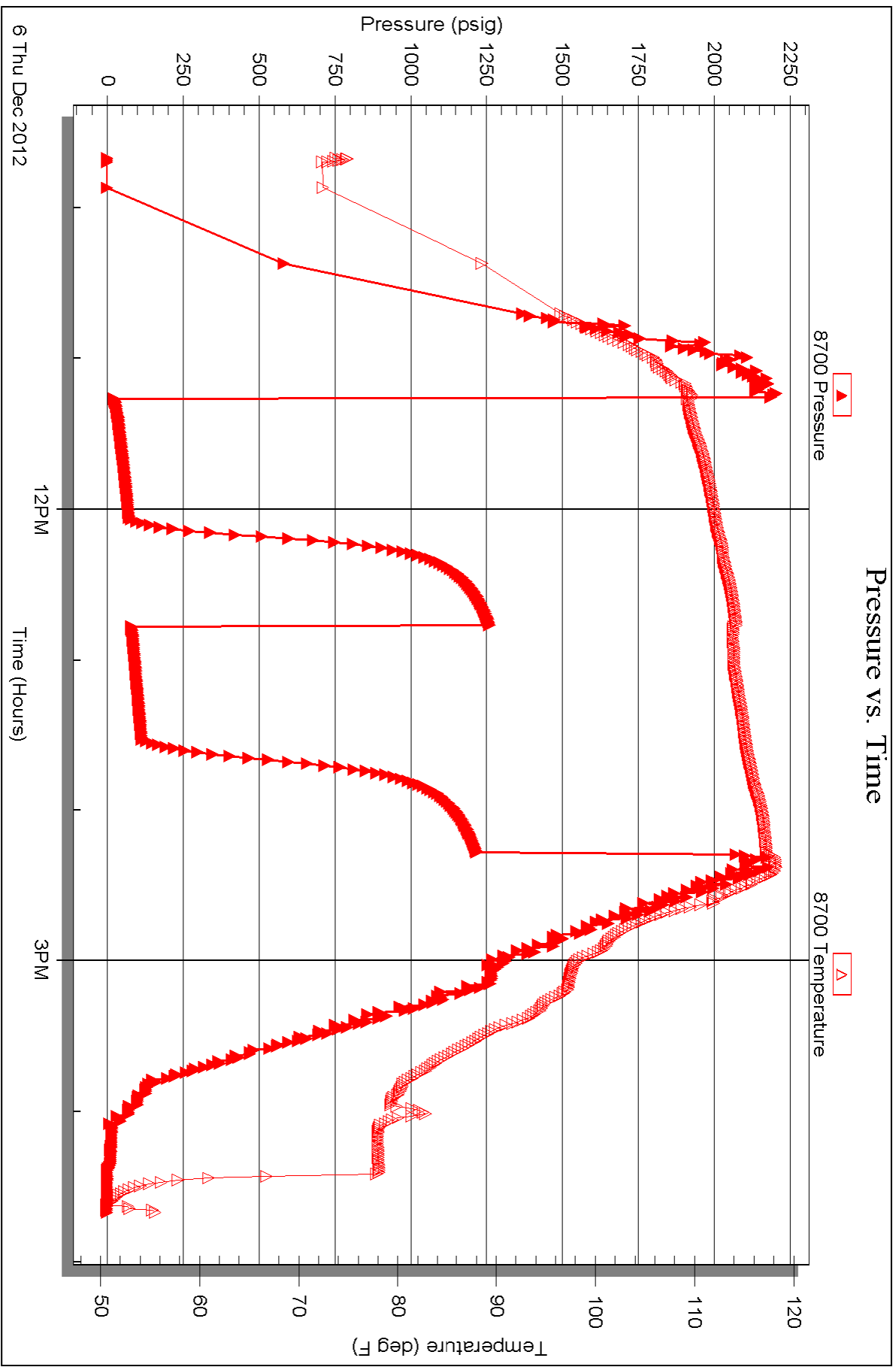


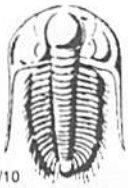
Serial #: 8700

Outside American Warrior Inc

Cure #1-33

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 51509

4/10

Well Name & No. CURE #1-33 Test No. 1 Date 12-6-12
 Company AMERICAN WARRIOR Inc Elevation 2210 KB 2199 GL
 Address PO Box 399 GARDEN CITY, Ks 67846
 Co. Rep / Geo. Kevin Timson Rig Duke rig 5
 Location: Sec. 33 Twp. 22^s Rge. 21^w Co. Hodgeman State Ks

Interval Tested 4431-4474 Zone Tested MISS
 Anchor Length 43 Drill Pipe Run 4150 Mud Wt. 9.2
 Top Packer Depth 4426 Drill Collars Run 270 Vis 60
 Bottom Packer Depth 4431 Wt. Pipe Run - WL 10
 Total Depth 4474 Chlorides 8000 ppm System LCM 1#
 Blow Description IFP - WEAK Blow thru-out 1/2" to 2 1/2" Blow
ISIP - NO Blow
FFP - WEAK Blow thru-out 1/4" to 1 1/2" Blow
FSIP - NO Blow

Rec	Feet of	%gas	%oil	%water	%mud
<u>60</u>	<u>GIP</u>				
<u>30</u>	<u>CO</u>				
<u>124</u>	<u>GMO</u>	<u>10</u>	<u>50</u>		<u>40</u>
<u>62</u>	<u>DTGCM</u>	<u>10</u>	<u>25</u>		<u>65</u>
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 216 BHT 117 Gravity 34 API RW - @ - ° F Chlorides - ppm

(A) Initial Hydrostatic <u>2187</u>	<input checked="" type="checkbox"/> Test 1250	T-On Location <u>0905</u>
(B) First Initial Flow <u>22</u>	<input checked="" type="checkbox"/> Jars 250	T-Started <u>0935</u>
(C) First Final Flow <u>69</u>	<input checked="" type="checkbox"/> Safety Joint 75	T-Open <u>1115</u>
(D) Initial Shut-In <u>1261</u>	<input type="checkbox"/> Circ Sub	T-Pulled <u>1415</u>
(E) Second Initial Flow <u>81</u>	<input type="checkbox"/> Hourly Standby	T-Out <u>1641</u>
(F) Second Final Flow <u>113</u>	<input checked="" type="checkbox"/> Mileage <u>160 RT</u> 248	Comments _____
(G) Final Shut-In <u>1220</u>	<input type="checkbox"/> Sampler	_____
(H) Final Hydrostatic <u>2107</u>	<input type="checkbox"/> Straddle	<input type="checkbox"/> Ruined Shale Packer
Initial Open <u>45</u>	<input type="checkbox"/> Shale Packer	<input type="checkbox"/> Ruined Packer
Initial Shut-In <u>45</u>	<input type="checkbox"/> Extra Packer	<input type="checkbox"/> Extra Copies
Final Flow <u>45</u>	<input type="checkbox"/> Extra Recorder	Sub Total <u>0</u>
Final Shut-In <u>45</u>	<input type="checkbox"/> Day Standby	Total <u>1823</u>
	<input type="checkbox"/> Accessibility	MP/DST Disc't _____
	Sub Total <u>1823</u>	

Approved By _____

Our Representative Ray Schwager

Thank you

Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.