



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1154023
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

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



1154023

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	Dinges 1-5
Doc ID	1154023

All Electric Logs Run

Porosity
Induction
Micro
sonic

Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	Dinges 1-5
Doc ID	1154023

Tops

Name	Top	Datum
Heebner	3739'	-1377
Lansing	3757'	-1395
Stark	4063'	-1701
B/KC	4125'	-1763
Marmaton	4135'	-1773
Pawnee	4213'	-1851
Ft.Scott	4291'	-1929
cherokee	4314'	-1952
Mississippian	4386'	-2024

Geological Report

American Warrior, Inc.

Dinges #1-5

474' FSL & 950' FWL

Sec. 5, T19s, R24w

Ness County, Kansas



American Warrior, Inc.

General Data

Well Data: American Warrior, Inc.
Dinges #1-5
474' FSL & 950' FWL
Sec. 5, T19s, R24w
Ness County, Kansas
API # 15-135-25593-0000

Drilling Contractor: Duke Drilling Co. Rig #9

Geologist: Kevin Timson

Spud Date: May 18, 2013

Completion Date: May 25, 2013

Elevation 2349' G.L.
2362' K.B.

Directions: From Ness City, KS. Go West on Hwy 96 4 miles to N Rd. Go South 1 mile to 110 Rd. Go West $\frac{3}{4}$ mile and North into location.

Casing: #24 8 5/8" surface casing @ 241 with 160 sacks Class A, 3% c.c, 2% gel. # 15.5 5 1/2" production casing @ 4488' with 175 sacks EA-2. Port Collar @ 1644'.

Samples: 3650' to RTD 10' Wet & Dry

Drilling Time: 3650' to RTD

Electric Logs: Pioneer-Full Sweep "R. Barnhart"

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

Problems: None

Formation Tops

	American Warrior, Inc. Dinges #1-5 Sec. 5, T19s, R24w 474' FSL & 950' FWL
Formation	
Heebner	3739' -1377
Lansing	3757' -1395
Stark	4063' -1701
BKC	4125' -1763
Marmaton	4135' -1773
Pawnee	4213' -1851
Fort Scott	4291' -1929
Cherokee	4314' -1952
Mississippian	4386' -2024
RTD	4500' -2138
LTD	4500' -2138

Sample Zone Descriptions

- Fort Scott “Lower” (4291’ -1929)** Not Tested
 Limestone tan. Sub crystalline. Fair to good intercrystalline porosity. Absence of show. Slight odor.
- Mississippian Warsaw (4515’ -2005)** Covered in DST #1
 Dolomite tan/grey. Sub crystalline. Good vuggy porosity and fair intercrystalline porosity. Slightly sucrosic. Good stain. Fair saturation. Fair show of free oil. Strong odor.

Drill Stem Tests
 Trilobite Testing Inc.
 "Chuck Smith"

DST #1

Mississippian Warsaw

Interval (4354' – 4412') Anchor Length 58'

IHP	- 2355 #	
IFP	- 30" – BOB in 17 min	80-142 #
ISI	- 45" – ½" return died in 10 min	1151 #
FFP	- 30" – BOB in 23 min	153-185 #
FSIP	- 45" – Surface return throughout	1050 #
FHP	- 2195 #	
BHT	- 121	

Recovery: 140' GIP
 45' GO (40% O) Gravity: 38
 62' GMCO (75% O)
 248' GOCM (25% O)
 62' GMCO (50% O)

Structural Comparison

	American Warrior, Inc. Dinges #1-5 Sec. 5, T19s, R24w 474' FSL & 950' FWL		Vantage Petroleum Popp B #4 Sec. 6, T19s, R24w C W/2 W/2 NE SE		Mull Drilling Co. Borger #2 Sec 5, T19s, R24w C SW SE
Formation					
Heebner	3739' -1377	-13	3732' -1364	-1	3711' -1376
Lansing	3757' -1395	NA	3777' -1409	NA	3753' -1418
Stark	4063' -1701	NA	NA	NA	NA
BKC	4125' -1763	NA	NA	NA	NA
Marmaton	4135' -1773	NA	NA	NA	NA
Pawnee	4213' -1851	-11	4208' -1840	NA	NA
Fort Scott	4291' -1929	-13	4284' -1916	-5	4259' -1924
Cherokee	4314' -1952	-15	4305' -1937	NA	NA
Miss.	4386' -2024	-7	4385' -2017	-6	4353' -2018

Summary

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

Recommended Perforations

Primary: Warsaw	4403’-4410’
Secondary: Fort Scott “Lower”	4308’-4312’
Perf & Squeeze: Warsaw	4418’-4420’

Respectfully Submitted,

Kevin Timson
American Warrior, Inc.



DRILL STEM TEST REPORT

Prepared For: **American Warrior, Inc.**

PO Box 399
Garden City, KS 67846

ATTN: Kevin Timson

Dinges #1-5

S5-19z-24w Ness,KS

Start Date: 2013.05.23 @ 22:29:00

End Date: 2013.05.24 @ 06:39:20

Job Ticket #: 51747 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

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

Printed: 2013.05.29 @ 14:26:50



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

American Warrior, Inc.

S5-19z-24w Ness,KS

PO Box 399
Garden City, KS 67846

Dinges #1-5

Job Ticket: 51747

DST#: 1

ATTN: Kevin Timson

Test Start: 2013.05.23 @ 22:29:00

Tool Information

Drill Pipe:	Length: 4171.00 ft	Diameter: 3.80 inches	Volume: 58.51 bbl	Tool Weight:	2300.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: inches	Volume: 0.00 bbl	Weight set on Packer:	20000.00 lb
Drill Collar:	Length: 187.00 ft	Diameter: 2.25 inches	Volume: 0.92 bbl	Weight to Pull Loose:	78000.00 lb
			<u>Total Volume: 59.43 bbl</u>	Tool Chased	0.00 ft
Drill Pipe Above KB:	31.50 ft			String Weight: Initial	70000.00 lb
Depth to Top Packer:	4354.00 ft			Final	73000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	58.00 ft				
Tool Length:	85.50 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			4327.50	
Shut In Tool	5.00			4332.50	
Hydraulic tool	5.00			4337.50	
Jars	5.00			4342.50	
Safety Joint	2.50			4345.00	
Packer	5.00			4350.00	27.50 Bottom Of Top Packer
Packer	4.00			4354.00	
Stubb	1.00			4355.00	
Recorder	0.00	8018	Inside	4355.00	
Recorder	0.00	6751	Outside	4355.00	
Perforations	21.00			4376.00	
Change Over Sub	1.00			4377.00	
Drill Pipe	31.00			4408.00	
Change Over Sub	1.00			4409.00	
Bullnose	3.00			4412.00	58.00 Bottom Packers & Anchor

Total Tool Length: 85.50



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior, Inc.

S5-19z-24w Ness,KS

PO Box 399
Garden City, KS 67846

Dinges #1-5

Job Ticket: 51747

DST#: 1

ATTN: Kevin Timson

Test Start: 2013.05.23 @ 22:29:00

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: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.19 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3800.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
62.00	GMCO 10g 40m 50o	0.305
248.00	GOCM 10g 25o 65m	2.340
62.00	GMCO 10g 15m 75o	0.870
45.00	GO 60g 40o	0.631
0.00	140' GIP	0.000

Total Length: 417.00 ft Total Volume: 4.146 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

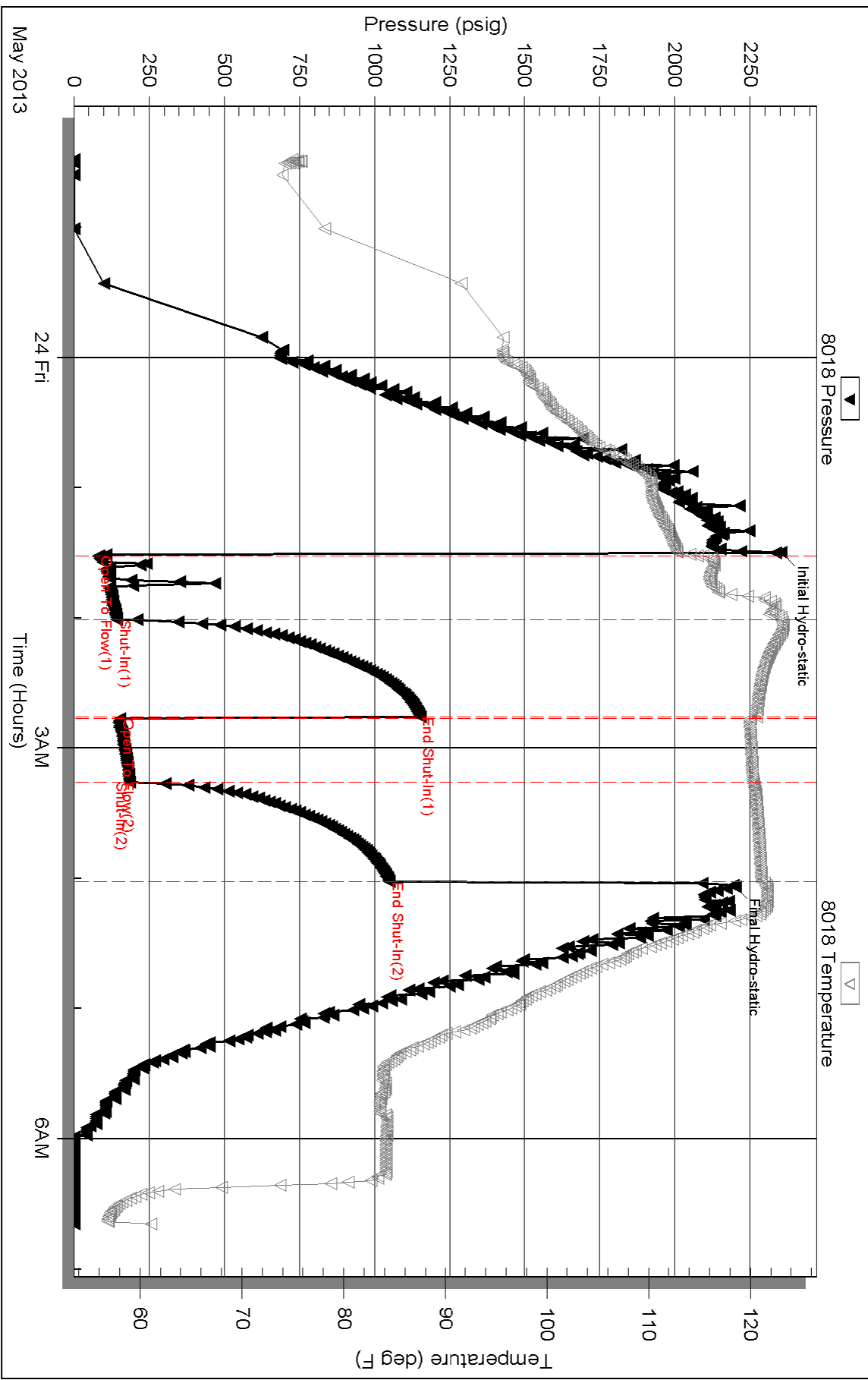
Serial #:

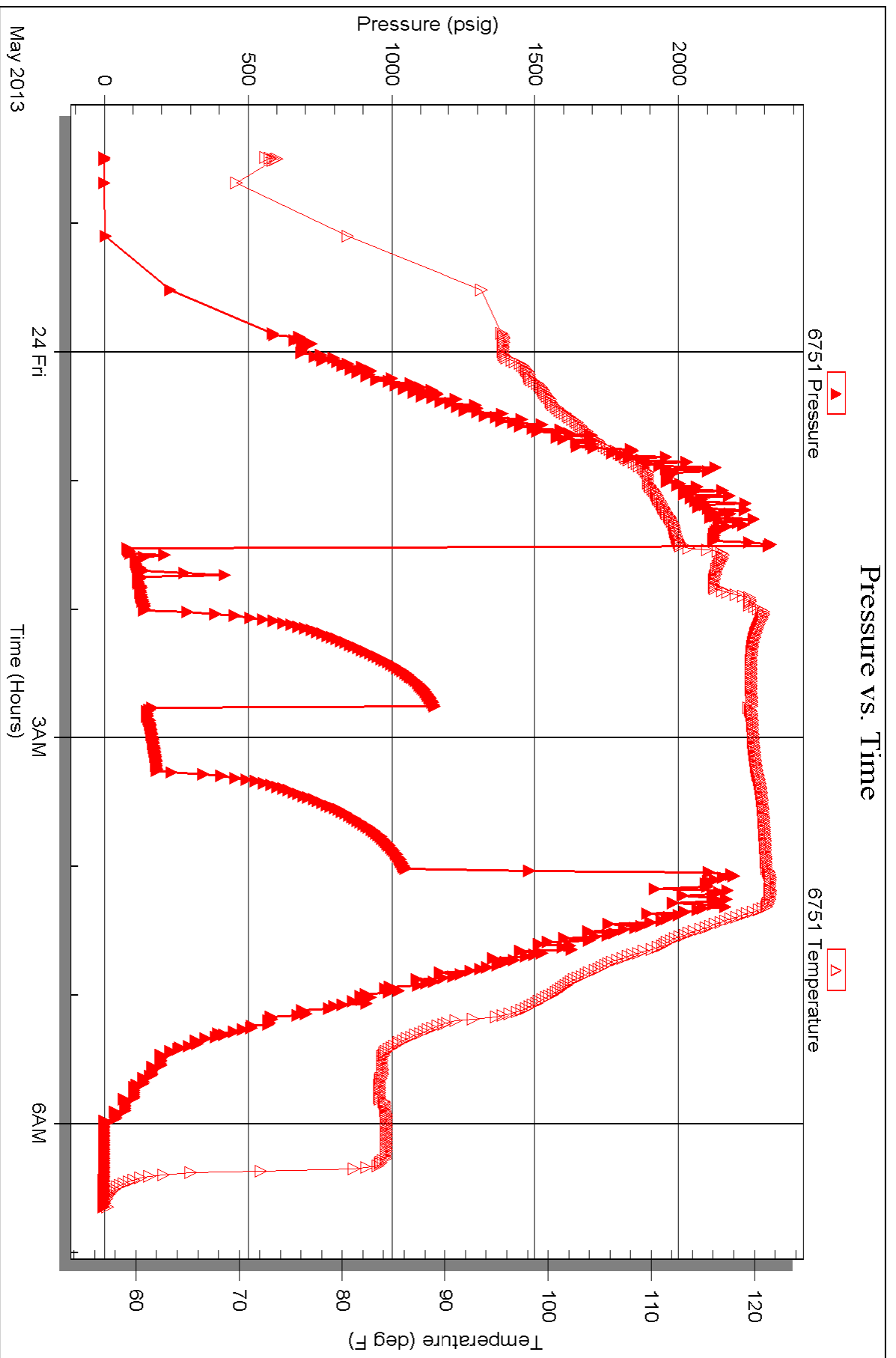
Laboratory Name:

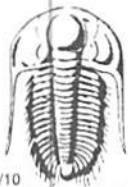
Laboratory Location:

Recovery Comments: API: 38 @ 60 Degrees F = 38.

Pressure vs. Time







TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 51747

Well Name & No. Dinges #1-5 Test No. 1 Date 5-23-13
 Company American Warrior Inc. Elevation 2362 KB 2349 GL
 Address POB 399 Garden City, KS 67846
 Co. Rep / Geo. Kevin Timsen Rig Duke #9
 Location: Sec. 5 Twp. 19 Rge. 24 Co. Ness State Ks

Interval Tested 4354-4412 Zone Tested Mississippian
 Anchor Length 58 Drill Pipe Run 4171 Mud Wt. 9.1
 Top Packer Depth 4350 Drill Collars Run 187 Vis 55
 Bottom Packer Depth 4354 Wt. Pipe Run 0 WL 62
 Total Depth 4412 Chlorides 3800 ppm System LCM 5[#]

Blow Description B.O.B. @ 17 min.
1/2" Return died @ 10 min.
B.O.B. @ 23 min.
Surface return throughout.

Rec	Feet of	%gas	%oil	%water	%mud
<u>45</u>	<u>GO</u>	<u>60</u>	<u>40</u>		
<u>62</u>	<u>GMCO</u>	<u>10</u>	<u>75</u>		<u>15</u>
<u>248</u>	<u>GOCM</u>	<u>10</u>	<u>25</u>		<u>65</u>
<u>62</u>	<u>GMCO</u>	<u>10</u>	<u>50</u>		<u>40</u>
<u>Rec</u>	<u>Feet of 140' GIP</u>	<u>%gas</u>	<u>%oil</u>	<u>%water</u>	<u>%mud</u>

Rec Total 417 BHT 121 Gravity 38 API RW @ °F Chlorides — ppm

(A) Initial Hydrostatic 2355 Test 1250 T-On Location 22:00
 (B) First Initial Flow 80 Jars 250 T-Started 22:29
 (C) First Final Flow 142 Safety Joint 75 T-Open 1:31
 (D) Initial Shut-In 11:51 7551 Circ Sub NIC T-Pulled 4:02
 (E) Second Initial Flow 153 Hourly Standby T-Out 6:39
 (F) Second Final Flow 185 Mileage 106 164.30 Comments
 (G) Final Shut-In 10:50 Sampler
 (H) Final Hydrostatic 2195 Straddle Ruined Shale Packer

Initial Open 30 Shale Packer Ruined Packer
 Initial Shut-In 45 Extra Packer Extra Copies
 Final Flow 30 Extra Recorder Sub Total 0
 Final Shut-In 45 Day Standby Total 1739.30
 Accessibility MP/DST Disc't
 Sub Total 1739.30

Approved By _____ Our Representative Chuck Anid

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.

ALLIED OIL & GAS SERVICES, LLC 060434

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Calnet Band 105

DATE <i>5-14-13</i>	SEC. <i>5</i>	TWP. <i>19s</i>	RANGE <i>24w</i>	CALLED OUT	ON LOCATION	JOB START <i>5:30</i>	JOB FINISH <i>16:30</i>
LEASE <i>Dinges</i>		WELL# <i>1-5</i>		LOCATION <i>Ness City UG 25 3/4W</i>		COUNTY <i>Ness</i>	STATE <i>KS</i>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<i>N 1/2</i>			

CONTRACTOR <i>Duke Drilling #9</i>	
TYPE OF JOB <i>Surface</i>	
HOLE SIZE <i>12 1/4</i>	T.D.
CASING SIZE <i>5 5/8</i>	DEPTH <i>241.54</i>
TUBING SIZE	DEPTH
DRILL PIPE <i>4 1/2</i>	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <i>15 ft</i>	
PERFS.	
DISPLACEMENT <i>14,44 bbls Freshwater</i>	

OWNER			
CEMENT			
AMOUNT ORDERED <i>160 SKS Class A</i>			
<i>34.00 2 1/2 gal</i>			
COMMON	<i>160</i>	@ <i>17.90</i>	<i>2,864.00</i>
POZMIX		@	
GEL	<i>3</i>	@ <i>23.40</i>	<i>70.20</i>
CHLORIDE	<i>5</i>	@ <i>64.00</i>	<i>320.00</i>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<i>173</i>	@ <i>2.48</i>	<i>429.04</i>
MILEAGE	<i>7.89 x 84</i>	<i>2.60</i>	<i>164.11</i>
			TOTAL <i>3,847.35</i>

EQUIPMENT

PUMP TRUCK # <i>366</i>	CEMENTER <i>Dustin Chambers</i>
	HELPER <i>Mike Gatzhorn</i>
BULK TRUCK # <i>341</i>	DRIVER <i>Ben Newell</i>
BULK TRUCK #	DRIVER

REMARKS:
*Break circulation with bit mud
 pump 5 bbls fresh water ahead
 mix 160 SKS Class A 3/4 gal 2 1/2 gal
 Displace 14,44 bbls Freshwater
 & shut in
 Cement and circulation
 plug down 6:00 pm
 Plug Down*

CHARGE TO: *American Warrior*
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE	<i>1512.35</i>		
EXTRA FOOTAGE	@		
MILEAGE	<i>Hum 8</i>	@ <i>7.70</i>	<i>61.60</i>
MANIFOLD	@		
	<i>Lum 8</i>	@ <i>4.40</i>	<i>35.20</i>
	@		
			TOTAL <i>1609.05</i>

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		
			TOTAL _____

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.

PRINTED NAME *X Emigdio Rojas*
 SIGNATURE *X Emigdio Rojas*
Thank You!!

SALES TAX (If Any) _____
 TOTAL CHARGES *5,456.70*
 DISCOUNT *1,364.70* IF PAID IN 30 DAYS
4,092.00



CHARGE TO <i>American Water</i>
ADDRESS
CITY, STATE, ZIP CODE

TICKET
24381

PAGE 1	OF 1
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SERVICE LOCATIONS 1. <i>Lehigh KS</i>	WELL/PROJECT NO. <i>#1-5</i>	LEASE <i>D.ingo</i>	COUNTY/PARISH <i>Lehigh</i>	STATE <i>KS</i>	CITY <i>Ness City</i>	DATE <i>12/10/13</i>	OWNER
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO <i>location</i>	ORDER NO.	
3.	WELL TYPE	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>complet pit & liner</i>	WELL PERMIT NO.	WELL LOCATION <i>44-293E</i>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE	10				6.00	60.00
576D		1			Pump Charge	1				1500.00	1500.00
330		1			SMD cement	130				17.00	2210.00
276		1			float	50				2.00	100.00
290		1			D-1 air	1				42.00	42.00
104		1			Pit collar tool painting	1				250.00	250.00
581		1			Service charge	1				350.00	350.00
582		1			Drainage (m.)	1				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
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	4762.00
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?				TAX	163.73
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	4725.93
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR _____ APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 10/2/13 PAGE NO. 1

CUSTOMER Amesbury WELL NO. 1-5 LEASE Diggs JOB TYPE Cement port collar TICKET NO. 24381

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								175 sk SMD cement w/ 4" flucide 2 3/8" 5 1/2" port collar - 1644
	0830							on loc TPIC 114
	0850		4			1000	1000	test to 1000 - hold open port collar
	0858	3	2			350		inj rate 3bpm @ 350psi
	0900	3				300		mix SMD cement @ 11.2 ppg
		3	6			300		- fluid to surface -
		3	70			400		- cement to surface - 1305' = mixed 20' top 1'
	0925	3	6			400		displace w/ H ₂ O close port collar
	0935					1000	1000	test to 1000 psi - hold
	0940		20					Reverse hole clean - 2 cement plugs -
	0945							wash truck
								Rack up
	1015							job complete thanks Dave Blake & Gideon Gideon Gideon



CHARGE TO: *American Wood*
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
 N° 24422

PAGE 1 OF 2

SERVICE LOCATIONS 1. *Hwy 44* WELL/PROJECT NO. *1-5* LEASE *D. ngs* COUNTY/PARISH *Ness* STATE *Ks* CITY DATE *5-25-13* OWNER
 2. *Des Moines* TICKET TYPE SERVICE SALES CONTRACTOR *Duke* RIG NAME/NO. *9* SHIPPED VIA *air* DELIVERED TO *location* ORDER NO.
 3. WELL TYPE *Oil* WELL CATEGORY *Develop* JOB PURPOSE *5 1/2 long string* WELL PERMIT NO. WELL LOCATION *See S trap 19s R 24...*
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #112	20		mi		6.00	120.00
578		1			Pump Charge long string	1		ea		1500.00	1500.00
221		1			Liquid KCL	2		gal		25.00	50.00
281		1			Mud Flush	500		gal		1.25	625.00
290		1			O.A.R	2		gal		42.00	84.00
402		1			Centrifigers	9		ea	5 1/2	70.00	630.00
403		1			Cement Basket	2		ea		285.00	570.00
404		1			Port Collar	1		ea	5 1/2	2650.00	2650.00
406		1			Latch Down Plug + Baffle	1		ea		275.00	275.00
407		1			Insert Floor Shoe w/ Auto Fill	1		ea		375.00	375.00

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 *Emilio Rojas*
 DATE SIGNED *5-25-13* TIME SIGNED *0530* 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	6879.00
WE UNDERSTOOD AND MET YOUR NEEDS?				P2	4578.75
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR *MB* APPROVAL
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5-25-13 PAGE NO.

CUSTOMER AWI WELL NO. 1-5 LEASE Dingles JOB TYPE 5 1/2 Long string TICKET NO. 24422

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0530							on location
								TD 4500 SJ 21
								TP 4488 Insert 4467
								PC top 67 1644 5 1/2 x 15.50
								centralizers 2, 4, 6, 8, 10, 12, 14, 16, 66
								Basins 3, 67
	0600							Start casing
	0745							Drop Ball Break Circulation
	0835		7/5					Plug BH 30 sks MH 20 sks
	0845	5	12		✓		300	Start mud flush
		5	20		✓		300	Start KCL flush
		5	30		✓		200	Start cement 125 sks
	0905							Drop Plug
								Wash out Pump + Lines
	0907	65					300	Start Displacement
	0925		106.3		✓		700 1500	Land Plug
								Release Dry
								wash up Back up
	1000							Job Complete Thank You Just, Brian, Gordon

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

August 02, 2013

Joe Smith
American Warrior, Inc.
3118 Cummings Rd
PO BOX 399
GARDEN CITY, KS 67846

Re: ACO1
API 15-135-25593-00-00
Dinges 1-5
SW/4 Sec.05-19S-24W
Ness County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Joe Smith