



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1177659
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: _____

1177659

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: 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

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	Seltman 11
Doc ID	1177659

Tops

Name	Top	Datum
Anhydrite	1300	800
Heebner	3532	-1432
Lansing	3576	-1476
Base Kansas City	3896	-1796
Pawnee	3977	-1877
Fort Scott	4040	-1940
Cherokee	4056	-1956
Mississippian	4130	-2030
TD	4172	-2072



DRILL STEM TEST REPORT

Prepared For: **American Warrior Inc**

PO Box 399
Garden City KS 67846

ATTN: Cecil O'Brate

Seltman #11

24-18s-21w Ness,KS

Start Date: 2013.09.03 @ 05:25:20

End Date: 2013.09.03 @ 10:53:44

Job Ticket #: 54807 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2013.09.05 @ 13:30:08



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

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

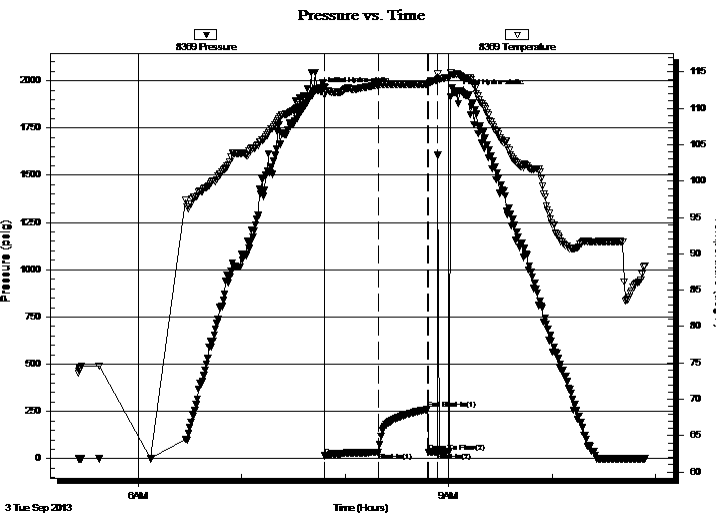
24-18s-21w Ness, KS
Seltman #11
 Job Ticket: 54807 **DST#: 1**
 Test Start: 2013.09.03 @ 05:25:20

GENERAL INFORMATION:

Formation: **Cher "A" Sd**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 07:48:00 Tester: Ray Schwager
 Time Test Ended: 10:53:44 Unit No: 70
 Interval: **4052.00 ft (KB) To 4080.00 ft (KB) (TVD)** Reference Elevations: 2100.00 ft (KB)
 Total Depth: 4080.00 ft (KB) (TVD) 2092.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 8.00 ft

Serial #: 8369 Inside
 Press @ Run Depth: 33.18 psig @ 4053.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.09.03 End Date: 2013.09.03 Last Calib.: 2013.09.03
 Start Time: 05:25:20 End Time: 10:53:44 Time On Btm: 2013.09.03 @ 07:46:15
 Time Off Btm: 2013.09.03 @ 09:04:45

TEST COMMENT: 30-IFP-w k bl thru-out surface to 1/4" bl
 30-ISIP-no bl bk
 10-no bl , flushed tool, got a surface bl after flush
 pulled tool



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1943.93	112.77	Initial Hydro-static
2	15.96	111.83	Open To Flow (1)
33	33.18	113.20	Shut-In(1)
62	261.56	113.34	End Shut-In(1)
62	34.64	113.32	Open To Flow (2)
68	35.72	113.86	Shut-In(2)
79	1933.00	114.69	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
45.00	Mud w / slight show of oil	0.36

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

24-18s-21w Ness, KS
Seltman #11
Job Ticket: 54807 **DST#: 1**
Test Start: 2013.09.03 @ 05:25:20

Tool Information

Drill Pipe:	Length: 4024.00 ft	Diameter: 3.80 inches	Volume: 56.45 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: 30.00 ft	Diameter: 2.25 inches	Volume: 0.15 bbl	Weight to Pull Loose: 75000.00 lb
			<u>Total Volume: 56.60 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	30.00 ft			String Weight: Initial 65000.00 lb
Depth to Top Packer:	4052.00 ft			Final 65000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	28.00 ft			
Tool Length:	56.00 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			4025.00	
Shut In Tool	5.00			4030.00	
Hydraulic tool	5.00			4035.00	
Jars	5.00			4040.00	
Safety Joint	2.00			4042.00	
Packer	5.00			4047.00	28.00 Bottom Of Top Packer
Packer	5.00			4052.00	
Stubb	1.00			4053.00	
Recorder	0.00	8369	Inside	4053.00	
Recorder	0.00	8700	Outside	4053.00	
Perforations	24.00			4077.00	
Bullnose	3.00			4080.00	28.00 Bottom Packers & Anchor

Total Tool Length: 56.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

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

24-18s-21w Ness, KS
Seltman #11
Job Ticket: 54807 **DST#: 1**
Test Start: 2013.09.03 @ 05:25:20

Mud and Cushion Information

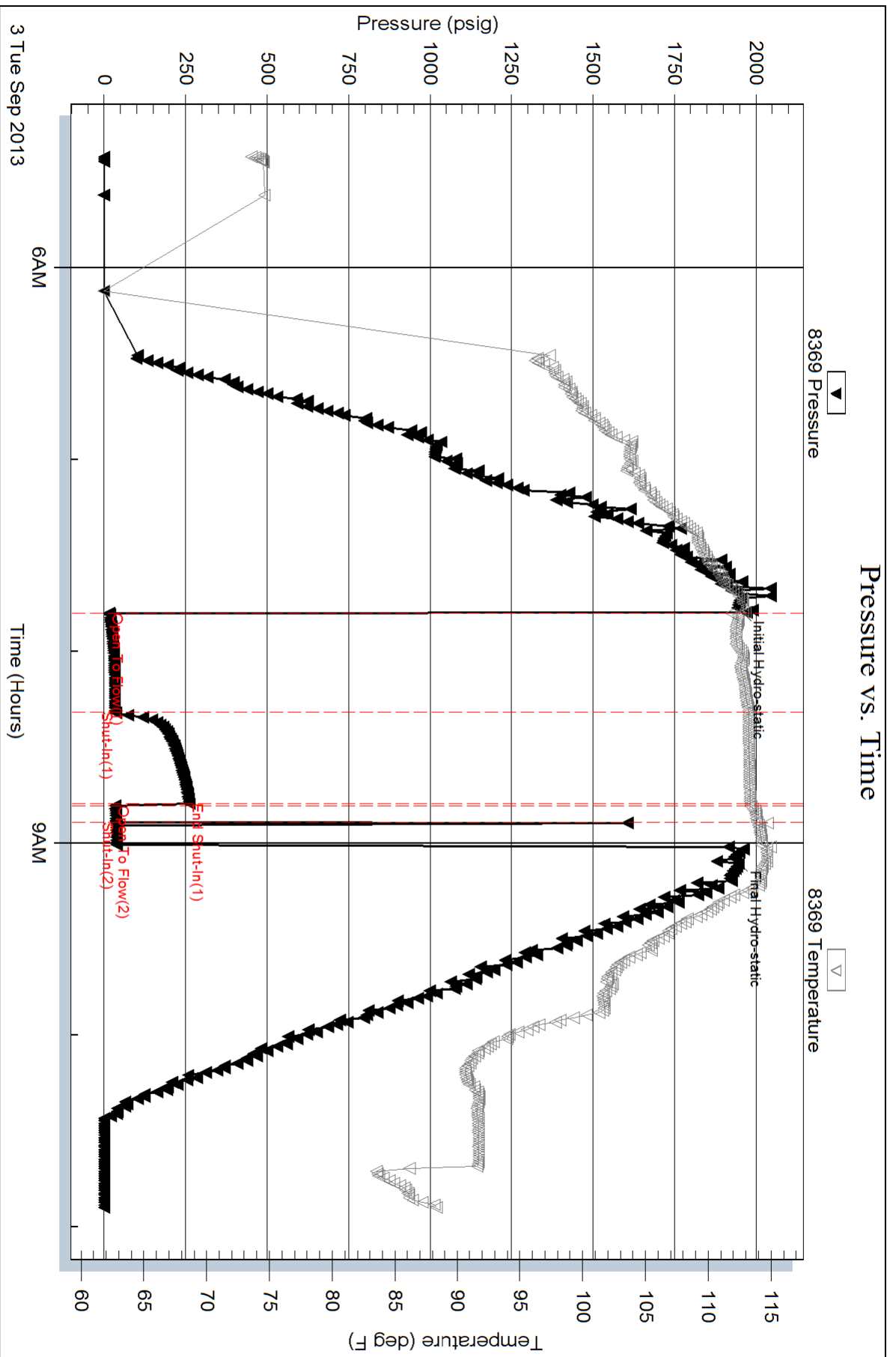
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 56.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.38 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 3600.00 ppm			
Filter Cake: 1.00 inches			

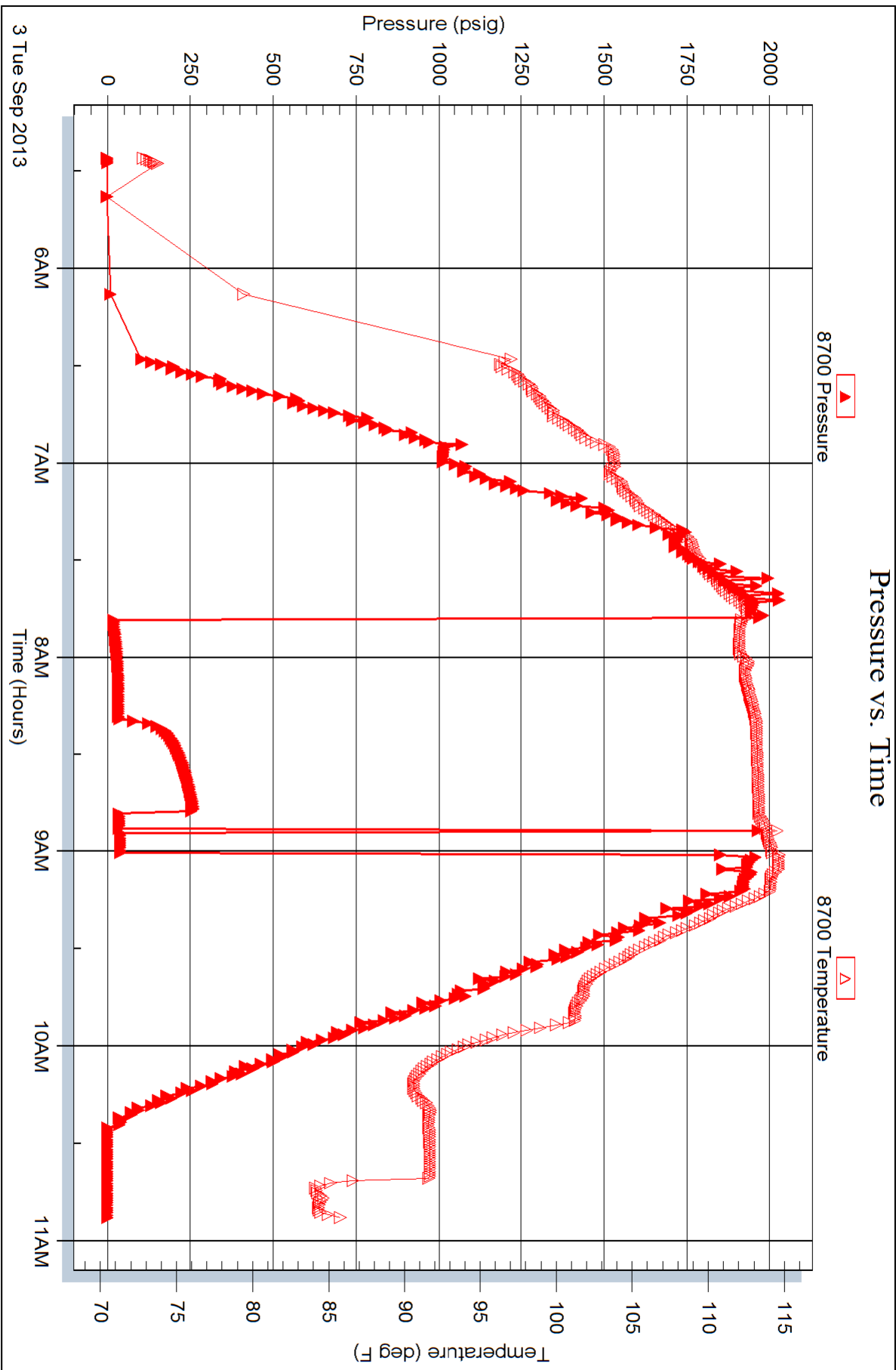
Recovery Information

Recovery Table

Length ft	Description	Volume bbl
45.00	Mud w / slight show of oil	0.358

Total Length: 45.00 ft Total Volume: 0.358 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:







TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 54807

Well Name & No. SelTman #11 Test No. 1 Date 9-3-18
 Company AMERICAN WARRIOR Inc Elevation 2100 KB 2092 GL
 Address PO Box 399 Garden City, Ks 67846
 Co. Rep / Geo. JASON ALM Rig DISCOVERY 1193
 Location: Sec. 24 Twp. 18^s Rge. 21^w Co. Ness State Ks

Interval Tested 4052-4080 Zone Tested Cher "A" sd.
 Anchor Length 28 Drill Pipe Run 4024 Mud Wt. 9.1
 Top Packer Depth 4047 Drill Collars Run 30 Vis 56
 Bottom Packer Depth 4052 Wt. Pipe Run - WL 7.4
 Total Depth 4080 Chlorides 3600 ppm System LCM 2#
 Blow Description I FP - WEAK BLOW THRU-OUT SURFACE TO 1/4" BLOW
ISIP - NO BLOW
FFP - NO BLOW, FLUSHED TOOL, GOT A SURFACE BLOW

Rec	Feet of	%gas	%oil	%water	%mud
<u>45</u>	<u>Mud</u>				
	<u>w/ slight show of oil</u>				

Rec Total 45 BHT _____ Gravity - API RW - @ -° F Chlorides _____ ppm

(A) Initial Hydrostatic <u>1943</u>	<input checked="" type="checkbox"/> Test 1250	T-On Location <u>0355</u>
(B) First Initial Flow <u>15</u>	<input checked="" type="checkbox"/> Jars 250	T-Started <u>0525</u>
(C) First Final Flow <u>33</u>	<input checked="" type="checkbox"/> Safety Joint 75	T-Open <u>0750</u>
(D) Initial Shut-In <u>261</u>	<input type="checkbox"/> Circ Sub _____	T-Pulled <u>0900</u>
(E) Second Initial Flow <u>34</u>	<input type="checkbox"/> Hourly Standby _____	T-Out <u>1053</u>
(F) Second Final Flow <u>35</u>	<input checked="" type="checkbox"/> Mileage <u>100 RT</u> 155	Comments _____
(G) Final Shut-In <u>-</u>	<input type="checkbox"/> Sampler _____	
(H) Final Hydrostatic <u>1933</u>	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Shale Packer _____
	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Packer _____
Initial Open <u>30</u>	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Extra Copies _____
Initial Shut-In <u>30</u>	<input type="checkbox"/> Extra Recorder _____	Sub Total <u>0</u>
Final Flow <u>10</u>	<input type="checkbox"/> Day Standby _____	Total <u>1730</u>
Final Shut-In <u>OUT</u>	<input type="checkbox"/> Accessibility _____	MP/DST Disc't _____
	Sub Total <u>1730</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.

Geological Report

American Warrior, Inc.

Seltman #11

440' FSL & 440' FWL

Sec. 24 T18s R21w

Ness County, Kansas



American Warrior, Inc.

General Data

Well Data: American Warrior, Inc.
Seltman #11
440' FSL & 440' FWL
Sec. 24 T18s R21w
Ness County, Kansas
API # 15-135-25455-0000

Drilling Contractor: Discovery Drilling Co., Inc. Rig #3

Geologist: Jason T Alm

Spud Date: August 28, 2013

Completion Date: September 3, 2013

Elevation: 2092' Ground Level
2100' Kelly Bushing

Directions: Alexander KS, West 3 Mi. North 1/4 mi. along
lease rd. West and South into location.

Casing: 1309' 8 5/8" surface casing
4171' 5 1/2" production casing

Samples: 10' wet and dry, 3800' to RTD

Drilling Time: 3500' to RTD

Electric Logs: Pioneer Energy Services "Daylan Kerr"
CNL/CNL, DIL

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

Problems: None

Remarks: None

Structural Comparison

	American Warrior, Inc. Seltman #11 Sec. 24 T18s R21w 440' FSL & 440' FWL	American Warrior, Inc. Seltman #9 Sec. 24 T18s R21w 1455' FSL & 850' FWL	American Warrior, Inc. Seltman #10 Sec. 25 T18s R21w 720' FNL & 1100' FWL
Formation			
Anhydrite	1300', +800	1297', +798	1293', +802
Base	1330', +770	1328', +767	1327', +768
Heebner	3532', -1432	3528', -1433	3538', -1443
Lansing	3576', -1476	3572', -1477	3581', -1486
BKc	3896', -1796	3892', -1797	3898', -1803
Pawnee	3977', -1877	3973', -1878	3984', -1889
Fort Scott	4040', -1940	4034', -1939	4046', -1951
Cherokee	4056', -1956	4051', -1956	4061', -1966
Mississippian	4130', -2030	4131', -2036	4134', -2039

Summary

The location for the Seltman #11 was found via 3-D seismic survey. The new well ran structurally as expected via the survey. One drill stem test was conducted which was inconclusive. After all gathered data had been examined the decision was made to run 5 ½ inch production casing later convert the Seltman #11 into an injection well for a waterflood project.

Recommended Perforations

Cherokee A Sand: (4066' – 4072') DST #1

Respectfully Submitted,

Jason T Alm
Hard Rock Consulting, Inc.



Services, Inc.

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

TICKET 25501

PAGE 1 OF

1. SERVICE LOCATIONS: NESS CITY, KS

2. WELL PROJECT NO: SELETTMAN 11-3

3. LEASE: NESS

4. RIG NAME/NO: NESS

WELL TYPE: SERVICE SALES

CONTRACTOR: DISCOVERY DRILLING #3

WELL CATEGORY: PRODUCTION

JOB PURPOSE: CEMENT 8 5/8

WELL PERMIT NO:

DATE: 29 AUG 13

ORDER NO:

WELL LOCATION: SE 11 T10

INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE # 115	20	MI			6.00	120.00
571 & D					PUMP CHARGE	1	HR			1500.00	1500.00
4109					CENTRALIZERS/TURBOLIZERS	3	EA			100.00	300.00
412					BARREL PLAT	1	EA			185.00	185.00
41D					TOP PLUG	1	EA			140.00	140.00
281					MUD FLUSH	5	DR			1.00	5.00
221					LIQUID KEL	2	BA			85.00	170.00
29D					DAIR	4	BA			42.00	168.00
276					ROCKE	11	DR			2.00	22.00
33D					SMD CEMENT	4	STX			17.00	68.00
581					CEMENT SERVICE CHARGE	4	STX			2.00	8.00
583					DRAQAGE	4	STX			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: 30 AUG 13

TIME SIGNED: 0110

SWIFT OPERATOR: [Signature]

APPROVAL: [Signature]

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREADDOWN?

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? YES NO

CUSTOMER DID NOT WISH TO RESPOND

TOTAL

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

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 29 AUG 73 PAGE NO.

CUSTOMER AMERICAN WARRIOR

WELL NO.

LEASE SELTMAN 11-3

JOB TYPE CEMENT 8 5/8

TICKET NO. 25561

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2100							DN LOCATION
								START PIRE 8 5/8 23 ^B
								RTDE 1310 SET @ 1309
								SHOE JT. 23.60'
								CENTRALIZERS. 1, 5, 26
	2332							CIRCULATE.
	2353	6	12		✓		400	Pump 500 gal MUD FLUSH
		6	20		✓			Pump 20 Bar KCL FLUSH
	2358				✓			MIX 8 SMD CEMENT
		6	47					100 sx @ 11.8 ppb.
		6	57					150 sx @ 12.5 ppb.
		6	34					100 sx @ 13 ppb.
		6	20					75 sx @ 14.5 ppb.
	0026							WASH OUT Pump & LINES
	0029	6			✓			START DISPLACING PLUG
	0043	8	42 1/2		✓		400	PLUG DOWN - SHUT IN
	0045							WASH TRUCK
	0115							JOB COMPLETE
								THANKS # 115
								JASON JEFF WAYNE



Services, Inc.

CHARGE TO: American Water Inc
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET # 24020

PAGE 1 OF 2

SERVICE LOCATIONS
 1. *Hay's Ks.* WELLS/PROJECT NO. *211* LEASE *Sillman* COUNTY/PARISH *Ness* STATE *KS* CITY
 2. *Ness City, Ks.* TICKET TYPE SERVICE CONTRACTOR *Discovey P&G #3* RIG NAME/NO. *Ness* SHIPPED MA *2* DELIVERED TO *Location* DATE *9-4-13* OWNER *same*
 3. WELLS TYPE *Development* WELLS CATEGORY *Development* JOB PURPOSE *Logging* WELLS PERMIT NO.
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT								
575					211	20	mi			6.00	120.00
575				Perp Charge (Logging)		1	ea	4171		1500.00	1500.00
221				KEL		2	gal			25.00	50.00
281				Mud Flush		2	gal			1.65	3.30
290				D-Air		2	gal			42.00	84.00
4102				Coal/analysis		5	mi	5.5		70.00	350.00
403				Basket		1	ea			285.00	285.00
406				LD Plat & Baffle		1	ea			275.00	275.00
407				Turner Plot Shoe w/1111		1	ea			375.00	375.00
419				Rotating Hood		1	ea			200.00	200.00

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 *9-4-13* TIME SIGNED AM PM

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 BREAKDOWN?				3864		
WE UNDERSTOOD AND MET YOUR NEEDS?				4528		
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				8442		
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						

SWIFT OPERATOR *Will Foster* APPROVAL
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES
 Thank You!



Services, Inc.

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

TICKET No 24743

PAGE 1 OF 1

SERVICE LOCATIONS: Now City KS WELLPROJECT NO: 11 LEASE: Sat Mon COUNTY/PARISH: Nevo STATE: KS CITY: Basine DATE: 8 Oct 13 OWNER: 113-01 NFDU 1478

TICKET TYPE: SERVICE SALES CONTRACTOR: Development RIG NAME/NO: Basine DELIVERED TO: Location ORDER NO. 113-01 NFDU 1478

WELL TYPE: D-1 WELL CATEGORY: Development JOB PURPOSE: Basine 88 52 annulus WELL PERMITS NO. 113-01 NFDU 1478

4. REFERRAL LOCATION: 113-01 NFDU 1478 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575					TRV 114	20	mi				6.00	120.00
577					Pump Charge	1	ea				1000.00	1000.00
330					5mS count	125	sk				17.00	2125.00
276					Flare	30	lb				2.00	60.00
290					D-air	1	ea				42.00	42.00
582					Drage (win)	1	ea				250.00	250.00
581					Service charge	125	sk				2.00	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

DATE SIGNED: Scott TIME SIGNED: 1:30 A.M. P.M.

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: 3847.00

TOTAL: 3983.96

SWIFT OPERATOR: MM APPROVAL: MM

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

Thank You!

