



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1228186
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: _____



1228186

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	LH 1-19
Doc ID	1228186

Tops

Name	Top	Datum
Anhydrite	1557	699
Heebner	3719	-1463
Lansing	3763	-1507
Base Kansas City	4033	-1777
Pawnee	4141	-1885
Ft. Scott	4217	-1961
Cherokee	4234	-1978
Mississippian	4309	-2053
TD	4346	-2090

Geological Report

American Warrior, Inc.

LH #1-19

1960' FNL & 2310' FWL

Sec. 19 T17s R21w

Ness County, Kansas



American Warrior, Inc.

General Data

Well Data: American Warrior, Inc.
LH #1-19
1960' FNL & 2310' FWL
Sec. 29 T17s R21w
Ness County, Kansas
API # 15-135-25790-0000

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

Geologist: Jason T Alm

Spud Date: July 25, 2014

Completion Date: August 1, 2014

Elevation: 2248' Ground Level
2256' Kelly Bushing

Directions: Bazine KS, from the intersection of Hwy 96 and
Austin St. North 7 ½ mi. East into location.

Casing: 216' 8 5/8" surface casing
4345' 5 1/2" production casing

Samples: 10' wet and dry, 3950' to RTD

Drilling Time: 3600' to RTD

Electric Logs: None

Drillstem Tests: One, Trilobite Testing, Inc. "Cody Bloedorn"

Problems: None

Remarks: None

Formation Tops

Formation	American Warrior, Inc. LH #1-19 Sec. 19 T17s R21w 1960' FNL & 2310' FWL
Anhydrite	1557', +699
Base	1592', +664
Heebner	3719', -1463
Lansing	3763', -1507
BKc	4033', -1777
Pawnee	4141', -1885
Fort Scott	4217', -1961
Cherokee	4234', -1978
Mississippian	4309', -2053
Osage	4320', -2064
RTD	4346', -2090

Sample Zone Descriptions

Mississippian Osage (4320', -2053): Covered in DST #1

Chert – Dolo – Fine sucrosic crystalline with poor to fair inter-crystalline porosity, very heavy slightly triptolic chert, weathered with good scattered vuggy porosity, light to fair oil stain and saturation, very slight show of free oil, no odor, dull yellow fluorescents, 15 units hotwire.

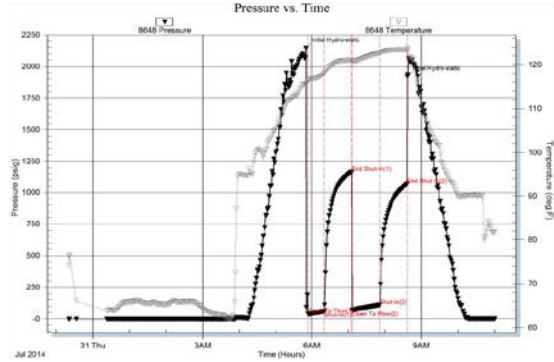
Drill Stem Tests

Trilobite Testing, Inc.
"Cody Bloedorn"

DST #1 Mississippian Osage

Interval (4321' – 4341') Anchor Length 20'

IHP	– 2143 #	
IFP	– 30" – B.O.B. 14 min.	38-60 #
ISI	– 45" – W.S.B.	1165 #
FFP	– 45" – B.O.B. 26 min.	66-109 #
FSI	– 45" – Dead	1068 #
FHP	– 1919 #	
BHT	– 123°F	



Recovery:	310' GIP	
	137' GCO	
	124' GHOCM	50% Oil

Structural Comparison

	American Warrior, Inc. LH #1-19 Sec. 19 T17s R21w 1960' FNL & 2310' FWL	American Warrior, Inc. Elmer's #1-19 Sec. 19 T17s R21w 550' FNL & 1920' FEL		American Warrior, Inc. Carl-Betty #2-19 Sec. 19 T17s R21w 1475' FSL & 2000' FEL	
Formation					
Anhydrite	1557', +699	1572', +701	(-2)	1533', +701	(-2)
Base	1592', +664	1607', +666	(-2)	1566', +668	(-4)
Heebner	3719', -1463	3735', -1462	(-1)	3696', -1462	(-1)
Lansing	3763', -1507	3779', -1506	(-1)	3740', -1506	(-1)
BKc	4033', -1777	4051', -1778	(+1)	4022', -1788	(+11)
Pawnee	4141', -1885	4155', -1882	(-3)	4126', -1892	(+7)
Fort Scott	4217', -1961	4233', -1960	(-1)	4204', -1970	(+9)
Cherokee	4234', -1978	4247', -1974	(-4)	4220', -1986	(+8)
Mississippian	4309', -2053	4322', -2049	(-4)	4314', -2080	(+27)
Osage	4320', -2064	4338', -2065	(+1)	4321', -2087	(+23)

Summary

The location for the LH #1-19 was found via 3-D seismic survey. The new well ran structurally as 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 ½ inch production casing to further evaluate the LH #1-19 well.

Recommended Perforations

Mississippian Osage	(4320' – 4340')	DST #1
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Respectfully Submitted,

Jason T Alm
Hard Rock Consulting, Inc.

ALLIED OIL & GAS SERVICES, LLC 063549

Federal Tax I.D. # 29-0961476

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

SERVICE POINT: Crest Hill KS

DATE <u>7-25-14</u>	SEC. <u>19</u>	TWP. <u>17</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION <u>8pm</u>	JOB START <u>5:30</u>	JOB FINISH <u>9:00</u>
LEASE <u>LH</u>		WELL # <u>119</u>		LOCATION <u>Dazine KS RR 7 1/2 N E 1/4</u>		COUNTY	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR Discovery 3

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 1/2 DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15 ft

PERFS.

DISPLACEMENT 12.00 gal. Fresh water

EQUIPMENT

PUMP TRUCK CEMENTER Jana Ferris

366 HELPER Ben Newell

BULK TRUCK

696739 DRIVER Bob Schwallier

BULK TRUCK

DRIVER

OWNER

CEMENT

AMOUNT ORDERED 160 SK 3 1/2 cc 2 kgel

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

REMARKS:

On bus for company meeting

over the camp break over at the road

Run 2 1/2 gal. Fresh water & 1/2 cc

in 12.00 gal. Fresh water

5:30 to 9:00

8:19

CHARGE TO: American Water

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

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.

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PRINTED NAME X GALEN GASCHIEK

SIGNATURE X Galen Gaschick

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

Date 7-25-14 District _____ Ticket No. 63549
 Company Champion Lubricator Rig Discusory 3
 Lease 64119 Well No. _____
 County _____ State Ks
 Location _____ Field _____

CEMENT DATA:
 Spacer Type: Fresh wti
 Amt. 566 Sk Yield 56 ft³/sk Density _____ PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 7/8 Type 2 Weight 24 Collar Ecc

LEAD: Pump Time THICKEN TIME hrs. Type CLASS A 3% CC 2 1/2 gal
 Excess _____
 Amt. 160 Sk Yield 4.34 ft³/sk Density 15.2 PPG

TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Sk Yield _____ ft³/sk Density _____ PPG
 WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Casing Depths: Top _____ Bottom _____

Pump Trucks Used 366 Bon Newell
 Bulk Equip. 609-239 Zeb Schwallier

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to 160

Floot Equip: Manufacturer 1381 Size 3/4
 Shoe: Type _____ Depth _____
 Floot: Type 6.5 42 Depth 29 1/2

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. .0637 Lin. ft./Bbl. 15.70/100
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. 17
 Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG
 Mud Type .0037 Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER Josh Tszac

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						on loc. - rig up
						had safety meeting
						run 8 7/8 casing
						Break Circ. with rig mud
	0			5	5	Pump 5 bbl fresh wti ahead
	100		43/8	38.18	5	mix 160 ex Class A 3% CC - 2 1/2 gal
	100				5	dump 160 fresh wti
						shot in
						cut did circ
						rig down



Services, Inc.

TICKET 26500

PAGE 1 OF 2

CHARGE TO: American Marine
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

SERVICE LOCATIONS: Goodby KS WELL/PROJECT NO. 1-19 LEASE LH COUNTY/PARISH Need STATE KS CITY Bazine DATE 31 Dec 14 OWNER _____

TICKET TYPE SERVICE SALES CONTRACTOR _____ RIG NAME NO. 3 SHIPPED YES DELIVERED TO Location ORDER NO. _____

WELL TYPE Development WELL CATEGORY Development JOB PURPOSE constant long string WELL PERMIT NO. _____ WELL LOCATION K-17-21

INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT								
575		1			TPK 114	20	m			600	12000
578		1			Pump charges	100				150000	150000
402		1			Centralizer	5	in			2000	35000
403		1			Conn + Basket	2	in			30000	60000
404		1			Port Collet	5	in			N/C	
406		1			Latch down Ply 1/4" x 1/2"	1	in			87500	87500
407		1			Insert Flange sheilds and fill	1	in			37500	37500
408		#			Insert Flange sheilds and fill	1	in			37500	37500

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 _____ 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
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				3220.00
WE UNDERSTOOD AND MET YOUR NEEDS?				5481.00
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				8701.50
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

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

SWIFT OPERATOR _____ APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 3/21/14 PAGE NO. 7

CUSTOMER American Warrior WELL NO. 1-19 LEASE LH JOB TYPE Cement long string TICKET NO. 26500

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								175 sk SA-2 cement w/ 1/2" Flocc C 5 1/2" x 15.5" casing TD: 4346 - 1091 ft Re-cycled Port collar (no rest) Port collar - #74 1521' short 4240' Centralizers 1, 2, 3, 4, 7, 3 Btshot 5, 7
	1800							on loc TRK 114
	1908							start 5 1/2" x 15.5" casing in well
	2100							Drop ball - circulate - ROTATE
	2133	4	32			200		Pump stroke mud flush - 200bbl KCL fluid Plug RH - MH 3054 - 2054
	2145	4	35			200		mix SA-2 cement 125 sk @ 15.3 ppg
								Drop latch down plug Wash out pump & line
	2205	64	95			200		Displace plug
		64	200			750		
	2230	64	103			1400		Land plug
	2233							Release pressure to truck - drier up
	2236							wash truck
								Pack up
	2300							job complete
								Thank Blaine, Flint, & JOHN



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

TICKET CONTINUATION

TICKET No. 26500

CUSTOMER *American Harrier*

WELL LH 1-19

DATE 31 Jul 14 PAGE 21 of 2

285	1	STANDARD cement (50.5#)	175 sk	14.58								
284	1	Calseal	800 lb	35.00		280.00						
283	1	Salt	900 lb	0.20		180.00						
292	1	h/ml - 332	125 lb	8.00		1000.00						
276	1	Flocelco	50 lb	2.58		125.00						
290	1	D-AIR	2 gal	4.00		84.00						
281	1	MudFlsh	50 gal	1.25		625.00						
281	1	RCL Liquid	2 gal	25.00		50.00						
582	1											
581	1											
		Service Charge				200.00						
		Diesel (6.1)	1 gal	250.00		250.00						
		TOTAL WEIGHT	175									
		LOADED MILES										
		CUBIC FEET										
		TON MILES										

5481 28



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

TICKET 26525

PAGE 1 OF

SERVICE LOCATIONS: 1. Ness City, KS WELL/PROJECT NO. 2H-1-19 LEASE Ness COUNTY/TOWNSHIP Ness STATE KS CITY RAZINE, KS. DATE 8 AUG 14 OWNER
 2. ADD OILFIELD SERV. CONTRACTOR ADD OILFIELD SERV. RIG NAME/NO. DEVELOPMENT WELL CATEGORY DEVELOPMENT JOB PURPOSE CEMENT PORT COLLAR SHIPPED VIA DELIVERED TO ORDER NO.
 3. WELL TYPE OIL WELL PERMIT NO. 73N/E 5150 WELL LOCATION
 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	20	mi			6.00	120.00
576D					PUMP CHARGE	1	hr			150.00	150.00
105					PORT COLLAR DEVIATOR TOOL	1	hr			350.00	350.00
276					FLUORE	35	lbs			2.50	87.50
290					D-AIR	1	gal			42.00	42.00
330					SMD CEMENT	140	sq			18.50	2590.00
581					CEMENT SERVICE CHARGE	175	sq			2.00	350.00
582					MINIMUM DRAYAGE	17400	lbs			1.44	250.56

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 AUG 14 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?	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
WE UNDERSTOOD AND MET YOUR NEEDS?				5289
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				
TOTAL				5478.27

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: 8/14/14 PAGE NO.:

CUSTOMER: AMERICAN WARRIOR

WELL NO.:

LEASE: LH 1-19

JOB TYPE: CEMENT PORT COLLAR

TICKET NO. 26525

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0930							DN LOCATION
								PORT COLLAR @ 1521
	1010				✓		1000	TEST - HELD
	1013							OPEN PORT COLLAR
	1020	4	77	✓			300	MIX 14DSX SMD
		3	5	✓			300	DISPLACE CEMENT
								CIRCULATE 20SX TO FIT
	1048				✓		1000	CLOSE PORT COLLAR - TEST - HELD
								RUN 4 JTS.
	1100	4	18		✓		200	REVERSE CLEAN
								WASH TRUCK
	1130							JOB COMPLETE
								THANKS. #115
								JASON DOUG PRESTON



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

American Warrior Inc
3118 Cummings Rd
Garden City KS, 67846
ATTN: Jason Alm

19-17s-2w Ness KS
LH # 1-19
Job Ticket: 59327 **DST#: 1**
Test Start: 2014.07.30 @ 23:20:00

GENERAL INFORMATION:

Formation: **Miss**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 05:53:00
Time Test Ended: 11:00:15
Interval: **4321.00 ft (KB) To 4341.00 ft (KB) (TVD)**
Total Depth: 4341.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Reference Elevations: 2256.00 ft (KB)
2248.00 ft (CF)
KB to GR/CF: 8.00 ft
Test Type: Conventional Bottom Hole (Initial)
Tester: Cody Bloedorn
Unit No: 73

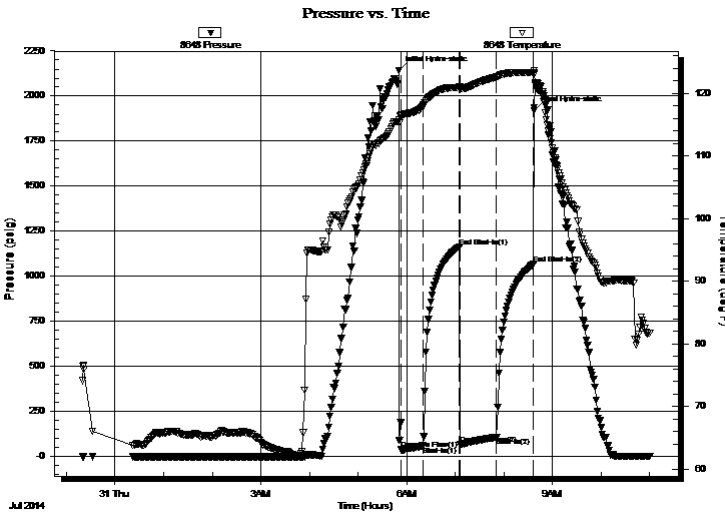
Serial #: 8648

Inside

Press@RunDepth: 108.63 psig @ 4323.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2014.07.30 End Date: 2014.07.31 Last Calib.: 2014.07.31
Start Time: 23:20:05 End Time: 11:00:15 Time On Btm: 2014.07.31 @ 05:50:15
Time Off Btm: 2014.07.31 @ 08:37:00

TEST COMMENT: 30 - IF- B.O.B. in 14 minutes
45 - IS- Surface return, Died in 26 minutes
45 - FF- B.O.B. in 26 minutes
45 - FS- Surface return throughout

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2142.69	115.74	Initial Hydro-static
3	38.95	116.38	Open To Flow (1)
30	59.93	118.00	Shut-In(1)
75	1164.87	121.00	End Shut-In(1)
76	66.35	120.78	Open To Flow (2)
121	108.63	122.62	Shut-In(2)
167	1067.90	123.35	End Shut-In(2)
167	1919.13	123.69	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
124.00	GHOCM, 10%G, 40%M, 50%O	1.47
137.00	GO, 20%G, 80%O	1.92
0.00	310' of G.I.P.	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior Inc
3118 Cummings Rd
Garden City KS, 67846
ATTN: Jason Alm

19-17s-2w Ness KS
LH # 1-19
Job Ticket: 59327 **DST#: 1**
Test Start: 2014.07.30 @ 23:20:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API: 28 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: ppm
Viscosity: 52.00 sec/qt	Cushion Volume: bbl	
Water Loss: 7.80 in ³	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 3800.00 ppm		
Filter Cake: 1.00 inches		

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
124.00	GHOCM, 10%G, 40%M, 50%O	1.466
137.00	GO, 20%G, 80%O	1.922
0.00	310' of G.I.P.	0.000

Total Length: 261.00 ft Total Volume: 3.388 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: 31 @ 90 Degrees = 28 Gravity

