

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs 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 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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	Branda 1-29
Doc ID	1310647

Tops

Name	Top	Datum
Topeka	2610	-786
Heebner	2868	-1044
Toronto	2887	-1074
Douglas	2898	-1074
Lansing	2983	-1159
BKC	3247	-1423
Congl.	3314	-1490
Arbuckle	3334	-1510



Services, Inc.

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

TICKET 28850

PAGE 1 OF 1

WELL/PROJECT NO. 1-29
LEASE BRANDA
CONTRACTOR Discovery Drilling
RIG NAME NO. Rig 3
WELL TYPE Oil
WELL CATEGORY Development
JOB PURPOSE Cement Surface
DATE 5-19-16
ORDER NO.
WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE TRK #	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575					2	113	80	mi			5.00	400.00
5765					2		1	EA			800.00	800.00
290					2		3	Case			42.00	126.00
325					2		250	SA			12.25	3062.50
279					2		5	SYS			25.00	125.00
278					2		7	SYS			40.00	280.00
581					2		250	SA			1.50	375.00
583					2		982	TM			.75	740.25

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: *David Edgerton* TIME SIGNED: 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? YES NO

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: *David Edgerton* APPROVAL:

COUNTRY TAX: *Elsworth 75910*

TOTAL: *6178.26*

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5-19-16 PAGE NO. 1

CUSTOMER American Warrior WELL NO. 1-29 LEASE Branda JOB TYPE Surface TICKET NO. 28850

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	100							On location
								Rtd - 397'
	200							Start Running Csg
	300							Break Circ on Bottom
	310	5	10			200		pump w/ R spacer
	312	5	0			200		START CMT @ 14.7 PPG
		5	55			200		Circ CMT to pit
	325	5	60			200		End CMT
	325	5	0			200		START Disp
	330	5	24			400		End Disp
								- Circulated 100 SKS CMT to pit
								Thanks
								David, Jon H, & Preston



Services, Inc.

TICKET 29527

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

PAGE 1 OF 2

SERVICE LOCATIONS: 1. Haws Ks WELLPROJECT NO. # 1-29 LEASE BRAND Elsworth COUNTY/PARISH Elsworth STATE Ks DATE 5-23-16
 2. Ness City Ks WELLPROJECT NO. # 1-29 LEASE BRAND Elsworth COUNTY/PARISH Elsworth STATE Ks DATE 5-23-16
 3. Oil WELLPROJECT NO. # 1-29 LEASE BRAND Elsworth COUNTY/PARISH Elsworth STATE Ks DATE 5-23-16
 4. Oil WELLPROJECT NO. # 1-29 LEASE BRAND Elsworth COUNTY/PARISH Elsworth STATE Ks DATE 5-23-16

TICKET TYPE: SERVICE SALES CONTRACTOR: D. S. Cooney Drilling RIG NAME/NO. Rig # 3 ORDER NO. 5-23-16
 WELLS TYPE: Oil WELLS CATEGORY: Development JOB PURPOSE: Long String DELIVERED TO: location WELLS LOCATION: location
 INVOICE INSTRUCTIONS: development WELL PERMIT NO.

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE TRAVEL # 113	80	Mi			5.00	400.00
578					Bump Charge - Long String	1	EA			1250.00	1250.00
290					D-Air	3	EA			42.00	126.00
221					liquid Kcl	2	EA			25.00	50.00
281					Mud/Glue/In	500	EA			1.25	625.00
402					Centralizers	8	EA	5/2		60.00	480.00
403					Cement Borecut	1	EA			250.00	250.00
406					Latch Down Plug & Backfill	1	EA			225.00	225.00
407					In sent Floor Shoe w/ Auto Fill	1	EA			300.00	300.00
419					Rotating Head Renter	1	EA			200.00	200.00

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 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 DATE SIGNED: Bob Swallen TIME SIGNED: A.M. P.M.
 SWIFT OPERATOR: David Edgerton APPROVAL:

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

SURVEY: OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE? CUSTOMER DID NOT WISH TO RESPOND

P.1 PAGE TOTAL: 3906 4469 8375 15
 Elsworth County TAB 750/10 448 41
 TOTAL 8818 56

Thank You!

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



Swanton, Inc.

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

TICKET CONTINUATION

TICKET No. 29527

CUSTOMER American Legion

WELL BRANDS 1-29

DATE 5-23-16

PAGE 2 OF 3

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL				UNIT PRICE	AMOUNT		
		LOC	ACCT	DR			QTY	U/M	QTY	U/M				
325						Standard Cont	175	SKS			12	25	2143	75
284						Colored	8	SKS			30	50	240	00
293						Salt	947	lbs			20	00	189	40
292						Loaded 322	123	lbs			8	00	984	00
276						Flacelle	44	lbs			2	25	99	00
581														
SERVICE CHARGE						Cement						50	262	50
MILEAGE CHARGE							18364	TON MILES	734			75	550	50
TOTAL WEIGHT							80							
LOADED MILES														
CUBIC FEET							175							
TOTAL													4469.15	

JOB LOG

SWIFT Services, Inc.

DATE 5-23-16 PAGE NO.

CUSTOMER American Warrior WELL NO. # 1-29 LEASE Branda JOB TYPE Long String TICKET NO. 29527

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1900							On location
								5 1/2 x 15.5 #
								RTD - 3500
								Csg Set @ 3499
								Baffle - 3457
								Centralizers - 1, 3, 5, 7, 9, 11
								Baskets - 8
	2050							Start Running Csg
	2220							Circulate on Bottom
	2250	2.5	7			0		plug Rat Hole - 30 sks
		2.5	5			0		plug Mouse Hole - 20 sks
	2300	6	12			400		pump mud flush
		6	20			400		pump Kcl spacer
	2310		0			400		Start Cmt - 125 sks @ 15.58PPG
	2320		30			0		End Cmt
								Wash P&L
	2320	9	0			300		Start Disp
		9	65			400		Catch Cmt
	2335	7	82			800		land plug land plug - land - 1500 lift - 800
								Thanks David, Jon H. & Austin



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

American Warrior, Inc.

29-15S-10W Ellsworth, KS

3118 Cummings Rd.
PO Box 399
Garden City, KS 67846
ATTN: Luke Thompson

Branda #1-29

Job Ticket: 58081

DST#: 1

Test Start: 2016.05.23 @ 01:44:11

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 08:10:11

Time Test Ended: 14:42:41

Test Type: Conventional Straddle (Initial)

Tester: Brannan Lonsdale

Unit No: 73

Interval: 3337.00 ft (KB) To 3347.00 ft (KB) (TVD)

Reference Elevations: 1824.00 ft (KB)

Total Depth: 3498.00 ft (KB) (TVD)

1816.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 8.00 ft

Serial #: 6839 Outside

Press@RunDepth: 610.56 psig @ 3338.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2016.05.23

End Date:

2016.05.23

Last Calib.:

2016.05.23

Start Time: 01:44:12

End Time:

14:42:41

Time On Btm:

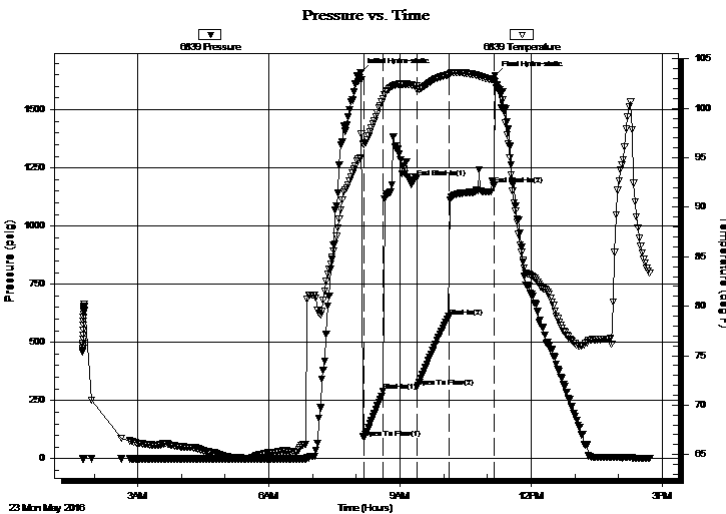
2016.05.23 @ 08:05:41

Time Off Btm:

2016.05.23 @ 11:10:41

TEST COMMENT: 30- IF- BOB 4mins
45- IS- Very weak surface blow died in 3mins
45- FF- BOB 3mins
60- FS- No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1660.46	95.00	Initial Hydro-static
5	89.27	96.35	Open To Flow (1)
31	289.01	100.93	Shut-In(1)
77	1208.27	102.28	End Shut-In(1)
78	308.39	101.88	Open To Flow (2)
121	610.56	103.40	Shut-In(2)
184	1176.48	102.82	End Shut-In(2)
185	1647.77	102.74	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
159.00	WMCO, 20%W 20%M 60%O	1.97
1395.00	SWO, 5%W 95%O	19.77

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

American Warrior, Inc.

29-15S-10W Ellsworth, KS

3118 Cummings Rd.
PO Box 399
Garden City, KS 67846
ATTN: Luke Thompson

Branda #1-29

Job Ticket: 58081

DST#: 1

Test Start: 2016.05.23 @ 01:44:11

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 08:10:11

Time Test Ended: 14:42:41

Test Type: Conventional Straddle (Initial)

Tester: Brannan Lonsdale

Unit No: 73

Interval: 3337.00 ft (KB) To 3347.00 ft (KB) (TVD)

Reference Elevations: 1824.00 ft (KB)

Total Depth: 3498.00 ft (KB) (TVD)

1816.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 8.00 ft

Serial #: 8959 Below (Straddle)

Press@RunDepth: psig @ 3349.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2016.05.23 End Date: 2016.05.23

Last Calib.: 2016.05.23

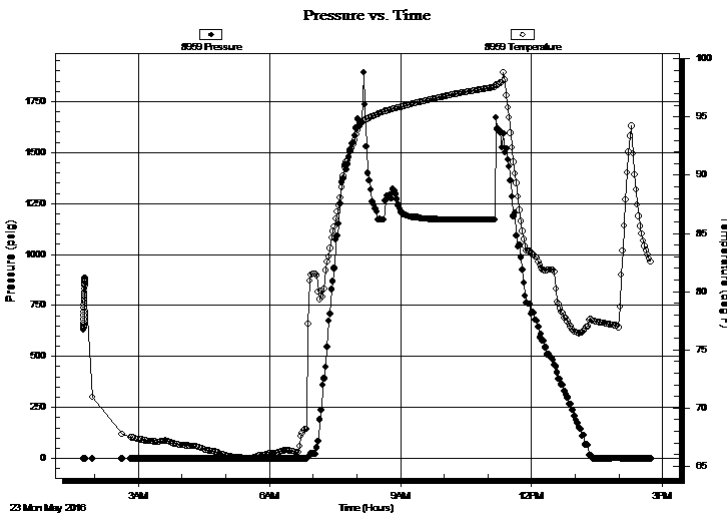
Start Time: 01:44:56 End Time: 14:43:25

Time On Btm:

Time Off Btm:

TEST COMMENT: 30- IF- BOB 4mins
45- IS- Very weak surface blow died in 3mins
45- FF- BOB 3mins
60- FS- No blow

PRESSURE SUMMARY



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

Recovery

Gas Rates

Length (ft)	Description	Volume (bbl)
159.00	WMCO, 20%W 20%M 60%O	1.97
1395.00	SWO, 5%W 95%O	19.77

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior, Inc.

29-15S-10W Ellsworth, KS

3118 Cummings Rd.
PO Box 399
Garden City, KS 67846
ATTN: Luke Thompson

Branda #1-29

Job Ticket: 58081

DST#: 1

Test Start: 2016.05.23 @ 01:44:11

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 52.00 sec/qt
Water Loss: 9.19 in³
Resistivity: ohm.m
Salinity: 6500.00 ppm
Filter Cake: inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 33 deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
159.00	WMCO, 20%W 20%M 60%O	1.967
1395.00	SWO, 5%W 95%O	19.775

Total Length: 1554.00 ft Total Volume: 21.742 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

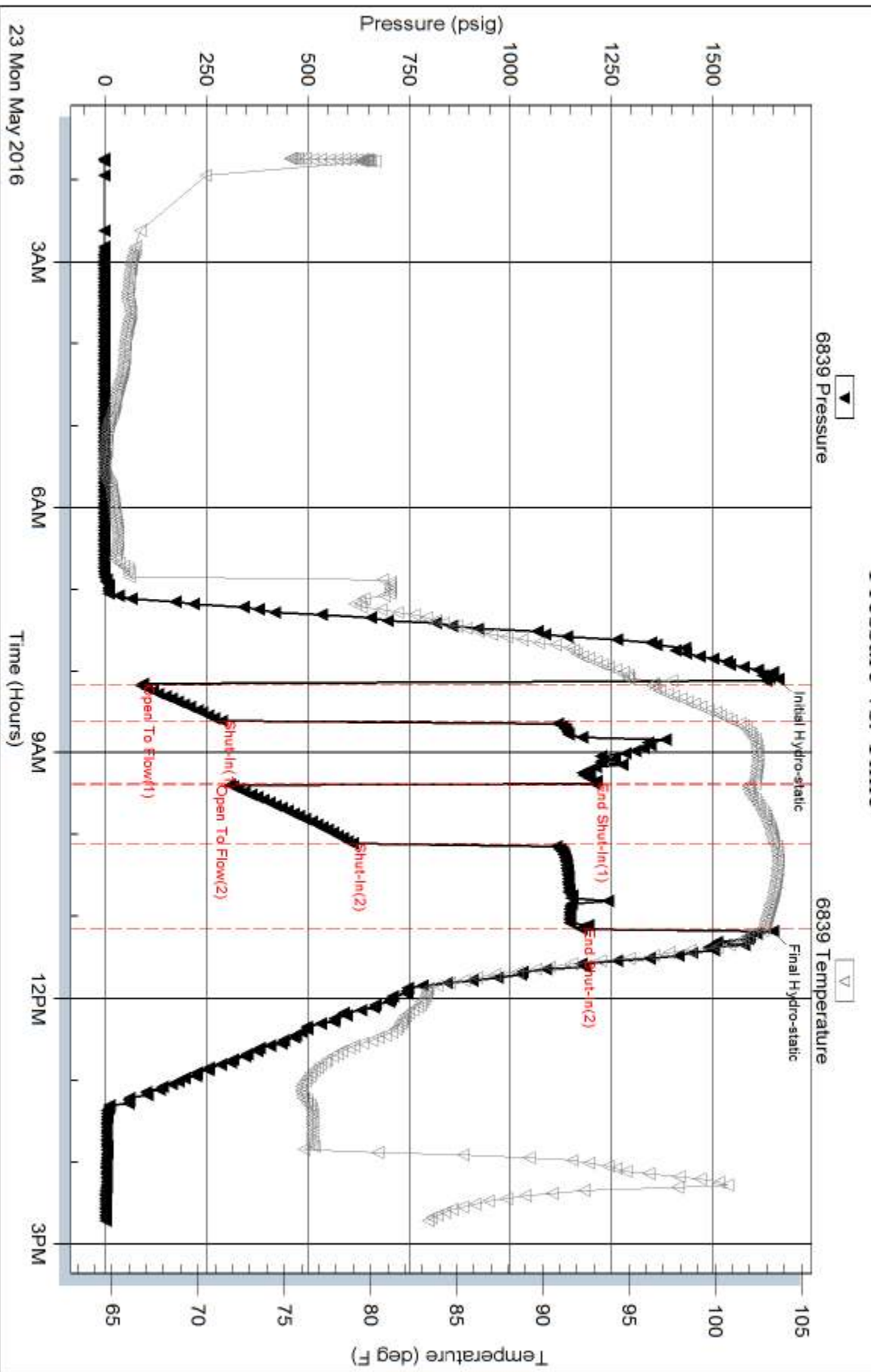
Serial #:

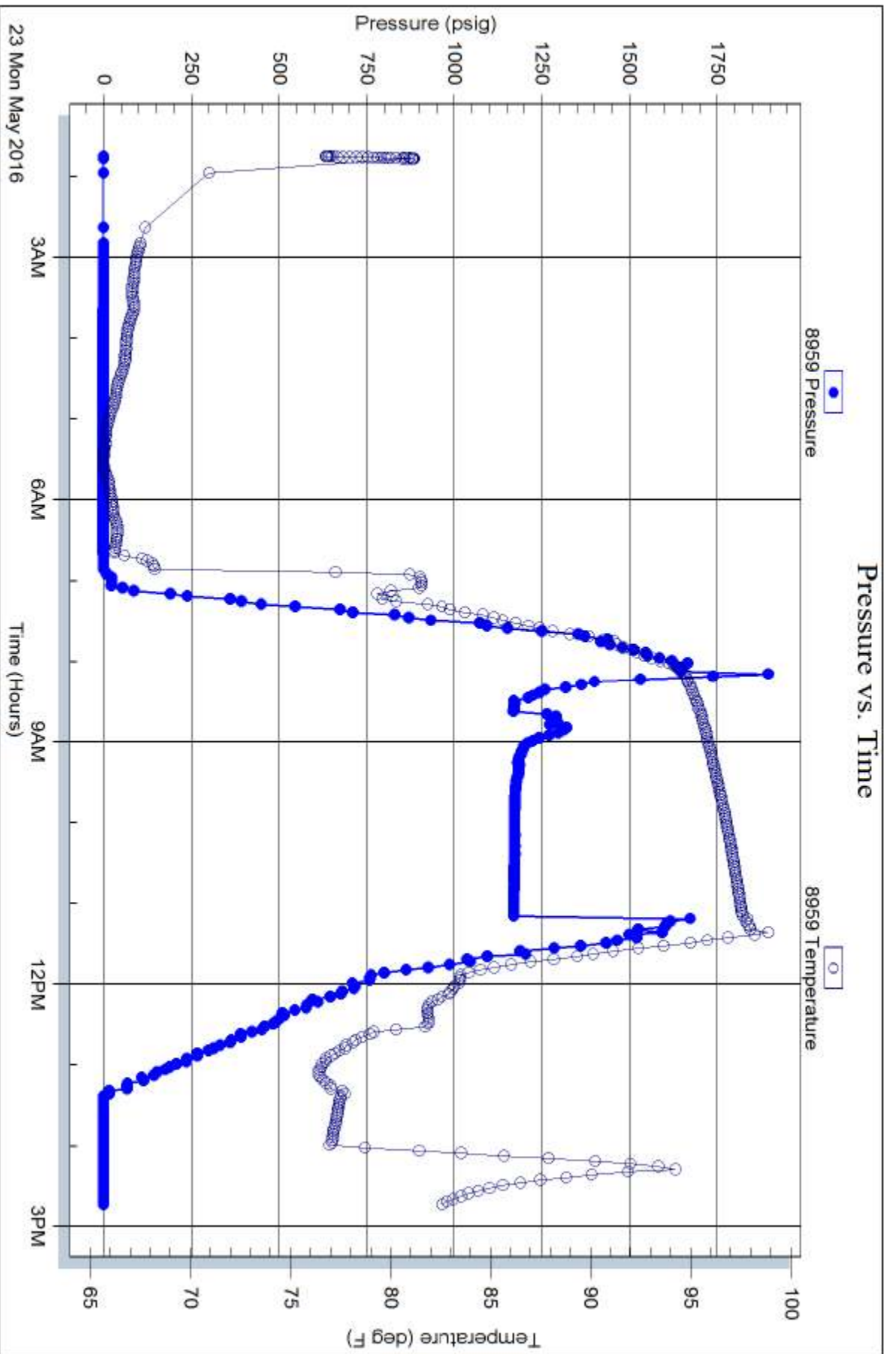
Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time





Geological Report

American Warrior, Inc.

Branda #1-29

837' FSL & 1516' FWL

Sec 29, T15s, R10w

Ellsworth County, Kansas



American Warrior, Inc.

General Data

Well Data: American Warrior, Inc.
Branda #1-29
837' FSL & 1516' FWL
Sec 29, T15s, R10w
Ellsworth County, Kansas
API # 15-053-21347-00-00

Drilling Contractor: Discovery Drilling Rig #3

Geologist: Luke Thompson

Spud Date: May 18, 2016

Completion Date: May 24, 2016

Elevation 1816' G.L.
1824' K.B.

Directions: From Wilson, KS intersection of Old Hwy 40 & Ave. E – Go 0.5 mile South on Ave. E – 3.5 miles South on 105 Rd. – 4.3 miles South on 1st Rd. / 205th St. / NE 160th Ave. to Ave A. – 2 miles East to 3rd Rd. – ¾ miles to Ave. L. – ½ miles west and North into.

Casing: 400' 8 5/8" 28# Surface Casing
3500' 5 1/2" #15.5 Production Casing

Samples: 2600' to RTD 10' Wet & Dry

Drilling Time: 2550' to RTD

Electric Logs: Pioneer Energy Services "D. Schmidt"
Full Sweep

Drillstem Tests: One-Trilobite Testing "Brannan Lonsdale"

Problems: Loggers hit bridge @ 3485'
DST tool slid approx. 2'

Formation Tops

Branda #1-29

837' FSL & 1516' FWL

Sec 29, T15s, R10w

Anhydrite	659' +1165
Base	682' +1142
Topeka	2610' -786
Plattsmouth	2783' -959
Heebner	2868' -1044
Toronto	2887' -1063
Douglas	2898' -1074
Brown Lime	2966' -1142
Lansing	2983' -1159
Stark	3288' -1364
BKC	3247' -1423
Conglomerate	3314' -1490
Arbuckle	3334' -1510
RTD	3500' -1676
LTD	3485' -1661

Sample Zone Descriptions

Arbuckle (3345', -1521): Covered in DST #1

Dolomite, tan, crystalline, sucrosic, slight odor, fair/good inter-crystalline and vuggy porosity, scattered dull gold fluorescence, poor stream cut. Gas 30 units hotwire.

Drill Stem Tests
 Trilobite Testing
 “Brannan Lonsdale”

DST #1 Arbuckle (straddle test)

Interval (3337' – 3347') Anchor Length 10', tail pipe 151'

- IHP - 1660 #
- IFP - 30" – BOB 4 min 89-289 #
- ISI - 45" – wsb dead in 3 min 1208 #
- FFP - 45" – BOB 3 min 308-611 #
- FSIP - 60" – No Return 1176 #
- FHP - 1645 #
- BHT - 103° F

Recovery: 159' WMCO 60% O
 1395' SWCO 95% O

