

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)</i> <i>(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	ABERCROMBIE 1-31
Doc ID	1315414

All Electric Logs Run

Dual IND
Dual comp porosity
Micro
Sonic

Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	ABERCROMBIE 1-31
Doc ID	1315414

Tops

Name	Top	Datum
Topeka	2566	-783
Heebner	2820	-1037
Toronto	2838	-1055
Douglas	2852	-1069
Lansing	2932	-1149
BKC	3206	-1423
Congl.	3256	-1473
Arbuckle	3278	-1495

Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	ABERCROMBIE 1-31
Doc ID	1315414

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	3279-3284	500 gals 20% MCA	3279-3284



CHARGE TO: AMERICAN WARRIOR

ADDRESS

CITY, STATE, ZIP CODE

PAGE 1 OF

SWIFT Services, Inc.

WELL PROJECT NO. **ABERCROMBIE 1-31** COUNTY/PARISH **ELS WORTH** STATE **KS.** CITY **CLAFLIN, KS.** DATE **7 MAY 16** OWNER
 TICKET TYPE SERVICE SALES CONTRACTOR **DISCOVERY DRUG RIG 3** RIG NAME/NO. **WELLS** ORDER NO.
 WELL TYPE **OIL** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **CEMENT 8 5/8 SURFACE** WELL PERMIT NO. WELL LOCATION **N/E 2nd 1/2 Sec 10 Wilson Black Top - 11 1/2 N, N 1/2 T 10**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY.	UM	CITY.	UM	UNIT PRICE	AMOUNT	SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
575			MILEAGE # 115						350.00					
576S			Pump Charge						800.00					
290			D AIR	3	gal				126.00					
279			GEL	5	bx				125.00					
278			CALCIUM CHLORIDE	11	bx				440.00					
325			STANDARD CEMENT	250	sk				3002.50					
581			CEMENT SERVICE CHARGE	250	sk				375.00					
583			CEMENT SERVICE CHARGE DRAINAGE	24550	lbs				644.49					
REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300														5922

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 *Balen Drashler* TIME SIGNED **2300** A.M. P.M.
 DATE SIGNED **7 May 16**

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 YOUR 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

ELSWORTH COUNTY TAX 150 28151

TOTAL 620445

AMERICAN WARRIOR WELL NO. LEASE: **APPRACOMBLE 1-31** JOB TYPE: **CEMENT 8 5/8 SURFACE** TICKET NO. **29286**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS			PRESSURE (PSI)	DESCRIPTION OF OPERATION AND MATERIALS
				T	C	CASING		
203D								DN LOCATION
2130								START PIPE 8 5/8 - 28# RTD @ 407 SET @ 406.
2216								CIRCULATE.
2296	5		600	1				MIX ASD SX STD, 3% CC, 20% GEL
2300	3 1/2	24		1				DISPLACE CEMENT
2300				1				200 SHUT WELL IN
2302								WASH TRUCK
2330								JOB COMPLETE.
								THANKS #115
								JASON DAVE DUSTY



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

WELL PROJECT NO. 1-30
 LEASE Abecrombie
 COUNTY/PARISH
 CITY Ellsworth
 STATE KS
 DATE 5-13-16
 ORDER NO.
 DELIVERED TO location
 WELL LOCATION
 RIG NAME/NO. Rig 3
 JOB PURPOSE Long String
 WELL CATEGORY Development
 WELL TYPE Oil

WELL PERMIT NO.
 OWNER

REFERRAL LOCATION	PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
			LOC	ACCT							
	575		1					70	Mi	5.00	350.00
	575		1		MILEAGE TRK # 113	1	EA	1	EA	1250.00	1250.00
	290		1		Pump Charge - long string	3	GR	3	GR	42.00	126.00
	281		1		D-Air	500	Gal	1	EA	1.25	625.00
	221		1		Mud flush	2	GR	2	GR	25.00	50.00
	400		1		liquid Kcl	6	EA	6	EA	60.00	360.00
	403		1		Centralizers	1	EA	1	EA	250.00	250.00
	406		1		Cement Basket	1	EA	1	EA	225.00	225.00
	407		1		latch down plug & bafile	1	EA	1	EA	300.00	300.00
	419		1		Insert float shoe w/ Auto Kill	1	EA	1	EA	200.00	200.00
					Rotating Head Reel						
SURVEY OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO WE UNDERSTOOD AND MET YOUR NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO YOUR SERVICE WAS PERFORMED WITHOUT DELAY? <input type="checkbox"/> YES <input type="checkbox"/> NO WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND											P.1 PAGE TOTAL 3736 4400 8136 90 90 190

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

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 *Dale Double*
 DATE SIGNED TIME SIGNED
 A.M. P.M.

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

SWIFT Services, Inc.

JOB LOG

CUSTOMER American Harbor

WELL NO. 1-30

LEASE Aberrrombic

JOB TYPE long string

TICKET NO. 28847

DATE 5-13-16 PAGE NO. 1

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS	TUBING	CASING	DESCRIPTION OF OPERATION AND MATERIALS
	6:30						On location
	700						START Running Csg
	830						Line On Bottom
	915	2	4.5	0	0	0	Plug Mouse Hole - 20 sks
	920	5	12	300	0	0	Plug Rat Hole - 20 sks
	920	5	20	300	0	0	Pump mudflush
	925	5	0	300	0	0	Pump Rat Spacer
	935	5	3	0	0	0	START CMT
	940	0	0	0	0	0	Drop plug / Wash P & L
	940	55	80	400	700	0	START CMT
	950						land plug
							lift psi - 700
							land psi - 1300
							Release psi - Dry
							Thanks
							David, Jon H & John I.

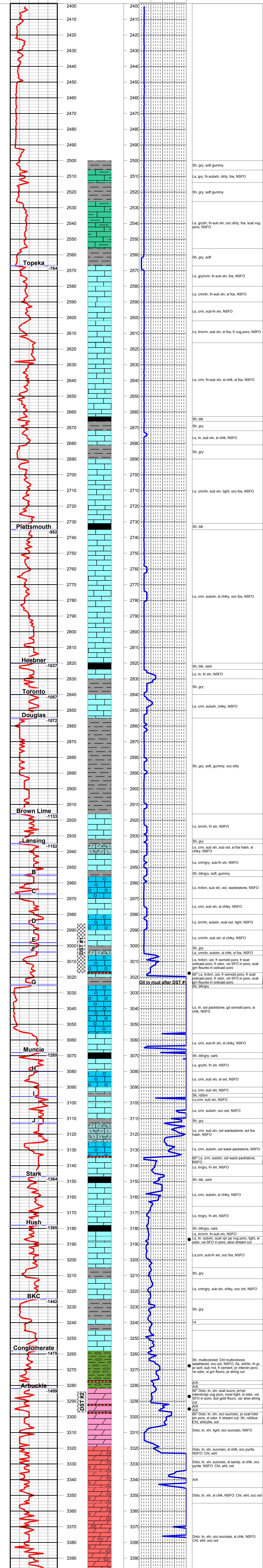


American Warrior, Inc.

Luke Thompson - Geologist
 3118 Cummings Rd
 Garden City, KS 67846
 (620) 275-5067

WELL Abercrombie #1-31	API #: 15-053-21346-00-00	LOCATION: Ellsworth County, KS 290' FNL & 1330' FWL sec. 30, T15s, R10w	Elevation KB: 1783' GL: 1775' Measurements from KB
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Lithology Key Limestone: Oolitic Limestone, Limestone Shale, Silty Limestone, Sandstone, Salt, Siltstone, Sandy Limestone, Dirty Limestone Oolitic Limestone, Limestone Shale, CFS, Carb Shale, Fos Limestone, Conglomerate, Dolomite, Cherty Dolomite		Geologist: Luke Thompson (American Warrior, Inc.) Contractor: Discovery Rig #3 Samples from: 2500' - TD (10' Wet & Dry) Drilling time from: 2400' - TD Geological Supervision from: 2800' - TD Coorelating Log: Charvat #1 (15-053-21183) Surface Casing: 400' Production Casing: 3400' TD: 3400'
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TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

American Warrior, Inc.

31-15S-10W Ellsworth, KS

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

Abercrombie #1-31

Job Ticket: 58079 **DST#: 1**

Test Start: 2016.05.10 @ 19:13:48

GENERAL INFORMATION:

Formation: **Lansing**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 21:56:48

Time Test Ended: 03:26:18

Test Type: Conventional Bottom Hole (Initial)

Tester: Brannan Lonsdale

Unit No: 73

Interval: 2987.00 ft (KB) To 3017.00 ft (KB) (TVD)

Reference Elevations: 1783.00 ft (KB)

Total Depth: 3017.00 ft (KB) (TVD)

1775.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 8.00 ft

Serial #: 6651

Inside

Press@RunDepth: 199.56 psig @ 3014.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2016.05.10

End Date:

2016.05.11

Last Calib.: 2016.05.11

Start Time: 19:13:49

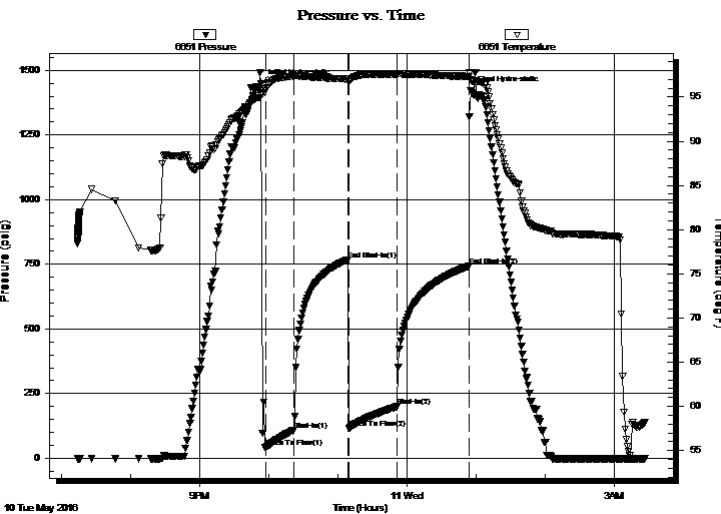
End Time:

03:26:18

Time On Btm: 2016.05.10 @ 21:53:18

Time Off Btm: 2016.05.11 @ 00:55:18

TEST COMMENT: 30- IF- BOB 3mins
45- IS- BOB 39mins
45- FF- BOB instantly
60- FS- BOB 48mins



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1449.32	95.21	Initial Hydro-static
4	42.64	95.74	Open To Flow (1)
29	109.19	97.37	Shut-In(1)
75	768.01	97.04	End Shut-In(1)
76	115.15	96.78	Open To Flow (2)
118	199.56	97.58	Shut-In(2)
181	742.75	97.33	End Shut-In(2)
182	1421.43	96.93	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
317.00	MW, 10%M 90%W	4.21
95.00	GSMCO, 35%G 15%W 10%M 40%O	1.35
0.00	1046' GIP	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior, Inc.

31-15S-10W Ellsworth, KS

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

Abercrombie #1-31

Job Ticket: 58079 **DST#: 1**

Test Start: 2016.05.10 @ 19:13:48

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: 47.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 4900.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
317.00	MW, 10%M 90%W	4.207
95.00	GSWMCO, 35%G 15%W 10%M 40%O	1.347
0.00	1046' GIP	0.000

Total Length: 412.00 ft Total Volume: 5.554 bbl

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

Laboratory Name: Laboratory Location:

Recovery Comments:

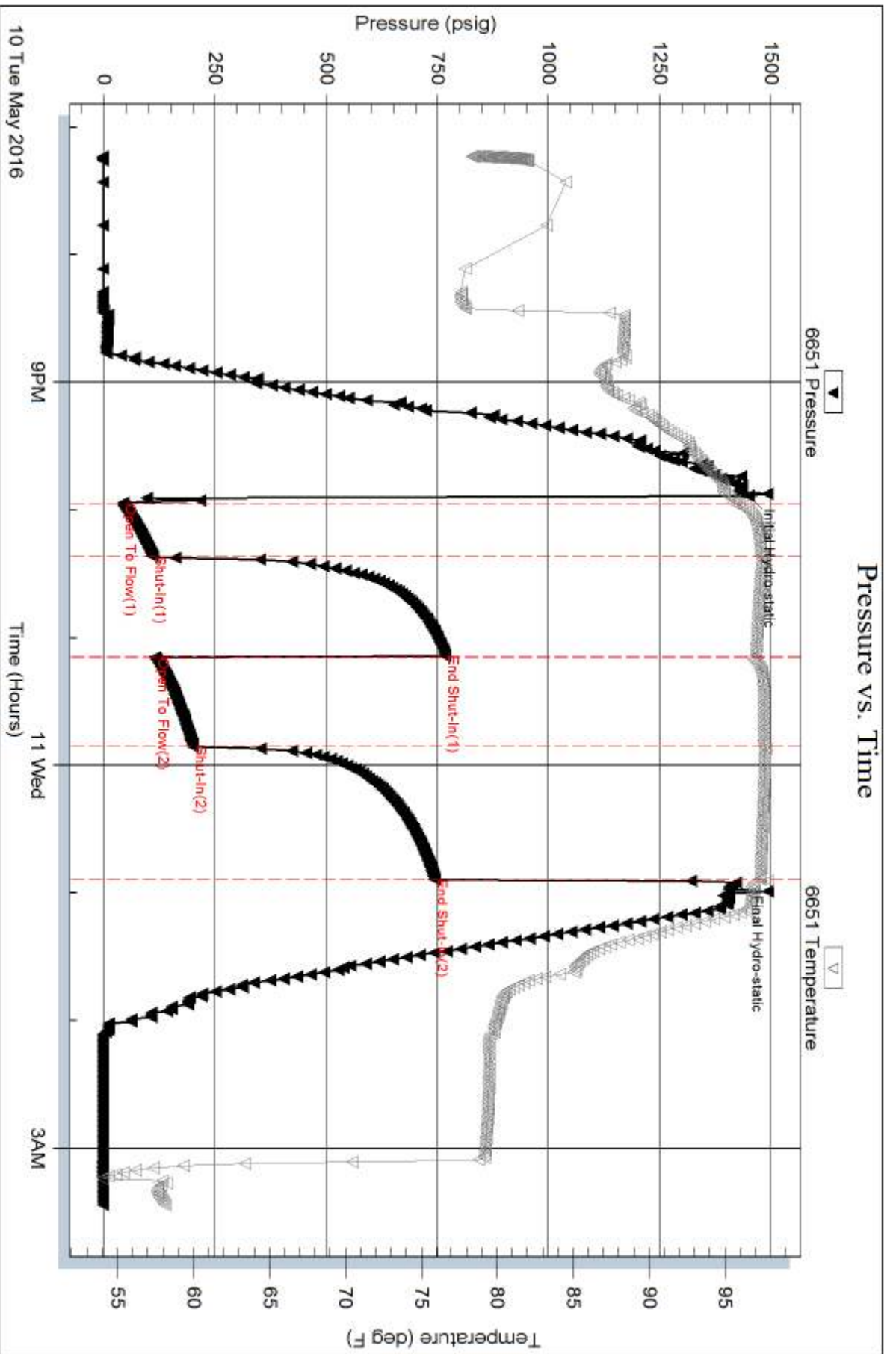
Serial #: 6651

Inside

American Warrior, Inc.

Abercrombie #1-31

DST Test Number: 1





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

American Warrior, Inc.

31-15S-10W Ellsworth, KS

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

Abercrombie #1-31

Job Ticket: 58080 **DST#: 2**

Test Start: 2016.05.12 @ 00:27:04

GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 02:03:04
 Time Test Ended: 06:53:34
 Interval: **3284.00 ft (KB) To 3297.00 ft (KB) (TVD)**
 Total Depth: 3297.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Brannan Lonsdale
 Unit No: 73
 Reference Elevations: 1783.00 ft (KB)
 1775.00 ft (CF)
 KB to GR/CF: 8.00 ft

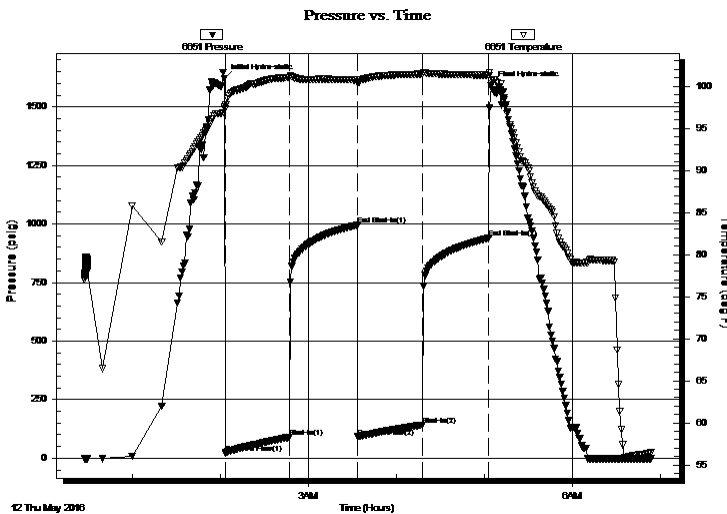
Serial #: 6651

Inside

Press @ Run Depth: 141.84 psig @ 3294.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2016.05.12 End Date: 2016.05.12 Last Calib.: 2016.05.12
 Start Time: 00:27:05 End Time: 06:53:34 Time On Btm: 2016.05.12 @ 02:02:34
 Time Off Btm: 2016.05.12 @ 05:04:34

TEST COMMENT: 45- IF- Slow ly built to 5.5"
 45- IS- No blow
 45- FF- Slow ly built to 5.5"
 45- FS- No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1621.54	97.55	Initial Hydro-static
1	22.09	97.29	Open To Flow (1)
45	90.03	101.04	Shut-In(1)
91	994.74	100.71	End Shut-In(1)
91	91.31	100.34	Open To Flow (2)
135	141.84	101.44	Shut-In(2)
181	939.68	101.27	End Shut-In(2)
182	1590.43	100.68	Final Hydro-static

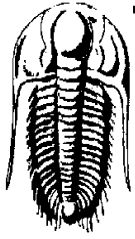
Recovery

Length (ft)	Description	Volume (bbl)
190.00	OCMW, 10%O 10%M 80%W	2.41
63.00	HMWCO, 20%M 40%W 40%O	0.89
48.00	SWMCO, 5%M 5%W 90%O	0.68
0.00	15' GIP	0.00

Gas Rates

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

* Recovery from multiple tests



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

American Warrior, Inc.

31-15S-10W Ellsworth, KS

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

Abercrombie #1-31

Job Ticket: 58080

DST#: 2

Test Start: 2016.05.12 @ 00:27:04

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:03:04

Time Test Ended: 06:53:34

Test Type: Conventional Bottom Hole (Reset)

Tester: Brannan Lonsdale

Unit No: 73

Interval: 3284.00 ft (KB) To 3297.00 ft (KB) (TVD)

Reference Elevations: 1783.00 ft (KB)

Total Depth: 3297.00 ft (KB) (TVD)

1775.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 6839 Outside

Press @ Run Depth: psig @ 3294.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2016.05.12

End Date:

2016.05.12

Last Calib.:

2016.05.12

Start Time: 00:27:44

End Time:

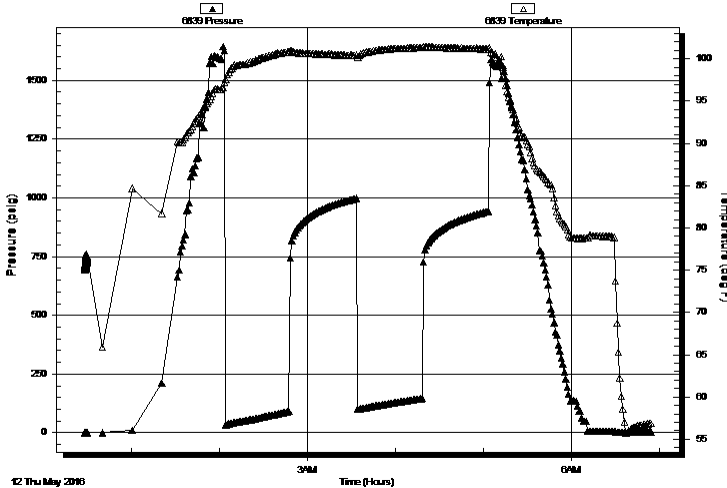
06:54:13

Time On Btm:

Time Off Btm:

TEST COMMENT: 45- IF- Slow ly built to 5.5"
45- IS- No blow
45- FF- Slow ly built to 5.5"
45- FS- No blow

Pressure vs. Time



PRESSURE SUMMARY

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

Recovery

Gas Rates

Length (ft)	Description	Volume (bbl)
190.00	OCMW, 10%O 10%M 80%W	2.41
63.00	HMWCO, 20%M 40%W 40%O	0.89
48.00	SWMCO, 5%M 5%W 90%O	0.68
0.00	15' GIP	0.00

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior, Inc.

31-15S-10W Ellsworth, KS

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

Abercrombie #1-31

Job Ticket: 58080 **DST#: 2**

Test Start: 2016.05.12 @ 00:27:04

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: 17000 ppm
Viscosity: 47.00 sec/qt	Cushion Volume: bbl	
Water Loss: 10.98 in ³	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 5800.00 ppm		
Filter Cake: inches		

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
190.00	OCMW, 10%O 10%M 80%W	2.406
63.00	HMWCO, 20%M 40%W 40%O	0.893
48.00	SWMCO, 5%M 5%W 90%O	0.680
0.00	15' GIP	0.000

Total Length: 301.00 ft Total Volume: 3.979 bbl

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

Laboratory Name: Laboratory Location:

Recovery Comments:

