

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
--	---

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:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	SHRIWISE 1-35
Doc ID	1737653

All Electric Logs Run

BHCS
DIL
DUCP
MEL



TICKET 36646

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

PAGE 1 OF 1

SERVICE LOCATIONS

1. Well/PROJECT NO. *1-36* LEASE *Shawnee* COUNTY/PARISH *Hedgerman* STATE *KS* CITY *Jctmore* DATE *7/17/2003* OWNER
 Ticket Type SERVICE SALES CONTRACTOR *Discovery Dba* RIG NAME/NO.
 2. Well Type *Oil* Well Category *Developers* Job Purpose *Plug to Abandon* Well Permit No.
 3. Referral Location Invoice Instructions *W-INTD*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			U/M	U/M		
<i>575</i>		<i>1</i>			<i>Truck #115</i>		<i>30</i>	<i>mi</i>	<i>8.00</i>	<i>240.00</i>
<i>576D</i>		<i>1</i>			<i>Pump Charge - PTA</i>		<i>1</i>	<i>job</i>	<i>1,200.00</i>	<i>1,200.00</i>
<i>328-4</i>		<i>1</i>			<i>6040 Permox 4.1 gal</i>		<i>250</i>	<i>sk</i>	<i>13.00</i>	<i>3,250.00</i>
<i>276</i>		<i>1</i>			<i>Flocele</i>		<i>75</i>	<i>lbs</i>	<i>4.00</i>	<i>300.00</i>
<i>290</i>		<i>1</i>			<i>D-Air</i>		<i>3</i>	<i>gal</i>	<i>42.00</i>	<i>126.00</i>
<i>410</i>		<i>1</i>			<i>Top Plug</i>		<i>8 7/8</i>	<i>in</i>	<i>1.80</i>	<i>180.00</i>
<i>581</i>		<i>1</i>			<i>Cement Service Charge</i>		<i>250</i>	<i>sk</i>	<i>2.00</i>	<i>500.00</i>
<i>582</i>		<i>1</i>			<i>Minimum Drayage Charge</i>		<i>1</i>	<i>job</i>	<i>350.00</i>	<i>350.00</i>

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 *7/17/2003* TIME SIGNED *5:30* 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? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL *1* TOTAL *6,435.00*

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

SWIFT OPERATOR *Anderson Trucks* APPROVAL *Anderson Trucks*

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 7/7/2023 PAGE NO.

CUSTOMER AMERICAN WARRIOR INC. WELL NO. #1-35 LEASE Shriwise JOB TYPE Plug to Abandon TICKET NO. 36646

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	OP	TUBING	CASING	
	1530				OP			ON LOCATION 4 1/2" DP
	2010							
	2015	3	13		✓			Plug @ 1,560 w/ 50 sks
	2100	3	21		✓			Plug @ 750' w/ 80 sks
	2130	3	13		✓			Plug @ 270' w/ 50 sks
	2230	3	5 1/4		✓			Plug @ 60' w/ 20 sks
	2245	3	5 1/4		✓			Plug MH w/ 20 sks
	2300	3	8		✓			Plug RH w/ 30 sks
	1110							Wash up Truck #115
	1200							Job Complete
								250 sks of 60/40 Pozmix 4% gel 1/4" Flo used
								THANKS!
								Gudeon, Tyler, John



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

PAGE 1 OF 1

TICKET 36646

1. SERVICE LOCATIONS: **Ness City, KS** WELL/PROJECT NO.: **1-36** LEASE: **Shawnee** COUNTY/PARISH: **Hedgerman** STATE: **KS** CITY: **Jctmore** DATE: **7/17/2003** OWNER: **Hedgerman**

2. TICKET TYPE: SERVICE SALES CONTRACTOR: **Discovery Dba** RIG NAME/NO.: **Development** SHIPPED VIA: **CT** DELIVERED TO: **Location** ORDER NO.:

3. WELL TYPE: **Oil** WELL CATEGORY: **Development** JOB PURPOSE: **Plug to Abandon** WELL PERMIT NO.:

4. REFERRAL LOCATION: **W-INTD** INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			U/M	U/M		
575		1			MILEAGE Truck #115	30	mi	8 ⁰⁰	240 ⁰⁰	
576D		1			Pump Charge - PTA	1	job	1,200 ⁰⁰	1,200 ⁰⁰	
328-4		1			6040 Permox 4.1 gal	250	sk	13 ⁰⁰	3,250 ⁰⁰	
276		1			Flocelc	75	lb	4 ⁰⁰	300 ⁰⁰	
290		1			D-Air	3	gal	42 ⁰⁰	126 ⁰⁰	
410		1			Top Plug	8 7/8	in	1 EA	180 ⁰⁰	
581		1			Cement Service Charge	250	sk	2 ⁰⁰	500 ⁰⁰	
582		1			Minimum Drayage Charge	1	job	350 ⁰⁰	350 ⁰⁰	

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

X

DATE SIGNED: **7/17/2003** TIME SIGNED: **5:30** 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? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 1

5996⁰⁰ 6146⁰⁰

Hedgerman 289120

TOTAL

1435 20

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

SWIFT OPERATOR

Anderson Trucks APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 7/7/2023 PAGE NO.

CUSTOMER AMERICAN WARRIOR INC. WELL NO. #1-35 LEASE Shriwise JOB TYPE Plug to Abandon TICKET NO. 36646

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	OP	TUBING	CASING	
	1530				OP			ON LOCATION 4 1/2" DP
	2010							
	2015	3	13		✓			Plug @ 1,560 w/ 50 sks
	2100	3	21		✓			Plug @ 750' w/ 80 sks
	2130	3	13		✓			Plug @ 270' w/ 50 sks
	2230	3	5 1/4		✓			Plug @ 60' w/ 20 sks
	2245	3	5 1/4		✓			Plug MH w/ 20 sks
	2300	3	8		✓			Plug RH w/ 30 sks
	1110							Wash up Truck #115
	1200							Job Complete
								250 sks of 60/40 Pozmix 4% gel 1/4" Flo used
								THANKS!
								Gudeon, Tyler, John



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

TICKET **36642**
 PAGE 1 OF 1

SERVICE LOCATIONS
 1. **Ness City, KS** WELL/PROJECT NO. **#1-35** LEASE **Spruivise** COUNTY/PARISH **Helgeman** STATE **KS** CITY **Jelmore** DATE **6/30/2003** OWNER
 2. SERVICE CONTRACTOR **Discerny Dtg** RIG NAME/NO. **Discerny Dtg** SHIPPED VIA **air** DELIVERED TO **Locarno** ORDER NO.
 3. WELL TYPE **Oil** WELL CATEGORY **Developer** JOB PURPOSE **Surface Pipe** WELL PERMIT NO.
 4. REFERRAL LOCATION **Oil** INVOICE INSTRUCTIONS **W-INTD** WELL LOCATION **Jelmore, 1-W, 34-N**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
576					Truck #115			30	MI		8.00	240.00
576.5					Ramp Charge - Surface			1	JOB		1,200.00	1,200.00
326					STANDARD Cement			150	SKS		16.00	2,400.00
279					Bentonite Gel			3	SKS		50.00	150.00
278					Calcium Chloride			7	SKS		55.00	385.00
290					D-Air			2	gal		42.00	84.00
581					Cement Service Charge			150	SKS		2.00	300.00
582					Minimum Drayage Charge			1	JOB		350.00	350.00

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

DATE SIGNED **6/30/2003** TIME SIGNED **02:00** A.M. P.M.

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 **1** TOTAL **5335.43**

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

SWIFT OPERATOR **Julien Trucks** APPROVAL **Julien Trucks**

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 6/30/2023 PAGE NO. 1

CUSTOMER AMERICAN WARRIOR WELL NO. 1-35 LEASE shriwise JOB TYPE SURFACE PIP TICKET NO. 36642

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
<u>6/30</u>	<u>0130</u>							<u>ON LOCATION 8 5/8"</u>
								<u>RTD: 222'</u>
	<u>0200</u>							<u>START 8 5/8" Csg in Well</u> <u>BREAK CIRCULATION</u>
	<u>0245</u>	<u>3</u>	<u>5</u>		<input checked="" type="checkbox"/>	<u>275</u>		<u>Pump 5 bbl H2O SPACER</u>
	<u>0255</u>	<u>3</u>	<u>36</u>		<input checked="" type="checkbox"/>	<u>250</u>		<u>Mix 150 sks of STANDARD Cement @ 14.7ppg</u>
	<u>0310</u>	<u>3</u>	<u>0</u>		<input checked="" type="checkbox"/>	<u>100</u>		<u>Begin Displacement</u>
		<u>3</u>	<u>9</u>		<input checked="" type="checkbox"/>	<u>300</u>		<u>*CIRCULATE CMT to SURFACE</u>
	<u>0315</u>	<u>-</u>	<u>13</u>		<input checked="" type="checkbox"/>	<u>200</u>		<u>KO Pump - Shut IN</u> <u>-Release PSI * Hold</u>
	<u>0320</u> <u>0345</u>							<u>Wash up Truck #115</u> <u>Job Complete</u>
								<u>150 sks of STANDARD Cement</u> <u>w/ 2% gel, 3% CC used</u> <u>* Approx 15 sks to the Pit *</u>
								<u>"Plug Down" @ 3:15 AM CST</u>
								<u>THANKS!</u> <u>Judean Tyler, Josh</u>



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

American Warrior, INC
P.O. Box 399
Garden City, KS 67846
ATTN: Jason Alm

35-22S-24W Hodgeman, KS

Shriwise #1-35

Job Ticket: 70817

DST#: 1

Test Start: 2023.07.06 @ 13:00:00

GENERAL INFORMATION:

Formation: **Cherokee Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 15:20:00

Time Test Ended: 19:57:15

Test Type: Conventional Bottom Hole (Initial)

Tester: Dustin Day

Unit No: 70

Interval: 4529.00 ft (KB) To 4590.00 ft (KB) (TVD)

Reference Elevations: 2324.00 ft (KB)

Total Depth: 4590.00 ft (KB) (TVD)

2316.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition:

KB to GR/CF: 8.00 ft

Serial #: 6625

Inside

Press@RunDepth: 1082.47 psig @ 4530.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2023.07.06

End Date:

2023.07.06

Last Calib.:

2023.07.06

Start Time: 13:00:05

End Time:

19:57:14

Time On Btm:

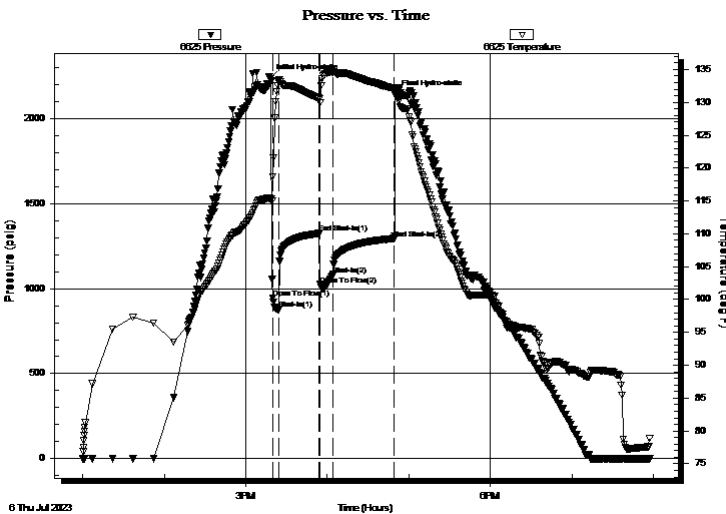
2023.07.06 @ 15:18:00

Time Off Btm:

2023.07.06 @ 16:50:00

TEST COMMENT: IF-5- BOB in 40 sec, built to 109.69"
SI1-30- No return
FF-10- BOB in 30 sec, built to 192.18"
SI2-45- no return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2237.96	115.36	Initial Hydro-static
2	943.56	118.66	Open To Flow (1)
7	880.29	133.32	Shut-In(1)
36	1325.47	130.62	End Shut-In(1)
37	1024.01	129.92	Open To Flow (2)
47	1082.47	134.54	Shut-In(2)
92	1295.32	132.15	End Shut-In(2)
92	2138.90	131.77	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1462.00	w ater 100%	20.23
317.00	MCW 90% w ater 10% mud	4.45
381.00	MW 55% w ater 45% mud	5.34
117.00	SWCM W/Oil spots 5% w ater 95% mud	1.64

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior, INC

35-22S-24W Hodgeman, KS

P.O. Box 399
Garden City, KS 67846

Shriwise #1-35

Job Ticket: 70817

DST#: 1

ATTN: Jason Alm

Test Start: 2023.07.06 @ 13:00:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 49.00 sec/qt
Water Loss: 9.19 in³
Resistivity: ohm.m
Salinity: 6700.00 ppm
Filter Cake: 1.00 inches

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

Oil API: deg API
Water Salinity: 19500 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1462.00	w ater 100%	20.235
317.00	MCW 90% w ater 10% mud	4.447
381.00	MW 55% w ater 45% mud	5.344
117.00	SWCM W/Oil spots 5% w ater 95% mud	1.641

Total Length: 2277.00 ft Total Volume: 31.667 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

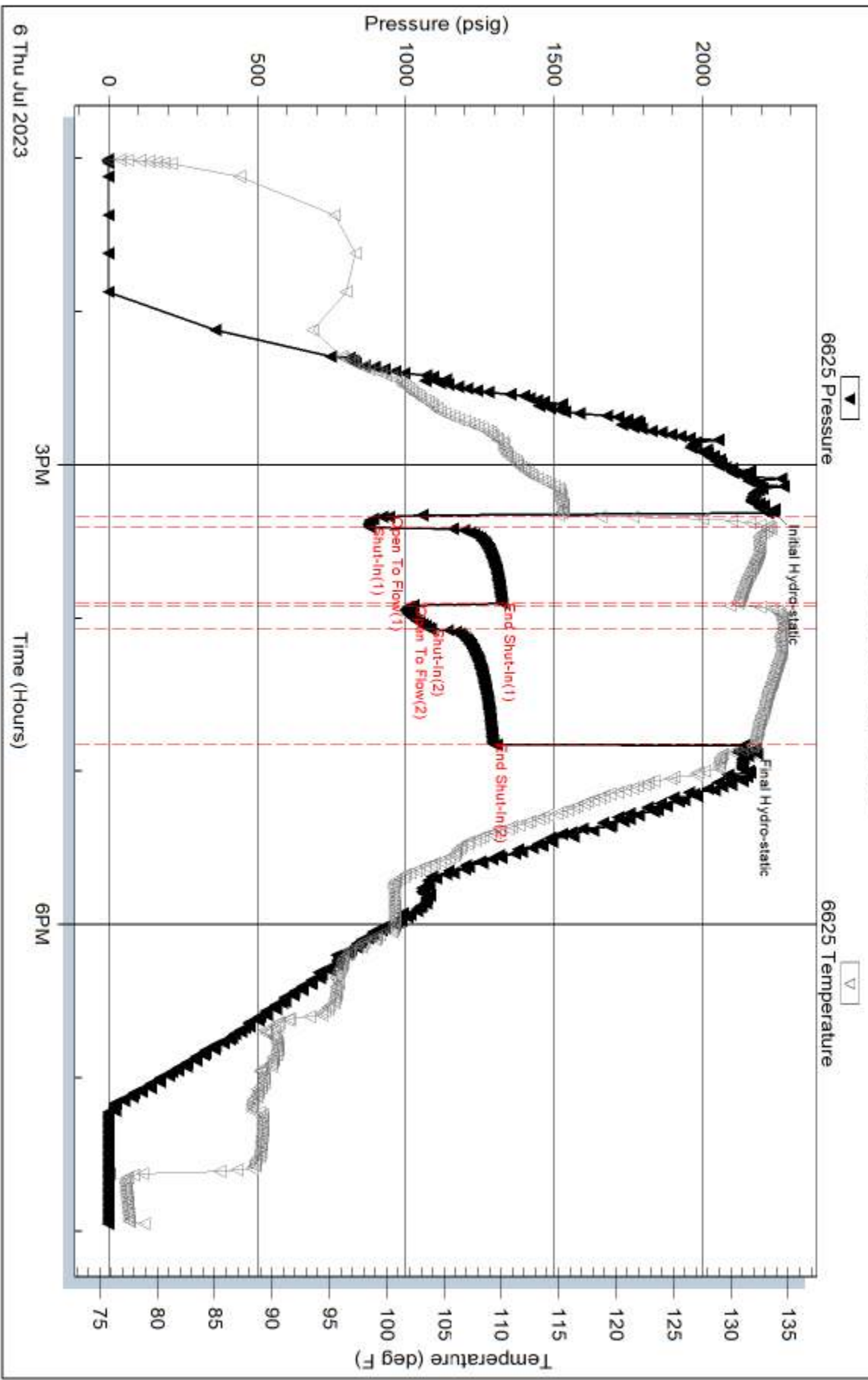
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: 1# LCM

Pressure vs. Time

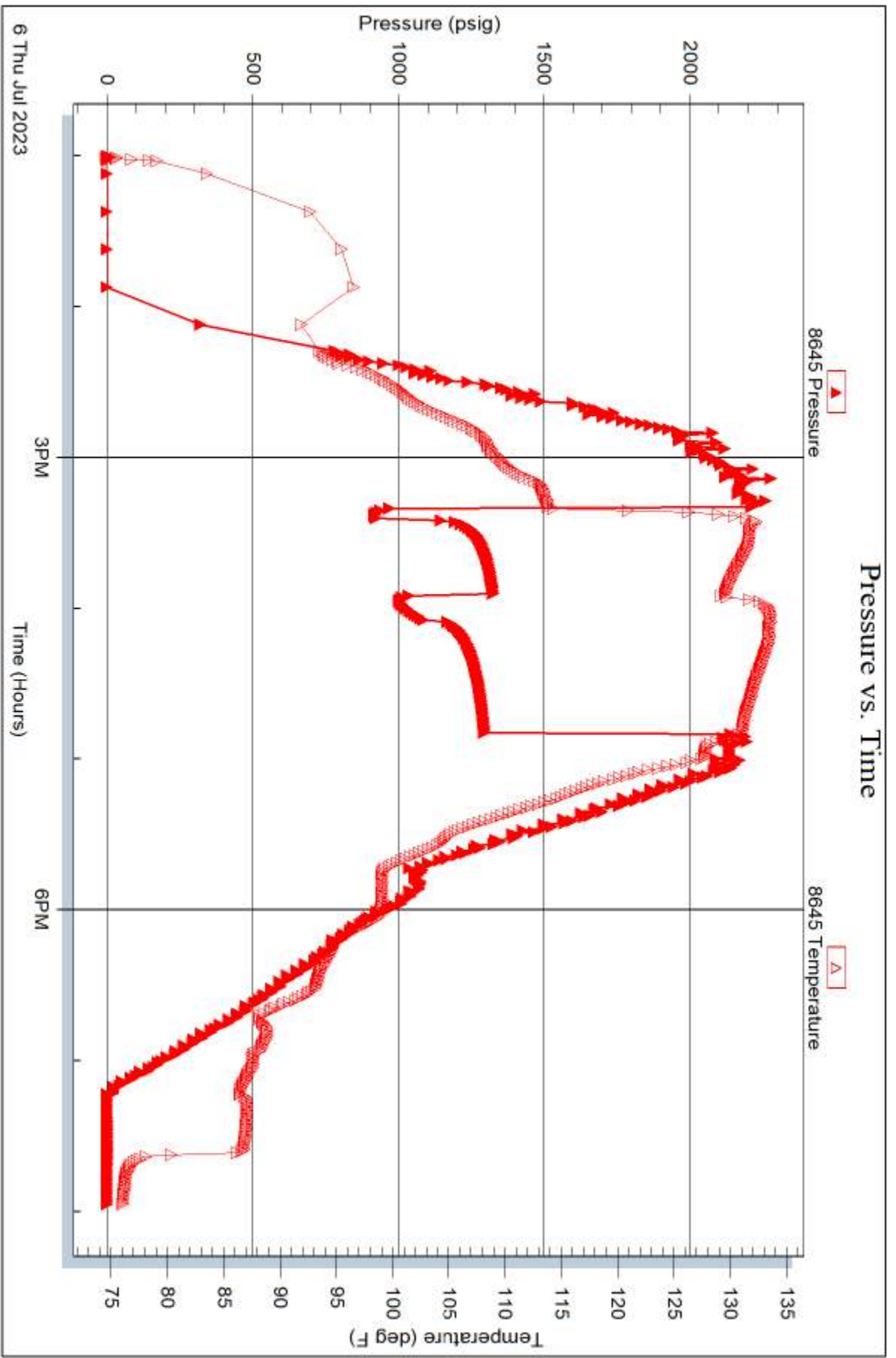


Serial #: 8645

Outside American Warrior, INC

Shrwise #1-35

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 70817

Printed: 2023.07.06 @ 21:05:44



DRILL STEM TEST REPORT

Prepared For: **American Warrior Inc**

P.O. Box 399
Garden City, KS 67846

ATTN: Jason Alm

Shriwise #1-35

35-22S-24W Hodgeman,KS

Start Date: 2023.07.06 @ 13:00:00

End Date: 2023.07.06 @ 19:57:15

Job Ticket #: 70817 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

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

Printed: 2023.07.10 @ 08:43:50



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

American Warrior Inc
P.O. Box 399
Garden City, KS 67846
ATTN: Jason Alm

35-22S-24W Hodgeman,KS

Shriwise #1-35

Job Ticket: 70817

DST#: 1

Test Start: 2023.07.06 @ 13:00:00

GENERAL INFORMATION:

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Time Tool Opened: 15:20:00

Time Test Ended: 19:57:15

Test Type: Conventional Bottom Hole (Initial)

Tester: Dustin Day

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Hole Diameter: 7.88 inches Hole Condition:

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Serial #: 6625

Inside

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Capacity: 8000.00 psig

Start Date: 2023.07.06

End Date:

2023.07.06

Last Calib.:

2023.07.06

Start Time: 13:00:05

End Time:

19:57:14

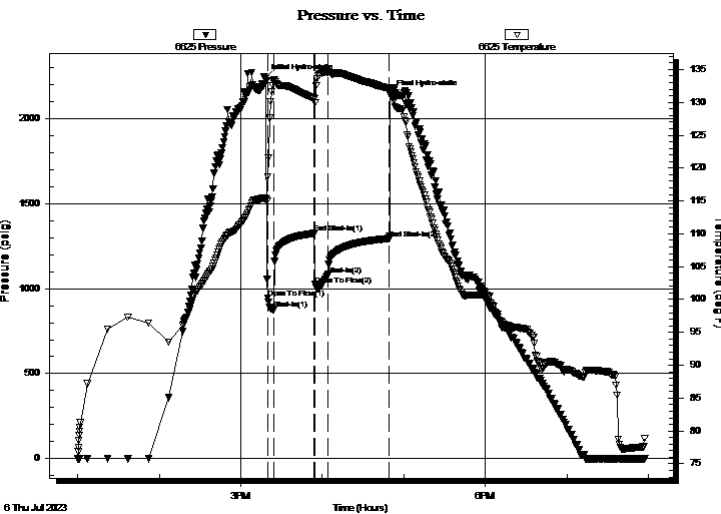
Time On Btm:

2023.07.06 @ 15:18:00

Time Off Btm:

2023.07.06 @ 16:50:00

TEST COMMENT: IF-5- BOB in 40 sec, built to 109.69"
SI1-30- No return
FF-10- BOB in 30 sec, built to 192.18"
SI2-45- no return



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2237.96	115.36	Initial Hydro-static
2	943.56	118.66	Open To Flow (1)
7	880.29	133.32	Shut-In(1)
36	1325.47	130.62	End Shut-In(1)
37	1024.01	129.92	Open To Flow (2)
47	1082.47	134.54	Shut-In(2)
92	1295.32	132.15	End Shut-In(2)
92	2138.90	131.77	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1462.00	w ater 100%	20.23
317.00	MCW 90% w ater 10% mud	4.45
381.00	MW 55% w ater 45% mud	5.34
117.00	SWCM W/Oil spots 5% w ater 95% mud	1.64

Gas Rates

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



DRILL STEM TEST REPORT

American Warrior Inc
 P.O. Box 399
 Garden City, KS 67846
 ATTN: Jason Alm

35-22S-24W Hodgeman,KS

Shriwise #1-35

Job Ticket: 70817 **DST#: 1**

Test Start: 2023.07.06 @ 13:00:00

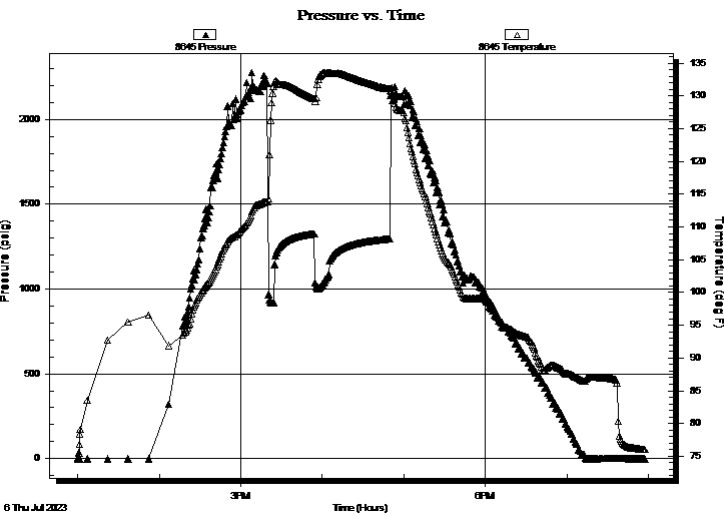
GENERAL INFORMATION:

Formation: **Cherokee Sand**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 15:20:00
 Time Test Ended: 19:57:15
 Interval: **4529.00 ft (KB) To 4590.00 ft (KB) (TVD)**
 Total Depth: 4590.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches
 Hole Condition:
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Dustin Day
 Unit No: 70
 Reference Elevations: 2324.00 ft (KB)
 2316.00 ft (CF)
 KB to GR/CF: 8.00 ft

Serial #: 8645 **Outside**

Press@RunDepth: psig @ 4530.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2023.07.06 End Date: 2023.07.06 Last Calib.: 2023.07.06
 Start Time: 13:00:05 End Time: 19:57:29 Time On Btm:
 Time Off Btm:

TEST COMMENT: IF-5- BOB in 40 sec, built to 109.69"
 SI1-30- No return
 FF-10- BOB in 30 sec, built to 192.18"
 SI2-45- no return



PRESSURE SUMMARY

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

Recovery

Length (ft)	Description	Volume (bbl)
1462.00	w ater 100%	20.23
317.00	MCW 90% w ater 10% mud	4.45
381.00	MW 55% w ater 45% mud	5.34
117.00	SWCM W/Oil spots 5% w ater 95% mud	1.64

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

American Warrior Inc
P.O. Box 399
Garden City, KS 67846
ATTN: Jason Alm

35-22S-24W Hodgeman,KS
Shriwise #1-35
Job Ticket: 70817 **DST#: 1**
Test Start: 2023.07.06 @ 13:00:00

Tool Information

Drill Pipe:	Length: 4490.00 ft	Diameter: 3.80 inches	Volume: 62.98 bbl	Tool Weight:	2900.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.75 inches	Volume: 0.00 bbl	Weight set on Packer:	20000.00 lb
Drill Collar:	Length: 30.00 ft	Diameter: 2.25 inches	Volume: 0.15 bbl	Weight to Pull Loose:	88000.00 lb
			<u>Total Volume: 63.13 bbl</u>	Tool Chased	ft
Drill Pipe Above KB:	22.00 ft			String Weight: Initial	64000.00 lb
Depth to Top Packer:	4529.00 ft			Final	74000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	61.00 ft				
Tool Length:	92.00 ft				
Number of Packers:	2	Diameter: 6.75 inches			

Tool Comments:

Tool Description

Length (ft) Serial No. Position Depth (ft) Accum. Lengths

Change Over Sub	1.00			4499.00	
shut In Tool	5.00			4504.00	
hydraulic tool	5.00			4509.00	
Jars	5.00			4514.00	
EM Tool	3.00			4517.00	
Safety Joint	3.00			4520.00	
Packer	5.00			4525.00	31.00 Bottom Of Top Packer
Packer	4.00			4529.00	
Stubb	1.00			4530.00	
Recorder	0.00	6625	Inside	4530.00	
Recorder	0.00	8645	Outside	4530.00	
perforations	22.00			4552.00	
change Over Sub	1.00			4553.00	
drill Pipe	32.00			4585.00	
change Over Sub	1.00			4586.00	
Bullnose	4.00			4590.00	61.00 Bottom Packers & Anchor
Total Tool Length:	92.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior Inc
P.O. Box 399
Garden City, KS 67846
ATTN: Jason Alm

35-22S-24W Hodgeman,KS
Shriwise #1-35
Job Ticket: 70817 **DST#: 1**
Test Start: 2023.07.06 @ 13:00:00

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:	19500 ppm
Viscosity: 49.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.18 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 6700.00 ppm			
Filter Cake: 1.00 inches			

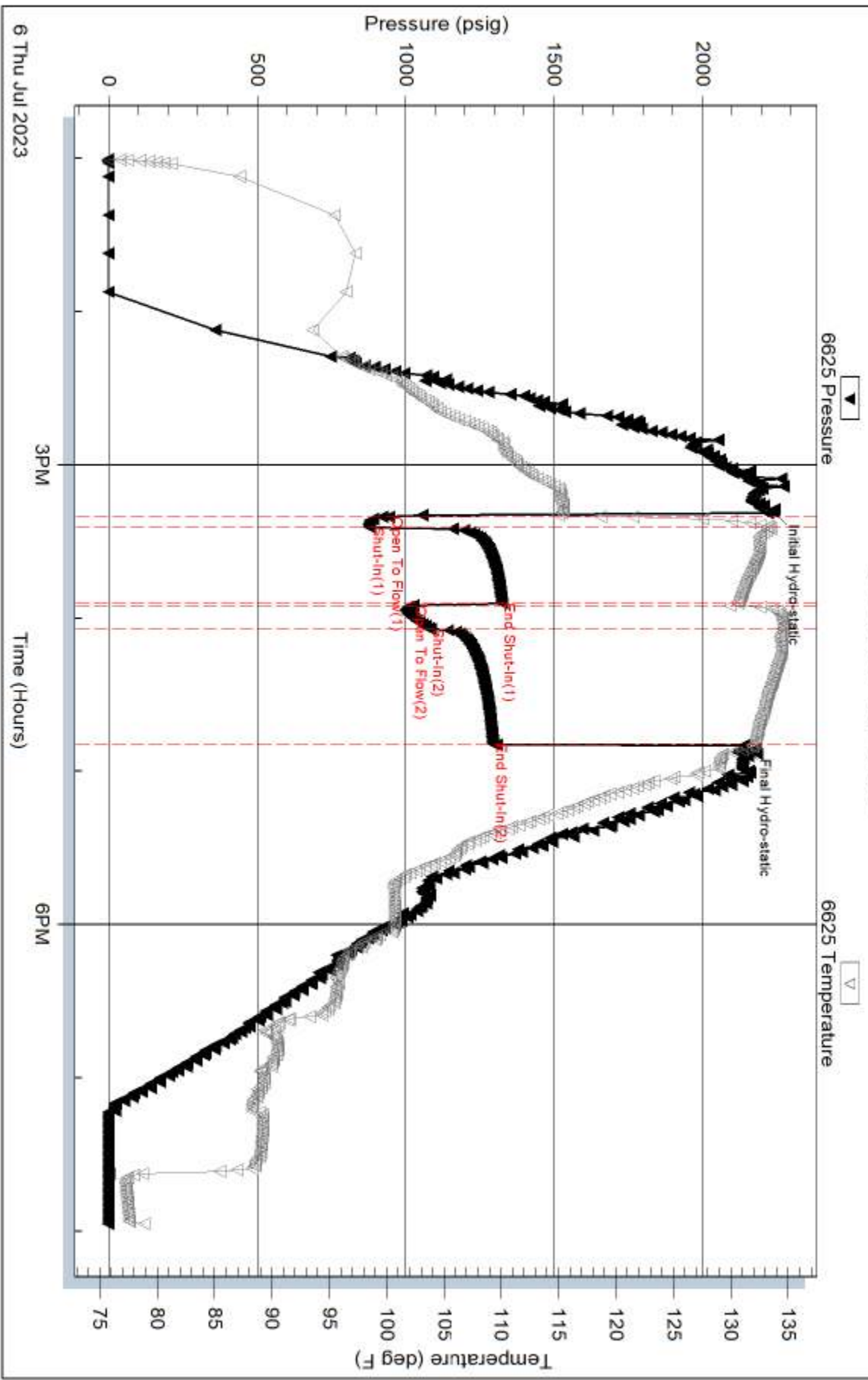
Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1462.00	w ater 100%	20.235
317.00	MCW 90% w ater 10% mud	4.447
381.00	MW 55% w ater 45% mud	5.344
117.00	SWCM W/Oil spots 5% w ater 95% mud	1.641

Total Length: 2277.00 ft Total Volume: 31.667 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments: 1# LCM

Pressure vs. Time

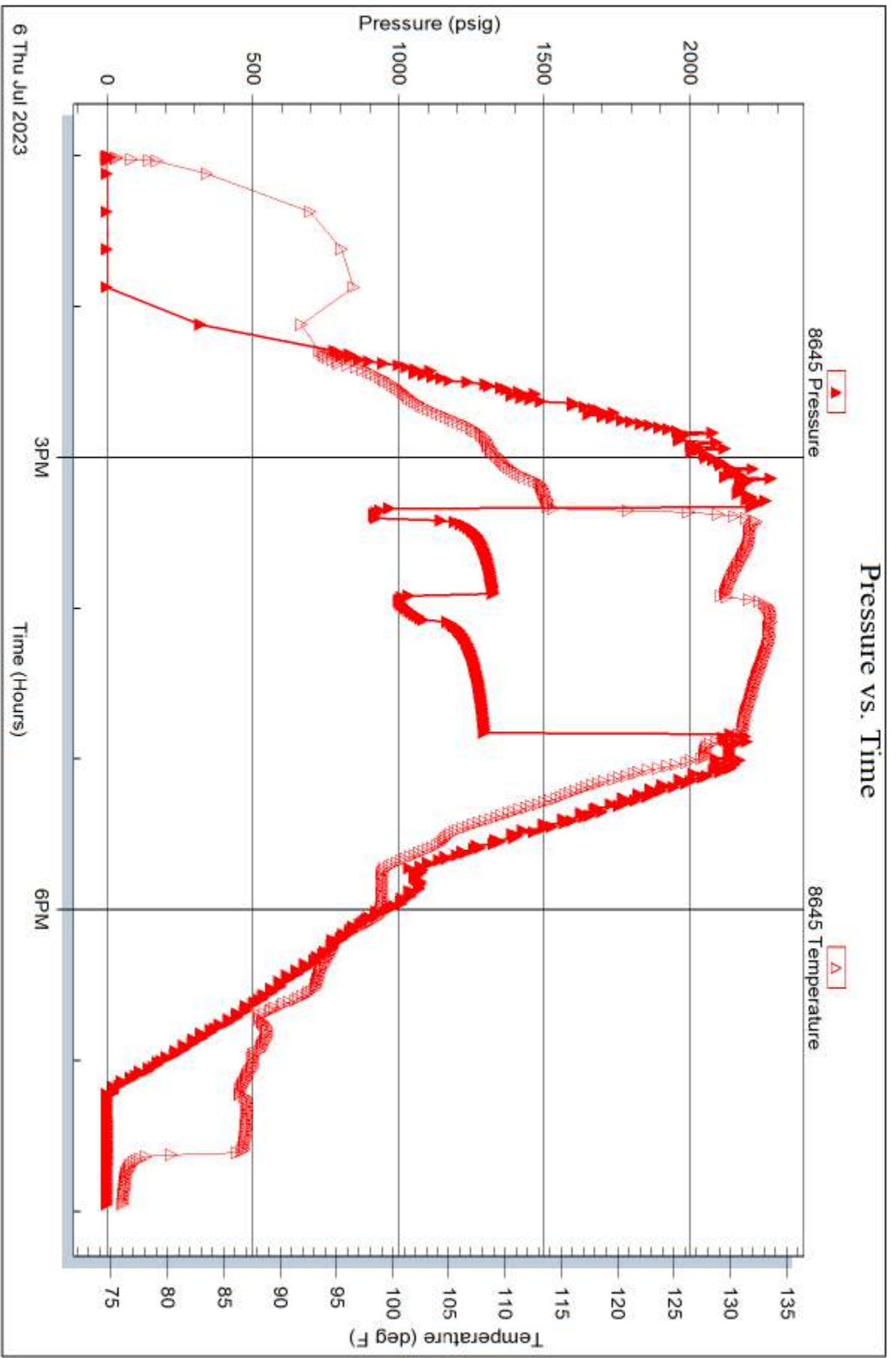


Serial #: 8645

Outside American Warrior Inc

Shrwise #1-35

DST Test Number: 1



Triobite Testing, Inc

Ref. No: 70817

Printed: 2023.07.10 @ 08:43:51



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 70817

Well Name & No. Shriwise #1-35 Test No. 1 Date 7/6/23
 Company American Warrior Inc Elevation 2324 KB 2316 GL
 Address PO Box 399 Garden City KS 67846
 Co. Rep / Geo Jason AIM Rig Discovery Rig #4
 Location: Sec. 35 Twp 22S Rge. 24W Co. Hodgeman State KS

Interval Tested 4529-4590 Zone Tested Cherokee Sand
 Anchor Length 61 Drill Pipe Run 4490 Mud Wt. 9.0
 Top Packer Depth 4524 Drill Collars Run 30 Vis 49
 Bottom Packer Depth 4529 Wt. Pipe Run Ø WL 9.2
 Total Depth 4590 Chlorides 6700 ppm System LCM #

Blow Description IF-BOB in 40 sec. built to 109.69"
S11- No return
FF-BOB in 30 sec. built to 192.18'
S12- No return

Rec	Feet of	%gas	%oil	%water	%mud
<u>117</u>	<u>SWCM w/oil spots</u>		<u>5</u>	<u>85</u>	
<u>381</u>	<u>MW</u>		<u>55</u>	<u>45</u>	
<u>317</u>	<u>MCW</u>		<u>90</u>	<u>10</u>	
<u>1461</u>	<u>water</u>		<u>100</u>		

Rec Total 2276 BHT 132 Gravity _____ API RW .30 @ 81 °F Chlorides 19500 ppm
 Initial Hydrostatic 2238 Test 1950 Ruined Shale Packer _____
 Initial Flow 944 to 880 Jars 300 Ruined Packer _____
 Initial Shut-In 1325 Circ Sub _____ Hotel _____
 Final Flow 1024 to 1082 Hourly Standby _____ EM Tool Successful -350
 Final Shut-In 1295 Mileage 1164 ²⁸⁷ Accessibility _____
 Final Hydrostatic 2139 Sampler _____ Gas Sample _____
 T- On Location 11:30 Straddle _____ Oversized Hole _____
 Initial Flow 5 T-Started 13:00 Shale Packer _____ Sub Total -350
 Initial Shut-In 30 T-Open 15:20 Extra Packer _____ Total 2187
 Final Flow 10 T-Pulled 16:40 Extra Recorder _____ Tool Loaded _____ @ _____
 Final Shut-In 45 T-Out 20:00 Day Standby _____ MP/DST Disc't _____

Comments _____

Approved By _____ Our Representative DWADg

TriLOBITE TESTING INC. shall not be liable for damage of any kind of 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.