

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	HUSER UNIT 1-32
Doc ID	1743086

All Electric Logs Run

CNL/CDL
DIL
MEL
BHCS

Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	HUSER UNIT 1-32
Doc ID	1743086

Tops

Name	Top	Datum
Anyhrite	1196	8852
Base	1236	812
Topeka	2972	-924
Heebner	3216	-1168
Toronto	3238	-1190
Lansing	3266	-1218
BKC	3266	-1452
Arbuckle	3521	-1473
RTD	3615	-1567
LTD	3615	-1567

JOB LOG

SWIFT Services, Inc.

DATE 12-19-23 PAGE NO.

CUSTOMER American Warrior WELL NO. F-32 LEASE Husser Unit JOB TYPE Rotary PTA TICKET NO. 36477

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1500							On location
		6	10			500		1st Plug - 3501
		6	13			500		pump wtr spacer
		6	7			500		pump CMT - 50 sx
								pump wtr Disp
								Disp w/ mud - 3 min
		6	10			400		2nd Plug - 1250
		6	13			400		pump wtr spacer
		6	7			400		pump CMT - 50 sx
								Disp
		6	5			400		3rd Plug - 800
		6	26			400		pump wtr spacer
		6	2			400		pump CMT - 100 sx
								Disp
		6	5			300		4th plug - 275
		6	13			300		pump wtr spacer
		6	2			300		pump CMT - 50 sx
								Disp
		1	3			0		5th plug - 40
								TOP off w/ CMT - 10 sx
		2	8			0		Plug Rat Hole - 30 sx
		2	4			0		Plug Mouse Hole - 15 sx
	1915							Job Complete
								Thanks
								Dawid, SETH & JAN



#130110

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

TICKET 36449

PAGE 1 OF 1

1. SERVICE LOCATIONS <i>Farms</i>	WELL/PROJECT NO. <i>-32</i>	LEASE <i>Fluore Unit</i>	COUNTY/PARISH <i>Ellis</i>	STATE <i>KS</i>	CITY	DATE <i>12-13-83</i>	OWNER
2. <i>Ness City</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Discovery Drilling</i>	RIG NAME NO. <i>Rig 4</i>	SHIPPED VIA <i>Tr</i>	DELIVERED TO <i>LOCATION</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>development</i>	JOB PURPOSE <i>Shannon Sulf.</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY. U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY.	U/M		
575										
5765					1	30 mi		8.00	240.00	
290					1	Ramp Charge - Shannon Sulf.		1200.00	1200.00	
						2 car		42.00	84.00	
325					2	Standard Cement		16.00	2400.00	
279					2	Bentonite Gc		50.00	150.00	
278					2	Calcium Chloride		55.00	385.00	
581					2	Service Charge Cmt		2.00	300.00	
583					2	Drayage		1.00	516.00	

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.
X

DATE SIGNED _____ 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?	AGREE	UNDECIDED	DISAGREE
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL 5275.00

ETXIS 211 53

TOTAL 5480.33

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

SWIFT OPERATOR _____ APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 12-13-23 PAGE NO.

CUSTOMER American/Narrice WELL NO. 1-32 LEASE Flower Unit JOB TYPE Shallow Surf. TICKET NO. 36449

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1330							On location
								csg - 8 5/8 Rts - 226
	1445							Break Circ on Bottom
	1455	4	5			300		pump wtr spacer
		4	36			300		pump cmt - 150 sx @ 14 7/8 app
		4	0			300		START Disp
		4	7			300		Circ cmt - 25 sx to pit
	1515	4	13			400		END Disp
						400		SHUT IN
								JOB Complete
								Thanks DAVID, SETH & JAN



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

American Warrior Inc
 PO Box 399
 Garden City, KS 67846
 ATTN: Jason Alm

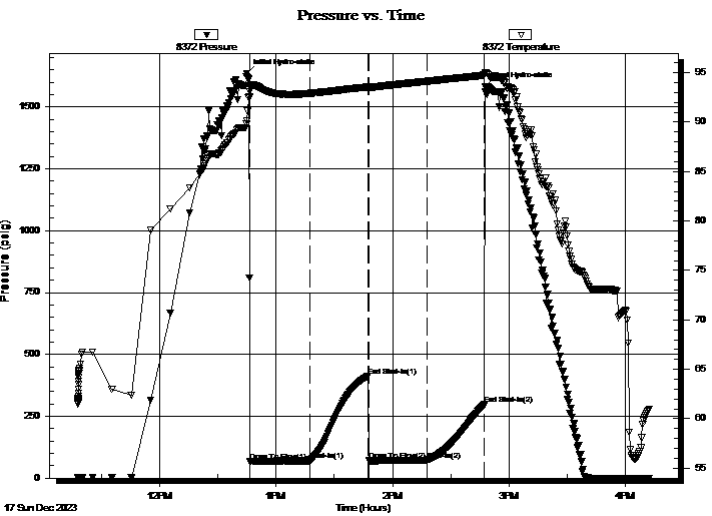
32-12S-16W Ellis
Huser Unit 1-32
 Job Ticket: 71098 **DST#: 1**
 Test Start: 2023.12.17 @ 11:18:00

GENERAL INFORMATION:

Formation: **LKC "C-F"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 12:46:32
 Time Test Ended: 16:12:17
 Interval: **3275.00 ft (KB) To 3354.00 ft (KB) (TVD)**
 Total Depth: 3354.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Leal Cason
 Unit No: 72
 Reference Elevations: 2048.00 ft (KB)
 2040.00 ft (CF)
 KB to GR/CF: 8.00 ft

Serial #: 8372 Inside
 Press@RunDepth: 73.48 psig @ 3351.00 ft (KB) Capacity: psig
 Start Date: 2023.12.17 End Date: 2023.12.17 Last Calib.: 2023.12.17
 Start Time: 11:18:01 End Time: 16:12:17 Time On Btm: 2023.12.17 @ 12:45:02
 Time Off Btm: 2023.12.17 @ 14:47:32

TEST COMMENT: IF: Weak Blow , Built to 2.67"
 IS: No Blow Back
 FF: Weak Surface Blow
 FS: No Blow Back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1635.64	90.11	Initial Hydro-static
2	67.24	93.10	Open To Flow (1)
33	70.58	92.91	Shut-In(1)
63	412.35	93.54	End Shut-In(1)
63	70.41	93.53	Open To Flow (2)
93	73.48	94.13	Shut-In(2)
123	297.03	94.79	End Shut-In(2)
123	1581.04	95.03	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	Mud	0.10

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior Inc
PO Box 399
Garden City, KS 67846
ATTN: Jason Alm

32-12S-16W Ellis
Huser Unit 1-32
Job Ticket: 71098 **DST#: 1**
Test Start: 2023.12.17 @ 11:18:00

Mud and Cushion Information

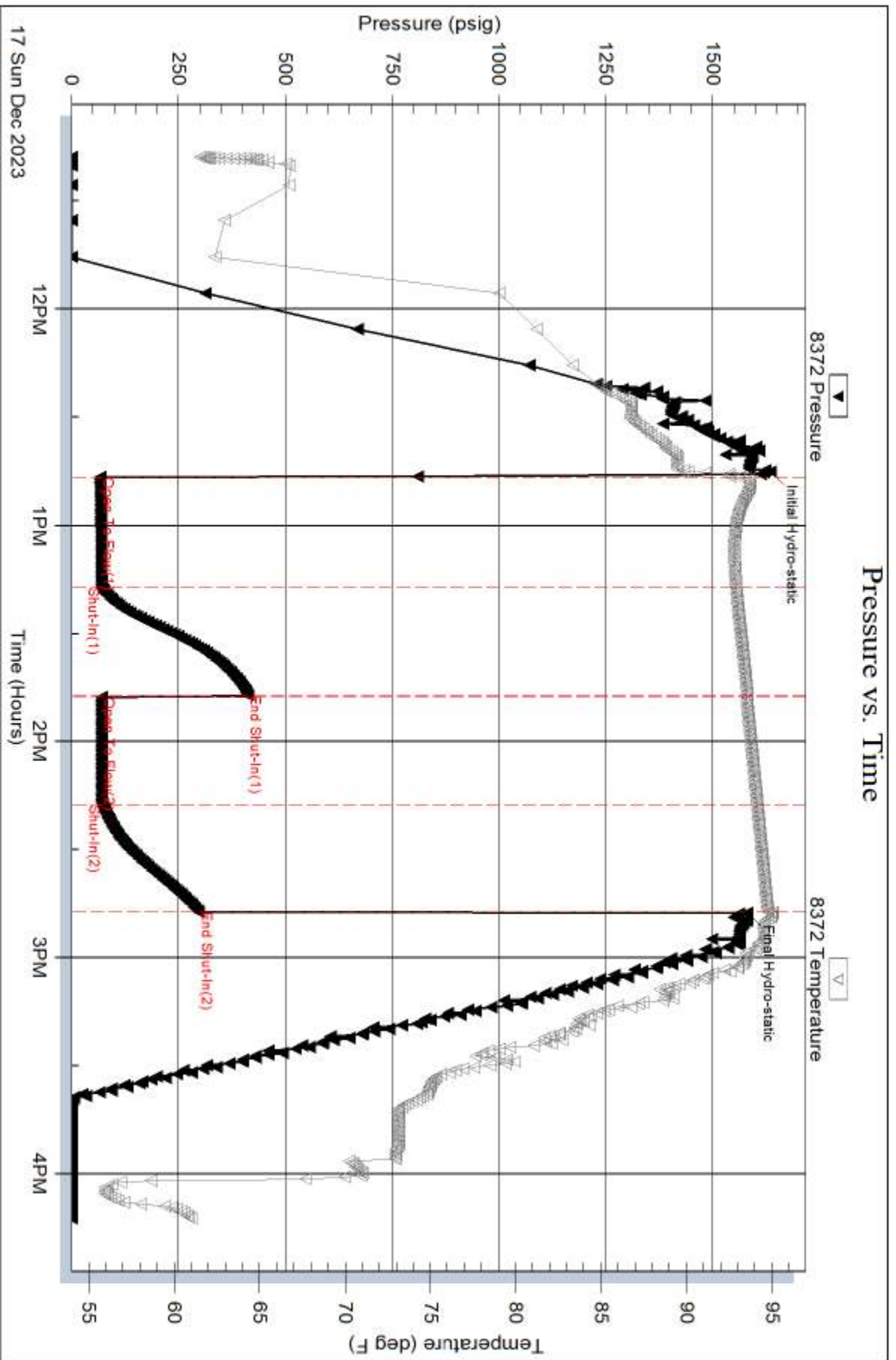
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 54.00 sec/qt	Cushion Volume: bbl		
Water Loss: 5.80 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2500.00 ppm			
Filter Cake: 0.02 inches			

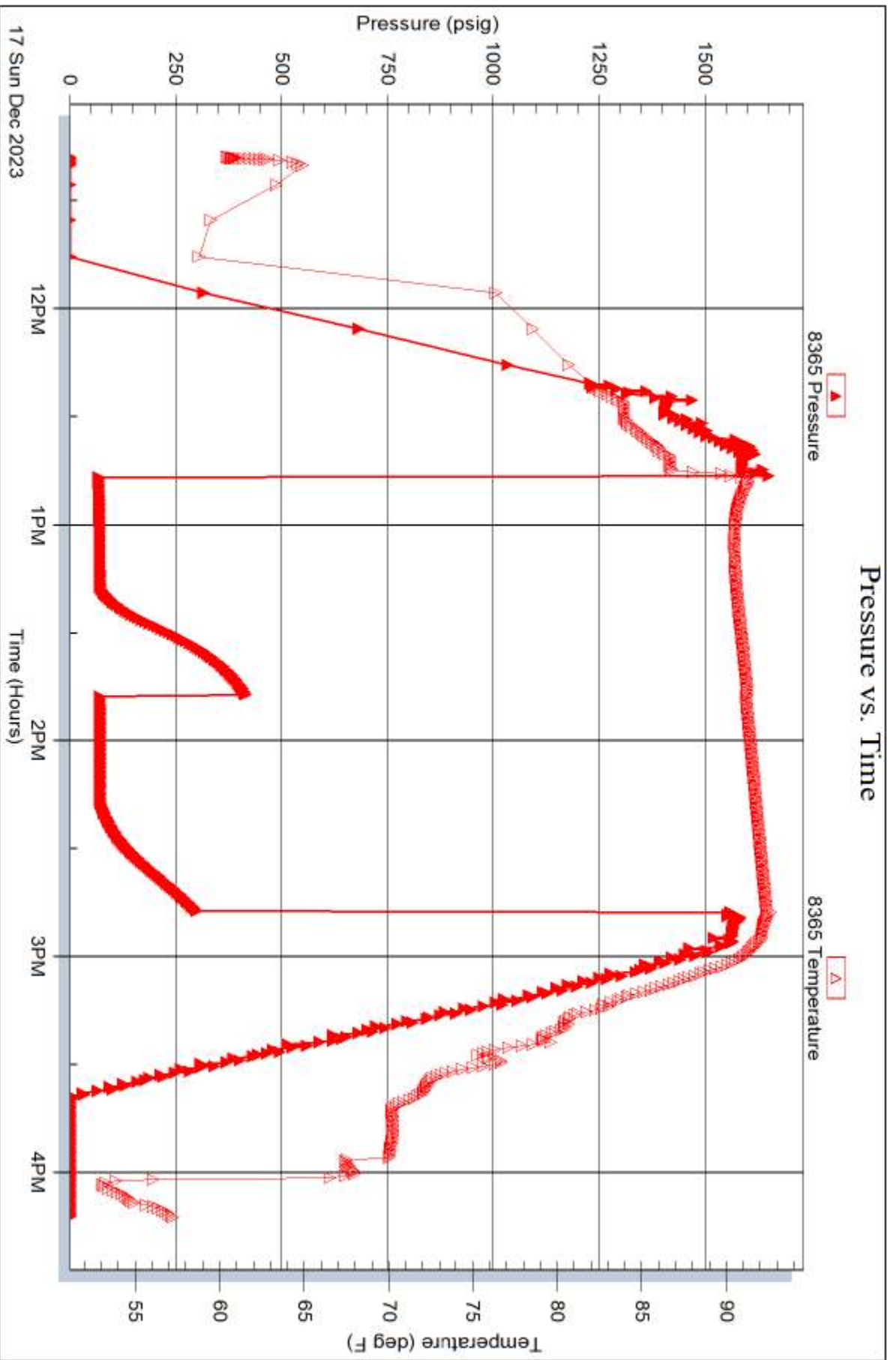
Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	Mud	0.098

Total Length: 20.00 ft Total Volume: 0.098 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:







**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Mai Oil Operation
8411 Preston Rd STE 800
Dallas TX 75225
ATTN: Jim Musgrove

4-15S-14W/Russell
Krug 2
Job Ticket: 69405 **DST#: 2**
Test Start: 2023.12.17 @ 08:20:00

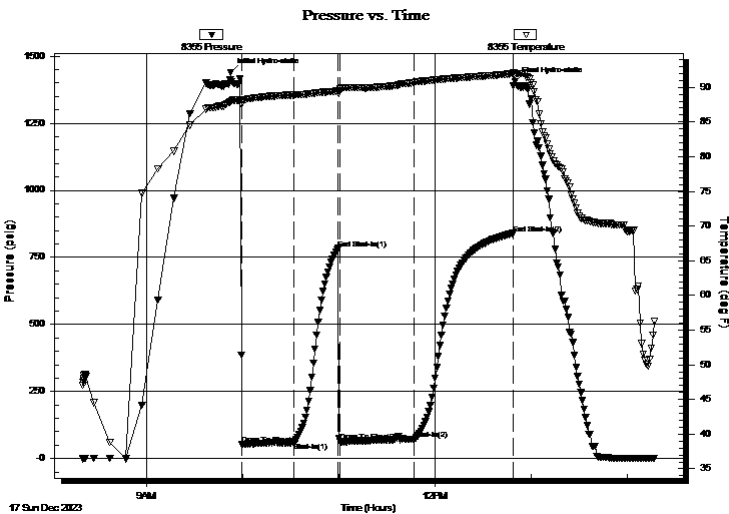
GENERAL INFORMATION:

Formation: **Topeka**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 09:59:30
Time Test Ended: 14:17:00
Interval: **2825.00 ft (KB) To 2900.00 ft (KB) (TVD)**
Total Depth: 2900.00 ft (KB) (TVD)
Hole Diameter: 7.79 inches Hole Condition: Good
Test Type: Conventional Bottom Hole (Reset)
Tester: Richie Samora
Unit No: 66
Reference Elevations: 1776.00 ft (KB)
1766.00 ft (CF)
KB to GR/CF: 10.00 ft

Serial #: 8355 Inside
Press@RunDepth: 72.72 psig @ 2874.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2023.12.17 End Date: 2023.12.17 Last Calib.: 1899.12.30
Start Time: 08:20:05 End Time: 14:16:59 Time On Btm: 2023.12.17 @ 09:52:30
Time Off Btm: 2023.12.17 @ 12:50:00

TEST COMMENT: 30-IF: Fair blow built to 5.5"
30-ISI: No blow back
45-FF: Fair blow built to 5.75"
60-FSI: No blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1439.36	87.98	Initial Hydro-static
7	51.65	88.12	Open To Flow (1)
39	61.89	88.89	Shut-In(1)
67	782.68	89.49	End Shut-In(1)
68	62.73	89.71	Open To Flow (2)
115	72.72	90.71	Shut-In(2)
176	839.16	91.95	End Shut-In(2)
178	1405.87	91.72	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	WCM 45%W 55%M	0.28
50.00	OCWM 15%O 35%W 55%M	0.70

* Recovery from multiple tests

Gas Rates

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



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Mai Oil Operation
 8411 Preston Rd STE 800
 Dallas TX 75225
 ATTN: Jim Musgrove

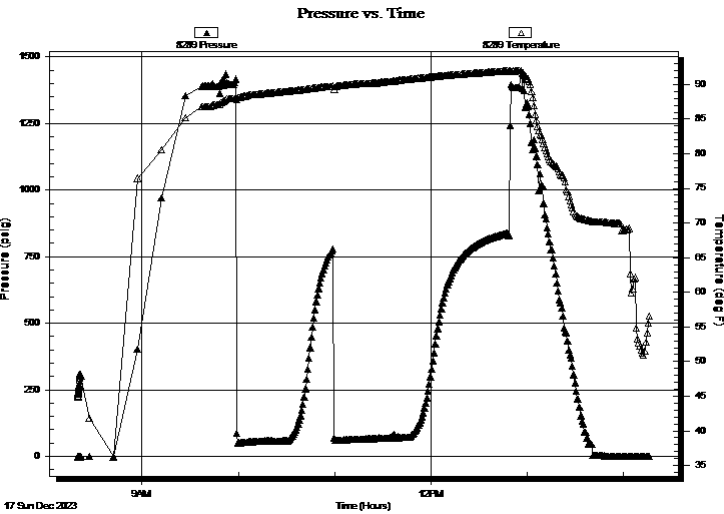
4-15S-14W/Russell
Krug 2
 Job Ticket: 69405 **DST#: 2**
 Test Start: 2023.12.17 @ 08:20:00

GENERAL INFORMATION:

Formation: **Topeka**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 09:59:30
 Time Test Ended: 14:17:00
 Interval: **2825.00 ft (KB) To 2900.00 ft (KB) (TVD)**
 Total Depth: 2900.00 ft (KB) (TVD)
 Hole Diameter: 7.79 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Richie Samora
 Unit No: 66
 Reference Elevations: 1776.00 ft (KB)
 1766.00 ft (CF)
 KB to GR/CF: 10.00 ft

Serial #: 8289 Outside
 Press@RunDepth: psig @ 2874.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2023.12.17 End Date: 2023.12.17 Last Calib.: 1899.12.30
 Start Time: 08:20:01 End Time: 14:16:45 Time On Btm:
 Time Off Btm:

TEST COMMENT: 30-IF: Fair blow built to 5.5"
 30-ISI: No blow back
 45-FF: Fair blow built to 5.75"
 60-FSI: No blow back



PRESSURE SUMMARY

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

Recovery

Length (ft)	Description	Volume (bbl)
20.00	WCM 45%W 55%M	0.28
50.00	OCWM 15%O 35%W 55%M	0.70

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mai Oil Operation

4-15S-14W/Russell

8411 Preston Rd STE 800
Dallas TX 75225

Krug 2

Job Ticket: 69405

DST#: 2

ATTN: Jim Musgrove

Test Start: 2023.12.17 @ 08:20:00

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:

4100 ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6500.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
20.00	WCM 45%W 55%M	0.281
50.00	OCWM 15%O 35%W 55%M	0.701

Total Length: 70.00 ft

Total Volume: 0.982 bbl

Num Fluid Samples: 0

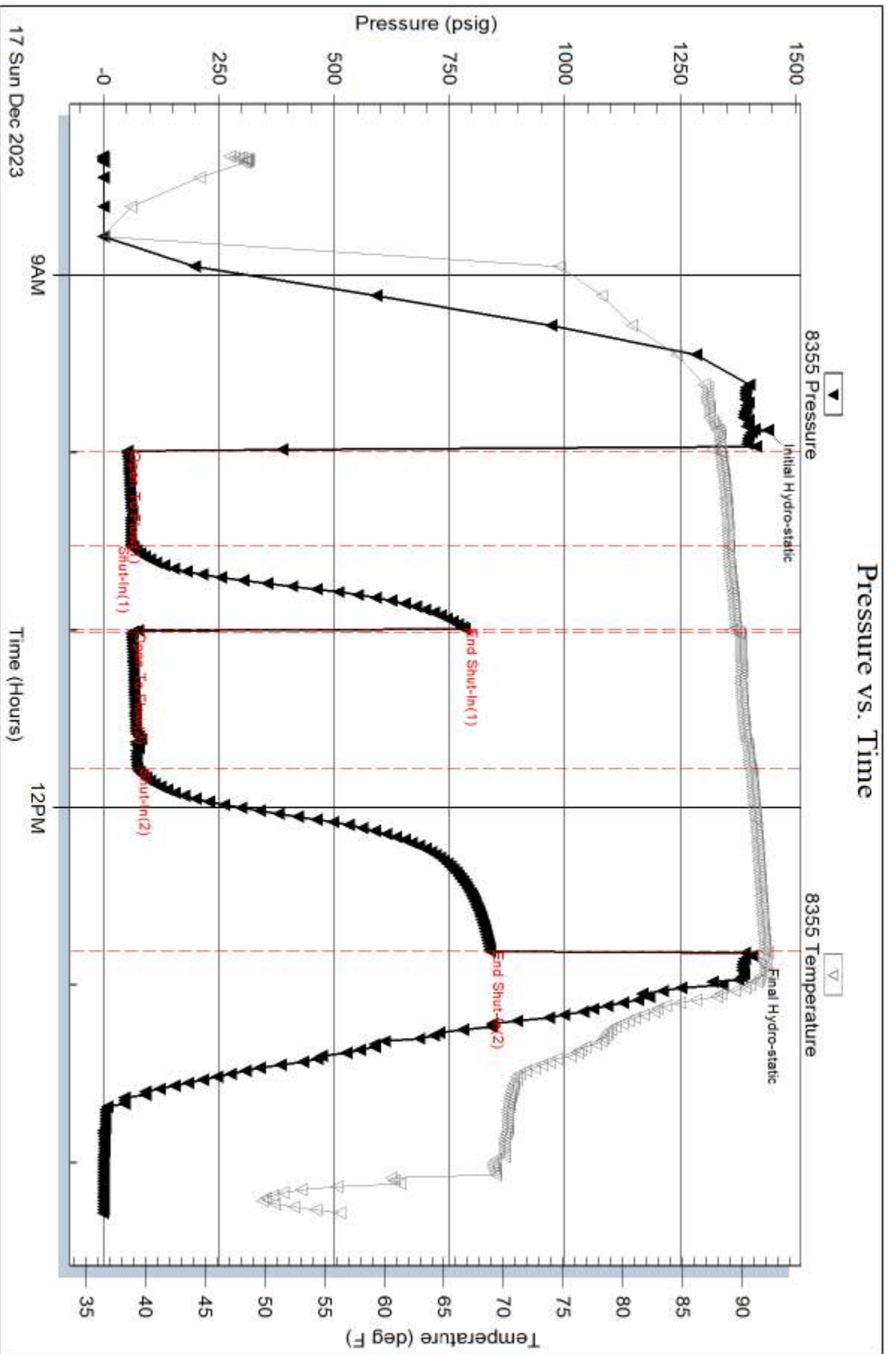
Num Gas Bombs: 0

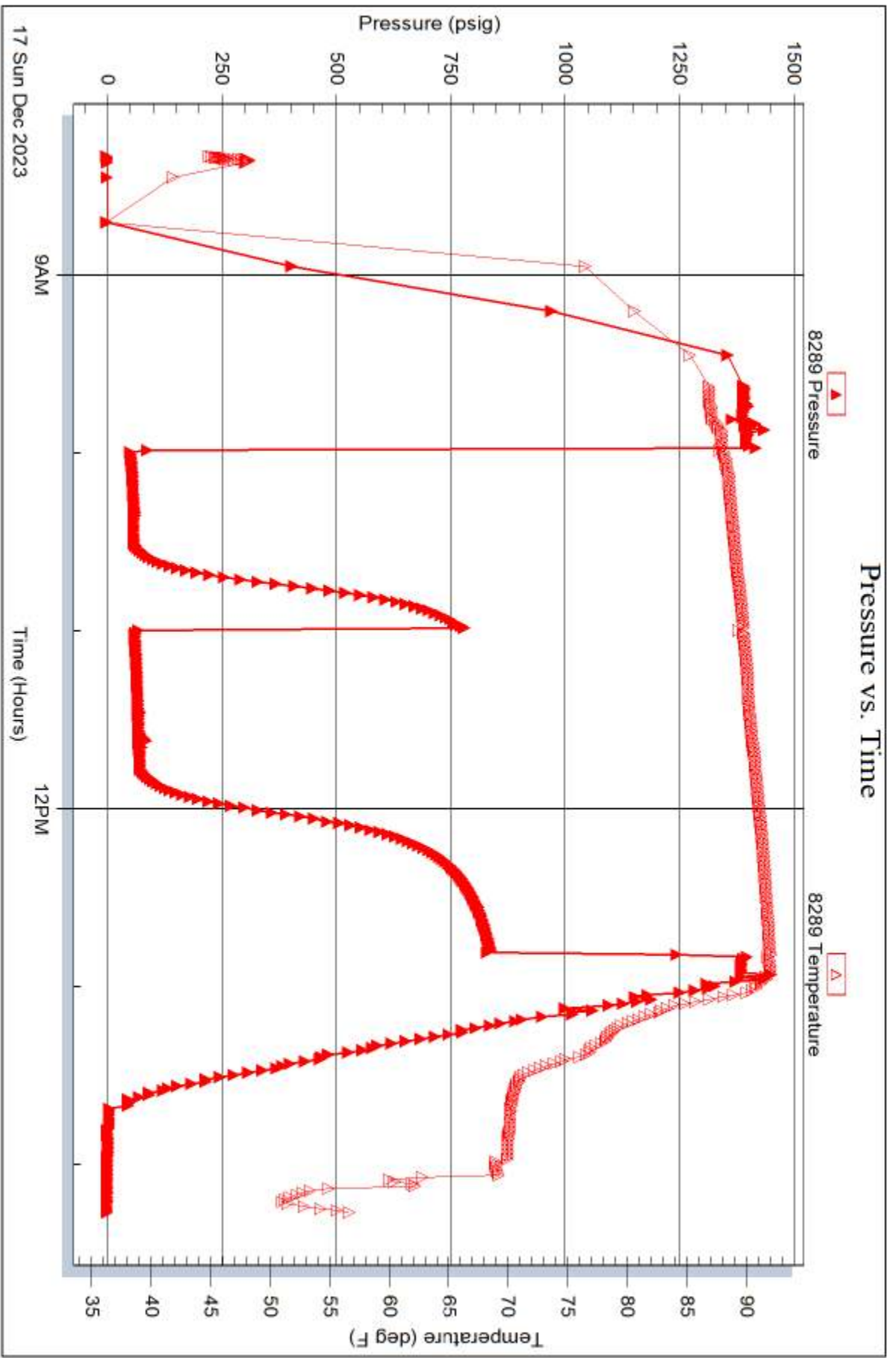
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:







TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

American Warrior Inc
 PO Box 399
 Garden City, KS 67846
 ATTN: Jason Alm

32-12S-16W Ellis
Huser Unit 1-32
 Job Ticket: 71100 **DST#: 3**
 Test Start: 2023.12.18 @ 17:57:00

GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Reset)
 Time Tool Opened: 19:58:17
 Tester: Leal Cason
 Time Test Ended: 00:31:02
 Unit No: 72
 Interval: **3497.00 ft (KB) To 3535.00 ft (KB) (TVD)**
 Reference Elevations: 2048.00 ft (KB)
 Total Depth: 3535.00 ft (KB) (TVD)
 2040.00 ft (CF)
 Hole Diameter: 7.88 inches
 Hole Condition: Good
 KB to GR/CF: 8.00 ft

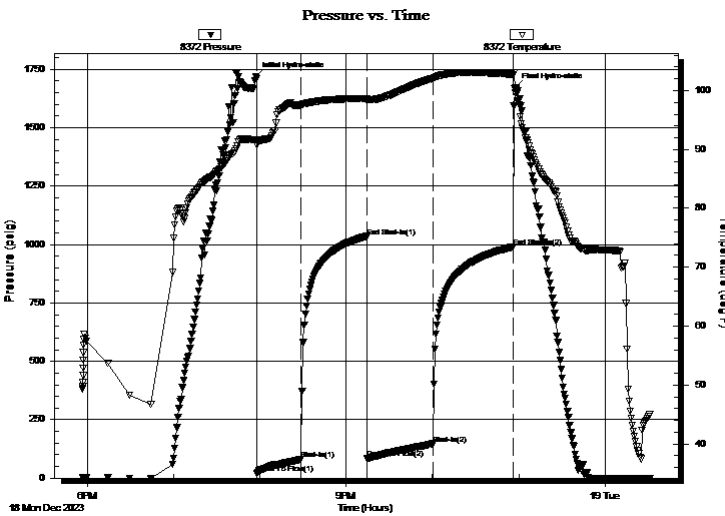
Serial #: 8372

Inside

Press@RunDepth: 146.62 psig @ 3503.00 ft (KB) Capacity: psig
 Start Date: 2023.12.18 End Date: 2023.12.19 Last Calib.: 2023.12.19
 Start Time: 17:57:01 End Time: 00:31:02 Time On Btm: 2023.12.18 @ 19:57:17
 Time Off Btm: 2023.12.18 @ 22:57:47

TEST COMMENT: IF: Fair Blow , BOB in 26 minutes, Built to 13.87"
 IS: No Blow Back
 FF: Fair Blow , BOB in 31 minutes, Built to 16.89"
 FS: No Blow Back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1716.33	91.64	Initial Hydro-static
1	21.58	90.76	Open To Flow (1)
32	79.96	97.53	Shut-In(1)
77	1033.99	98.65	End Shut-In(1)
78	84.54	98.29	Open To Flow (2)
123	146.62	102.08	Shut-In(2)
179	990.12	102.73	End Shut-In(2)
181	1672.64	99.65	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
62.00	Water	0.60
258.00	MCW 14%M 86%W	3.62
50.00	SOSMCW -1%O 40%M 59%W	0.70

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior Inc
PO Box 399
Garden City, KS 67846
ATTN: Jason Alm

32-12S-16W Ellis
Huser Unit 1-32
Job Ticket: 71100 **DST#: 3**
Test Start: 2023.12.18 @ 17:57:00

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:	32000 ppm
Viscosity: 50.00 sec/qt	Cushion Volume: bbl		
Water Loss: 6.00 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2600.00 ppm			
Filter Cake: 0.02 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
62.00	Water	0.596
258.00	MCW 14%M 86%W	3.619
50.00	SOSMCW -1%O 40%M 59%W	0.701

Total Length: 370.00 ft Total Volume: 4.916 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments: RW was .38 @ 40 degrees

