

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 |
|---|--|------------------------------------|

| 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 | KUDER 1-32 |
| Doc ID | 1666717 |

Tops

| Name | Top | Datum |
|-----------|------|-------|
| Anhydrite | 2717 | 1063 |
| Base | 2744 | 1036 |
| Heebner | 4084 | 304 |
| Lansing | 4143 | -363 |
| Marmaton | 4544 | -764 |
| Cherokee | 4701 | -921 |
| Morrow | 4943 | -1163 |
| St. Gen | 5128 | -1348 |
| RTD | 5200 | -1420 |
| LTD | 5198 | -1418 |



TICKET 35567

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

PAGE 1 OF

SERVICE LOCATIONS
 1. *Hays ks*
 2. *Ness City*
 3.
 4.

WELL PROJECT NO. *1-32*
 LEASE *Kober*
 COUNTY/PARISH *Adair*
 STATE *KS*
 CITY

TICKET TYPE
 SERVICE
 SALES

CONTRACTOR *Co Tools*
 RIG NAME/NO.
 SHIPPED YES

WELL TYPE *D-1*
 WELL CATEGORY *Development*
 JOB PURPOSE *Port Collar*

INVOICE INSTRUCTIONS

DELIVERED TO *Location*
 WELL PERMIT NO.
 WELL LOCATION

DATE *9-12-22* OWNER
 ORDER NO.

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | MILEAGE | QTY. U/M | | UNIT PRICE | AMOUNT |
|-----------------|----------------------------------|------------|------|----|----------------------------------|----------------|----------|-----|----------------|----------------|
| | | LOC | ACCT | DF | | | QTY. | U/M | | |
| <i>535</i> | | | | | <i>Truck # 111</i> | <i>120 mi</i> | | | <i>7.50</i> | <i>840.00</i> |
| <i>536D</i> | | | | | <i>Pump Charge - Port Collar</i> | <i>1 ea</i> | | | <i>1600.00</i> | <i>1600.00</i> |
| <i>290</i> | | | | | <i>D-1 air</i> | <i>2 bar</i> | | | <i>42.00</i> | <i>84.00</i> |
| <i>330</i> | | | | | <i>Swift Multi Density</i> | <i>150 sx</i> | | | <i>19.50</i> | <i>2925.00</i> |
| <i>276</i> | | | | | <i>Flocle</i> | <i>40 lbs</i> | | | <i>3.00</i> | <i>120.00</i> |
| <i>581</i> | | | | | <i>Service Cement</i> | <i>225 sx</i> | | | <i>2.00</i> | <i>450.00</i> |
| <i>583</i> | | | | | <i>Drayage-</i> | <i>1345 gm</i> | | | <i>1.00</i> | <i>1345.00</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 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?
 CUSTOMER DID NOT WISH TO RESPOND

AGREE UNDECIDED DISAGREE
 YES NO

PAGE TOTAL *7364.00*

TOTAL *7598.68*

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

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 9-12-22 PAGE NO.

CUSTOMER American Warrior WELL NO. 1-32 LEASE Kover JOB TYPE Port Collar TICKET NO. 35567

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|-------|------------|--------------------|-------|---|----------------|--------|---|
| | | | | T | C | TUBING | CASING | |
| | 9:30 | | | | | | | On location |
| | | | | | | | | 2 3/8 x 5 1/2 Port Collar - 1988 |
| | | | | | | 1000 | | Test Port Collar |
| | | | | | | 1300 | | open port Collar - TEST - took 1300# to move |
| | | 5 | 0 | | | | | START Cement |
| | | 5 | 69 | | | 1200 | | circ cmt @ 125 x Raise wgt |
| | | 5 | 45 | | | 1200 | | END CMT |
| | | 2 | 6 | | | 800 | | Disp |
| | | | | | | 1800 | | Close Port Collar |
| | | | | | | | | TEST - GOOD |
| | | 4 | 15 | | | 400 | | Run 4 VTS Reverse OUT |
| | 11:00 | | | | | | | JOB Complete |
| | | | | | | | | Thanks David, Seth & JOHN |



| | | | | | |
|-------------------------|------------------|--|---|--|--|
| Customer | American Warrior | Lease & Well # | Kuder # 1-32 | Date | 8/20/2022 |
| Service District | Oakley KS | County & State | Wallace KS | Legals B/T/R | 32-165-41W |
| Job Type | Surface | <input checked="" type="checkbox"/> PROD | <input type="checkbox"/> INI | <input type="checkbox"/> SWD | Job # |
| Equipment # | Driver | Job Safety Analysis - A Discussion of Hazards & Safety Procedures | | | |
| 78 | Jesse | <input checked="" type="checkbox"/> Hard hat | <input checked="" type="checkbox"/> Gloves | <input type="checkbox"/> Lockout/Tagout | <input type="checkbox"/> Warning Signs & Flagging |
| 230 | Michael | <input checked="" type="checkbox"/> H2S Monitor | <input checked="" type="checkbox"/> Eye Protection | <input type="checkbox"/> Required Permits | <input type="checkbox"/> Fall Protection |
| 180/830 | Tyler | <input checked="" type="checkbox"/> Safety Footwear | <input type="checkbox"/> Respiratory Protection | <input checked="" type="checkbox"/> Slip/Trip/Fall Hazards | <input checked="" type="checkbox"/> Specific Job Sequence/Expectations |
| | | <input checked="" type="checkbox"/> FRC/Protective Clothing | <input type="checkbox"/> Additional Chemical/Acid PPE | <input checked="" type="checkbox"/> Overhead Hazards | <input checked="" type="checkbox"/> Muster Point/Medical Locations |
| | | <input checked="" type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Additional concerns or issues noted below | |
| Comments | | | | | |

| Product/Service Code | Description | Unit of Measure | Quantity | Net Amount |
|----------------------|----------------------------------|-----------------|----------|------------|
| CP015 | H-325 | sack | 285.00 | \$0,412.50 |
| M015 | Light Equipment Mileage | mi | 75.00 | \$160.00 |
| M010 | Heavy Equipment Mileage | mi | 150.00 | \$600.00 |
| M020 | Ton Mileage | tn | 1,005.00 | \$1,607.50 |
| D010 | Depth Charge: 0'-500' | job | 1.00 | \$1,000.00 |
| C060 | Cement Blending & Mixing Service | sack | 285.00 | \$300.00 |
| R061 | Service Supervisor | day | 1.00 | \$275.00 |
| CP137 | Liquid Defoamer | gal | 1.00 | \$73.00 |

| | | | |
|---|----------------------|----------------------|--------------|
| Customer Section: On the following scale how would you rate Hurricane Services Inc.? | | Not: | \$10,417.00 |
| Based on this job, how likely is it you would recommend HSI to a colleague? | | Total Taxable | \$ - |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Tax Rate: | |
| Unlikely | 1 2 3 4 5 6 7 8 9 10 | Extremely Likely | |
| | | Sale Tax: | \$ - |
| | | Total: | \$ 10,417.00 |
| HSI Representative: <i>Jesse Jones</i> | | | |

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to effect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



DRILL STEM TEST REPORT

Prepared For: **American Warrior**

PO Box 399
Garden City, KS

ATTN: Kevin Timson

Kudrr #1-32

32-15s-31w Wallace,KS

Start Date: 2022.08.26 @ 12:45:56

End Date: 2022.08.26 @ 23:14:56

Job Ticket #: 69130 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

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

Printed: 2022.08.30 @ 13:47:15



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

American Warrior

32-15s-31w Wallace, KS

PO Box 399
Garden City, KS

Kudrr #1-32

Job Ticket: 69130

DST#: 1

ATTN: Kevin Timson

Test Start: 2022.08.26 @ 12:45:56

GENERAL INFORMATION:

Formation: **Morrow**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 15:48:56

Time Test Ended: 23:14:56

Test Type: Conventional Bottom Hole (Initial)

Tester: Brandon Turley

Unit No: 79

Interval: 4910.00 ft (KB) To 5000.00 ft (KB) (TVD)

Reference Elevations: 3780.00 ft (KB)

Total Depth: 5000.00 ft (KB) (TVD)

3770.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 10.00 ft

Serial #: 8674 Outside

Press@RunDepth: 329.27 psig @ 4911.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2022.08.26

End Date:

2022.08.26

Last Calib.:

2022.08.26

Start Time: 12:46:01

End Time:

23:14:56

Time On Btm:

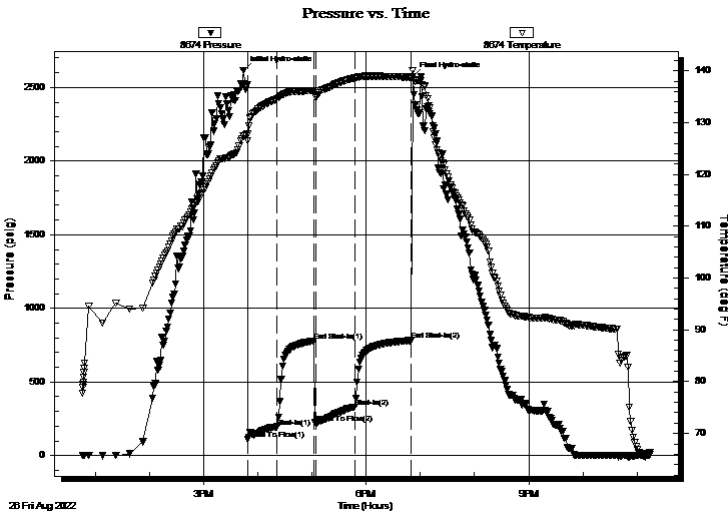
2022.08.26 @ 15:43:56

Time Off Btm:

2022.08.26 @ 18:51:26

TEST COMMENT: IF: BOB in 4 min. 360"
IS: BOB in 2 min. Gas to surface 70"
FF: BOB in 2 mins.
FS: BOB in 2 mins. 30-45-45-60

PRESSURE SUMMARY



| Time (Min.) | Pressure (psig) | Temp (deg F) | Annotation |
|-------------|-----------------|--------------|----------------------|
| 0 | 2615.39 | 127.38 | Initial Hydro-static |
| 5 | 109.90 | 126.48 | Open To Flow (1) |
| 37 | 190.84 | 134.57 | Shut-In(1) |
| 78 | 777.88 | 136.12 | End Shut-In(1) |
| 80 | 220.11 | 134.93 | Open To Flow (2) |
| 124 | 329.27 | 138.56 | Shut-In(2) |
| 186 | 781.59 | 138.75 | End Shut-In(2) |
| 188 | 2574.82 | 140.07 | Final Hydro-static |

Recovery

| Length (ft) | Description | Volume (bbl) |
|-------------|---------------------|--------------|
| 179.00 | gocm 30%o 10%o 50%m | 0.88 |
| 372.00 | mcgo 30%g 50%o 20%m | 5.22 |
| 268.00 | mcgo 60%g 20%o 20%m | 3.76 |
| 0.00 | GTS | 0.00 |
| | | |
| | | |

Gas Rates

| | Choke (inches) | Pressure (psig) | Gas Rate (Mcf/d) |
|----------------|----------------|-----------------|------------------|
| First Gas Rate | 0.13 | 2.50 | 6.33 |
| Last Gas Rate | 0.13 | 12.62 | 9.42 |
| Max. Gas Rate | 0.13 | 12.62 | 9.42 |



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

American Warrior

32-15s-31w Wallace,KS

PO Box 399
Garden City, KS

Kudrr #1-32

Job Ticket: 69130

DST#: 1

ATTN: Kevin Timson

Test Start: 2022.08.26 @ 12:45:56

Tool Information

| | | | | | |
|---------------------------|--------------------|-----------------------|--------------------------------|------------------------|-------------|
| Drill Pipe: | Length: 4734.00 ft | Diameter: 3.80 inches | Volume: 66.41 bbl | Tool Weight: | 2000.00 lb |
| Heavy Wt. Pipe: | Length: 0.00 ft | Diameter: 0.00 inches | Volume: 0.00 bbl | Weight set on Packer: | 30000.00 lb |
| Drill Collar: | Length: 179.00 ft | Diameter: 2.25 inches | Volume: 0.88 bbl | Weight to Pull Loose: | 75000.00 lb |
| | | | <u>Total Volume: 67.29 bbl</u> | Tool Chased | 0.00 ft |
| Drill Pipe Above KB: | 32.00 ft | | | String Weight: Initial | 60000.00 lb |
| Depth to Top Packer: | 4910.00 ft | | | Final | 64000.00 lb |
| Depth to Bottom Packer: | ft | | | | |
| Interval between Packers: | 90.00 ft | | | | |
| Tool Length: | 119.00 ft | | | | |
| Number of Packers: | 2 | Diameter: 6.75 inches | | | |
| Tool Comments: | | | | | |

Tool Description

| Tool Description | Length (ft) | Serial No. | Position | Depth (ft) | Accum. Lengths |
|---------------------------|---------------|------------|----------|------------|-------------------------------|
| Stubb | 1.00 | | Fluid | 4882.00 | |
| Shut In Tool | 5.00 | | | 4887.00 | |
| Hydraulic tool | 5.00 | | | 4892.00 | |
| Jars | 5.00 | | | 4897.00 | |
| EM Tool | 2.00 | | | 4899.00 | |
| Safety Joint | 2.00 | | | 4901.00 | |
| Packer | 5.00 | | | 4906.00 | 29.00 Bottom Of Top Packer |
| Packer | 4.00 | | | 4910.00 | |
| Stubb | 1.00 | | | 4911.00 | |
| Recorder | 0.00 | 8790 | Inside | 4911.00 | |
| Recorder | 0.00 | 8674 | Outside | 4911.00 | |
| Perforations | 22.00 | | | 4933.00 | |
| Change Over Sub | 1.00 | | | 4934.00 | |
| Drill Pipe | 62.00 | | | 4996.00 | |
| Change Over Sub | 1.00 | | | 4997.00 | |
| Bullnose | 3.00 | | | 5000.00 | 90.00 Bottom Packers & Anchor |
| Total Tool Length: | 119.00 | | | | |



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior

32-15s-31w Wallace,KS

PO Box 399
Garden City, KS

Kudrr #1-32

Job Ticket: 69130

DST#: 1

ATTN: Kevin Timson

Test Start: 2022.08.26 @ 12:45:56

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 48.00 sec/qt

Cushion Volume:

bbf

Water Loss: 8.78 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 6200.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

| Length ft | Description | Volume bbf |
|--------------|---------------------|---------------|
| 179.00 | gocm 30%o 10%o 50%m | 0.880 |
| 372.00 | mcgo 30%g 50%o 20%m | 5.218 |
| 268.00 | mcgo 60%g 20%o 20%m | 3.759 |
| 0.00 | GTS | 0.000 |

Total Length: 819.00 ft

Total Volume: 9.857 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

American Warrior

32-15s-31w Wallace,KS

PO Box 399
Garden City, KS

Kudrr #1-32

Job Ticket: 69130

DST#: 1

ATTN: Kevin Timson

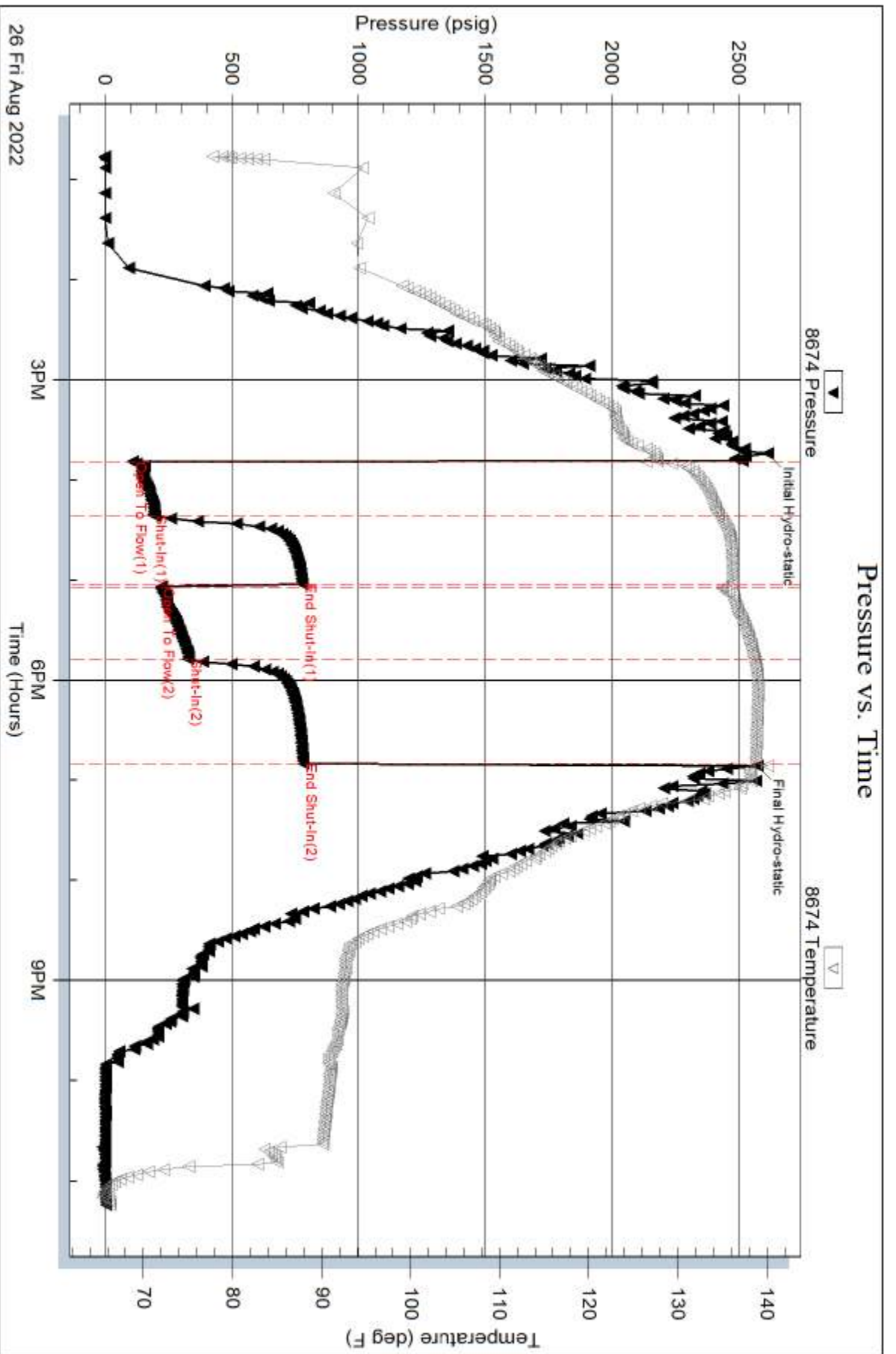
Test Start: 2022.08.26 @ 12:45:56

Gas Rates Information

Temperature: 120 (deg F)
Relative Density: 0.67
Z Factor: 0.8

Gas Rates Table

| Flow Period | Elapsed Time | Choke (inches) | Pressure (psig) | Gas Rate (Mcf/d) |
|-------------|--------------|----------------|-----------------|------------------|
| 2 | 10 | 0.13 | 2.50 | 6.33 |
| 2 | 20 | 0.13 | 8.78 | 8.08 |
| 2 | 30 | 0.13 | 10.52 | 8.69 |
| 2 | 40 | 0.13 | 12.62 | 9.42 |



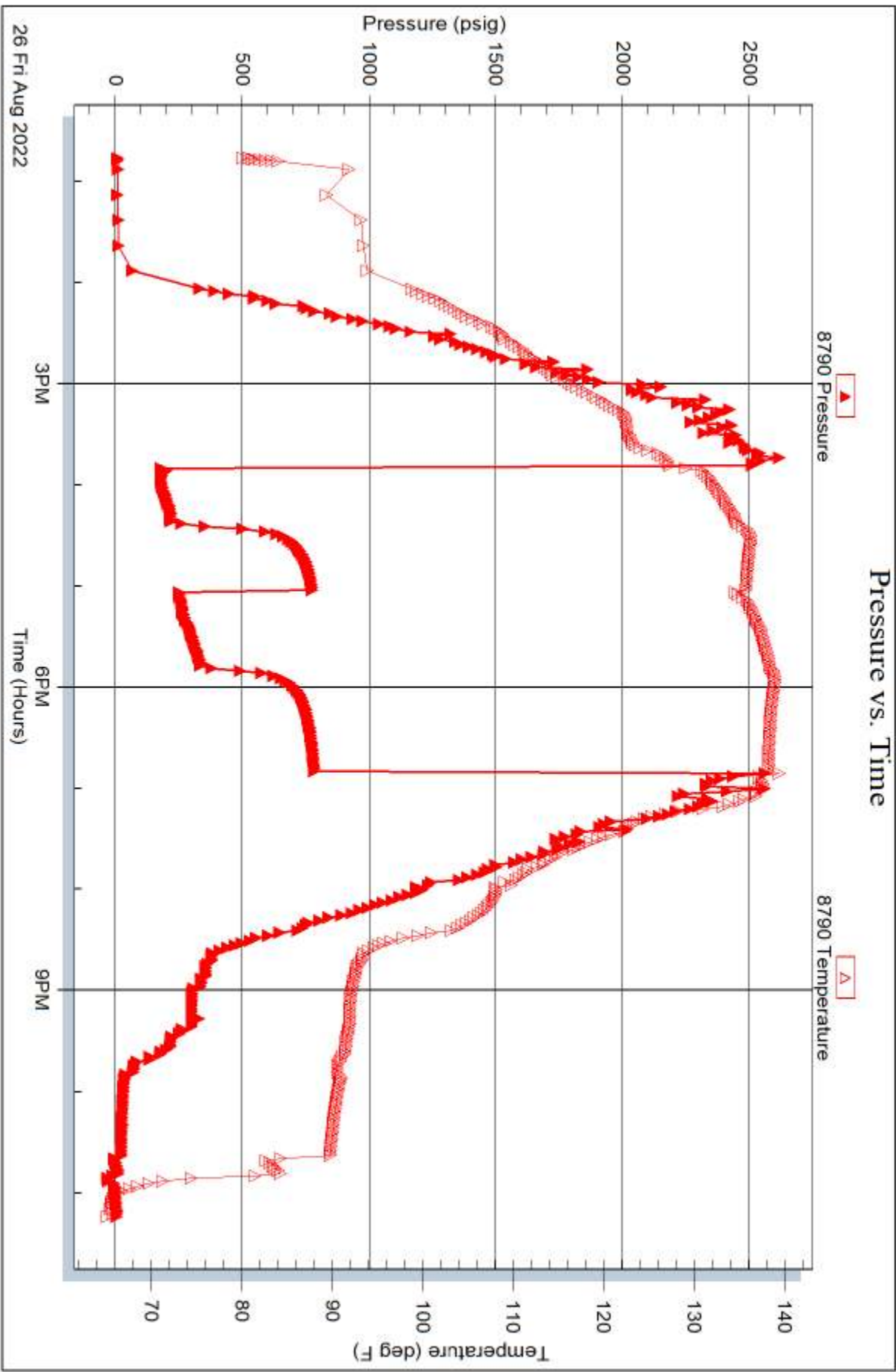
Serial #: 8790

Inside

American Warrior

Kudr #1-32

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 69130

Printed: 2022.08.30 @ 13:47:16

