

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	PATRICIA 1-16
Doc ID	1766025

Tops

Name	Top	Datum
Anhydrite	2677	329
Base	2711	295
Topeka	3789	-783
Heebner	3970	-964
Lansing	4018	-1012
Stark	4198	-1192
BKC	4252	-1246
Pawnee	4362	-1356
Fort Scott	4429	-1423
Cherokee	4448	-1442
Morrow	4486	-1480
Miss	4576	-1570
RTD	4635	-1629
LTD	4635	-1629



Services, Inc.

#1380189

CHARGE TO: *American Warrior Tax*

ADDRESS
CITY, STATE, ZIP CODE

Thomas

TICKET

36497

PAGE 1 OF 1

1. SERVICE LOCATIONS <i>Prays</i>	WELL/PROJECT NO. <i>1-16</i>	LEASE <i>Parria</i>	COUNTY/PARISH <i>Frederick</i>	STATE <i>MS</i>	CITY	DATE <i>8-19-20</i>	OWNER
2. <i>Ness City</i>	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Co Tools</i>	RIG NAME/NO.	SHIPPED <i>Why</i>	DELIVERED TO <i>LOCATION</i>	ORDER NO.	
3.	WELL TYPE <i>DI</i>	WELL CATEGORY <i>development</i>	JOB PURPOSE <i>Port Collar</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.			UNIT PRICE	AMOUNT
		LOC	ACCT	DF			U/M	U/M	U/M		
535											
576D											
290											
330											
276											
881											
583											
105											

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

PAGE TOTAL

13139.00

TOTAL

1380189

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

SWIFT OPERATOR

APPROVAL

[Signature]

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE PAGE NO.

2-19-24

CUSTOMER *American Warrior* WELL NO. *1-16* LEASE *PATRICIA* JOB TYPE *Port Collar* TICKET NO. *36497*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	930							On location
								TBG - 2 3/8
								Csg - 5 1/2
								Port Collar - 2729
						1500		Test Port Collar - Good
								open P.C.
		3				400		Get injection Rate
		5	0			900		START CMT 11 1/2 ppg
		5	5			900		Backside started circ
		5	50			1000		lost circ
		5	155			1300		Raise wgt of CMT to 14 1/2 ppg
		5	160			1300		End CMT / START Disp
		5	9			1400		End Disp
						1500		★ Did Not Circ CMT ★
								close P.C. & TEST
								Run 4 JTS
		3	15			3000		Reverse Out
								Job Complete
								Thanks
								Davis, Seth & Austin



#132340

CHARGE TO: American Marine Inc.
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 36866

PAGE 1 OF 2

SERVICE LOCATIONS

1. Ness City

WELL/PROJECT NO. 1-16

LEASE Patricia

COUNTY/PARISH Thomas

STATE KS

CITY

DATE 2-7-24

OWNER

2. TICKET TYPE SERVICE

CONTRACTOR Duke

RIG NAME/NO. #5

SHIPPED VIA AT

ORDER NO.

3. WELL TYPE SALES

WELL CATEGORY Development

JOB PURPOSE Longstring 5 1/2"

WELL PERMIT NO.

WELL LOCATION Perfor-d 5 1/2"-N

4. REFERRAL LOCATION

INVOICE INSTRUCTIONS

3-42, 34-5, E-1010

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE	120	mi			8.00	960.00
578					quamp charge (log string)	1	job			1750.00	1750.00
404					part collar	1	ea			2600.00	2600.00
407					insert Ebot shoe w/ Auto 5 1/2"	1	ea			400.00	400.00
406					catch down plug & gaffle	1	ea			300.00	300.00
409					Turbo lizer	10	ea			110.00	1100.00
403					CMT Basket	2	ea			350.00	700.00

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

DATE SIGNED

TIME SIGNED

A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.

P.O. BOX 466

NESS CITY, KS 67560

785-798-2300

SURVEY		AGREE	UNDECIDED	DISAGREE	PAGE TOTAL
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?	
					7810.00
					8940.00
					16750.00
					1021.35
					1791.35

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

SWIFT OPERATOR *Robert Wain*

APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE	PAGE NO.
2-7-24	1
TICKET NO.	
36866	

CUSTOMER	WELL NO.	LEASE	JOB TYPE
American Warrior Inc.	1-16	Patricia	longstring

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	13:30							DN location 5 1/2" 17# TD 4635' set @ 4624' shoe 39.93' PC-collar #46 2732' Turbalizers 1,2,3,4,5,6,7,8,9,47 Basket pin 45+46
	14:00							start pipe
	17:25							break circulation
	18:25		12		✓			mix mud flush
			20		✓			KC L Spacers
	18:35		12		✓			plug RH #30SK MH 20SK
		3 1/2	36		✓		200	mix 150 SKs ea2 @ 15.5 gpm
	19:00							wash out pump line + drop plug
	19:05	6 3/4	-0-		✓		200	start displacement
		6 3/4	84		✓		350	lift pressure
			105		✓		700	
	19:30		106		✓		1700	land plug
								Hold psi + Release
	19:40							Wash pump truck
	20:00							Job complete
								Thanks!
								Preston, Kirby, Austin
								200 SKs Ea2 used



DRILL STEM TEST REPORT

Prepared For: **American Warrior Inc.**

PO Box 399
Great Bend, KS 67846

ATTN: Marc Downing

Patricia #1-16

16-6s-31w Thomas,KS

Start Date: 2024.02.05 @ 10:05:00

End Date: 2024.02.05 @ 18:15:21

Job Ticket #: 70943 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

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

Printed: 2024.02.06 @ 15:39:25



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

American Warrior Inc.
 PO Box 399
 Great Bend, KS 67846
 ATTN: Marc Downing

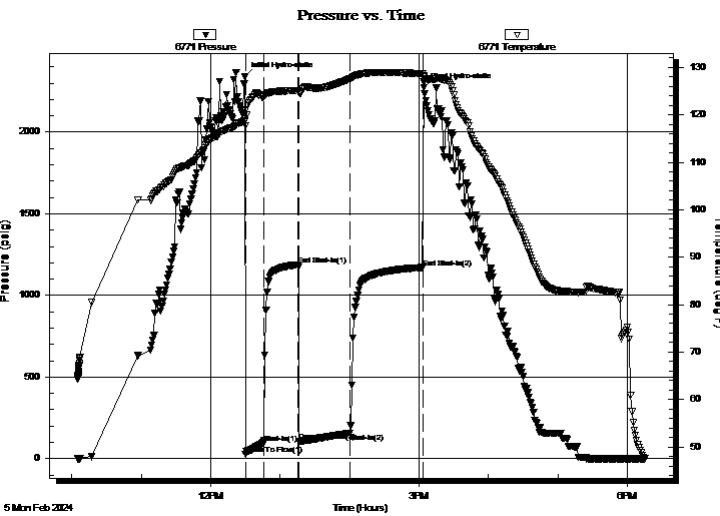
16-6s-31w Thomas,KS
Patricia #1-16
 Job Ticket: 70943 **DST#: 1**
 Test Start: 2024.02.05 @ 10:05:00

GENERAL INFORMATION:

Formation: **Myrick Station**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 12:29:51
 Time Test Ended: 18:15:21
 Interval: **4374.00 ft (KB) To 4424.00 ft (KB) (TVD)**
 Total Depth: 4424.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: James Winder
 Unit No: 73
 Reference Elevations: 3004.00 ft (KB)
 2995.00 ft (CF)
 KB to GR/CF: 9.00 ft

Serial #: 6771 Inside
 Press@RunDepth: 155.59 psig @ 4375.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2024.02.05 End Date: 2024.02.05 Last Calib.: 2024.02.05
 Start Time: 10:05:01 End Time: 18:15:21 Time On Btm: 2024.02.05 @ 12:29:21
 Time Off Btm: 2024.02.05 @ 15:04:06

TEST COMMENT: 15 - IF: Blow built to 8"
 30 - IS: No blow
 45 - FF: Blow built to BOB (11") at 30 min., built to 16 3/4"
 60 - FS: Blow back built to 1/4"



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2337.53	118.69	Initial Hydro-static
1	27.92	117.76	Open To Flow (1)
17	96.91	123.81	Shut-In(1)
47	1188.35	125.10	End Shut-In(1)
47	107.30	124.72	Open To Flow (2)
91	155.59	127.58	Shut-In(2)
154	1170.92	128.68	End Shut-In(2)
155	2273.62	127.96	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
175.00	SOMCW 79%w , 11%m, 5%o, 5%g	0.86
80.00	SOWCM 58%m, 32%w , 5%o, 5%g	1.12
45.00	SMCGO 80%o, 12%g, 8%m	0.63
15.00	CGO 92%o, 8%g	0.21
0.00	GIP = 170'	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

American Warrior Inc.

16-6s-31w Thomas,KS

PO Box 399
Great Bend, KS 67846

Patricia #1-16

Job Ticket: 70943

DST#: 1

ATTN: Marc Downing

Test Start: 2024.02.05 @ 10:05:00

Tool Information

Drill Pipe:	Length: 4196.00 ft	Diameter: 3.80 inches	Volume: 58.86 bbl	Tool Weight:	2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.75 inches	Volume: 0.00 bbl	Weight set on Packer:	25000.00 lb
Drill Collar:	Length: 175.00 ft	Diameter: 2.25 inches	Volume: 0.86 bbl	Weight to Pull Loose:	68000.00 lb
			<u>Total Volume: 59.72 bbl</u>	Tool Chased	0.00 ft
Drill Pipe Above KB:	30.00 ft			String Weight: Initial	62000.00 lb
Depth to Top Packer:	4374.00 ft			Final	63000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	20.00 ft				
Tool Length:	53.00 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			4342.00	
Shut In Tool	5.00			4347.00	
Hydraulic tool	5.00			4352.00	
Jars	5.00			4357.00	
EM Tool	4.00			4361.00	
Safety Joint	3.00			4364.00	
Packer	5.00			4369.00	33.00 Bottom Of Top Packer
Packer	5.00			4374.00	
Stubb	1.00			4375.00	
Recorder	0.00	6771	Inside	4375.00	
Recorder	0.00	8367	Outside	4375.00	
Perforations	12.00			4387.00	
Blank Spacing	3.00			4390.00	
Perforations	1.00			4391.00	
Bullnose	3.00			4394.00	20.00 Bottom Packers & Anchor

Total Tool Length: 53.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior Inc.

16-6s-31w Thomas,KS

PO Box 399
Great Bend, KS 67846

Patricia #1-16

Job Ticket: 70943

DST#: 1

ATTN: Marc Downing

Test Start: 2024.02.05 @ 10:05:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

29.4 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

10000 ppm

Viscosity: 59.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2100.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
175.00	SOMCW 79%w , 11%m, 5%o, 5%g	0.861
80.00	SOWCM 58%m, 32%w , 5%o, 5%g	1.122
45.00	SMCGO 80%o, 12%g, 8%m	0.631
15.00	CGO 92%o, 8%g	0.210
0.00	GIP = 170'	0.000

Total Length: 315.00 ft

Total Volume: 2.824 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

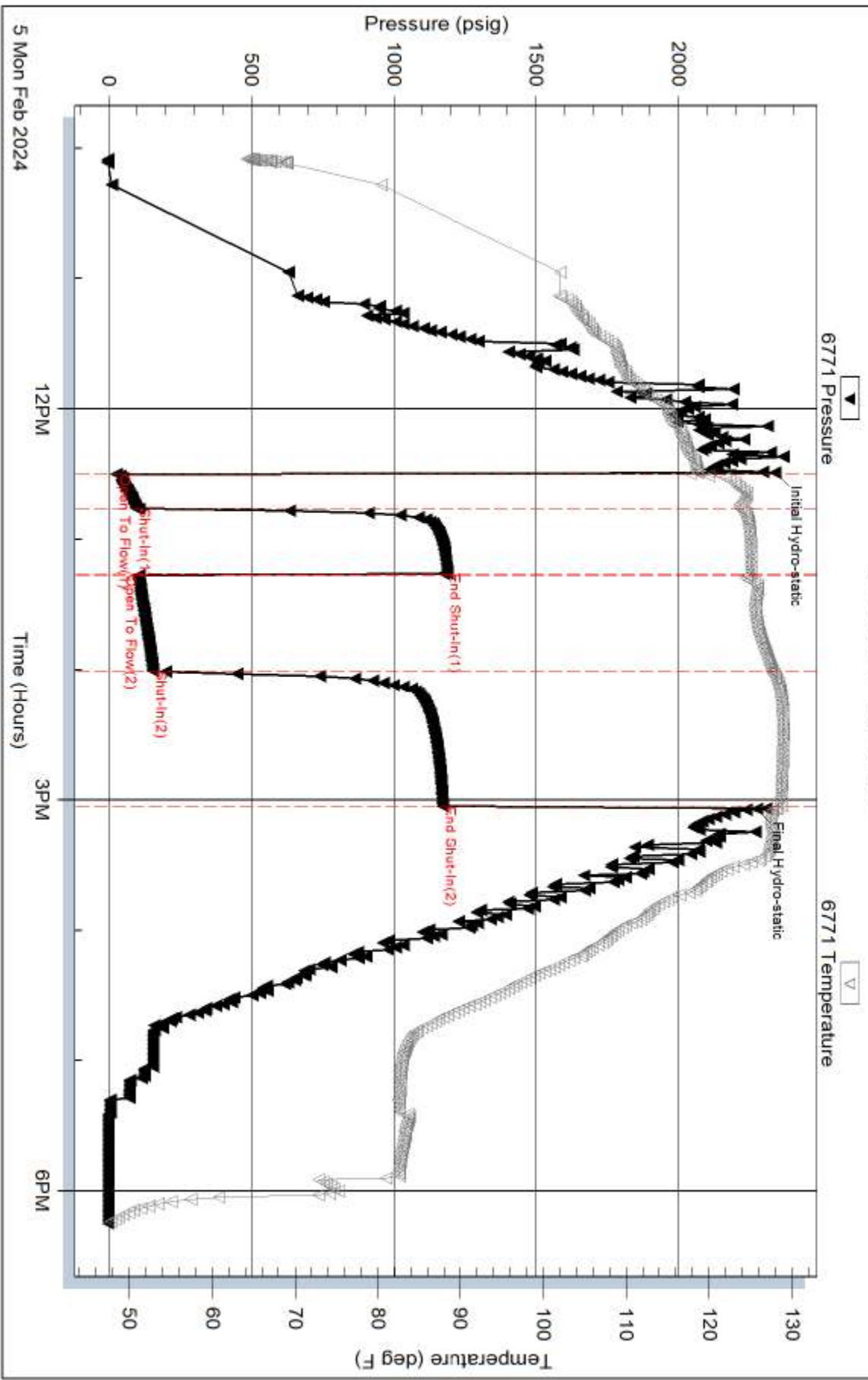
Laboratory Name:

Laboratory Location:

Recovery Comments: Gravity = 29 api @ 56 deg F Corrected Gravity = 29.4 api

RW= .845 ohms @ 49 deg F Chlorides = 10,000 ppm

Pressure vs. Time

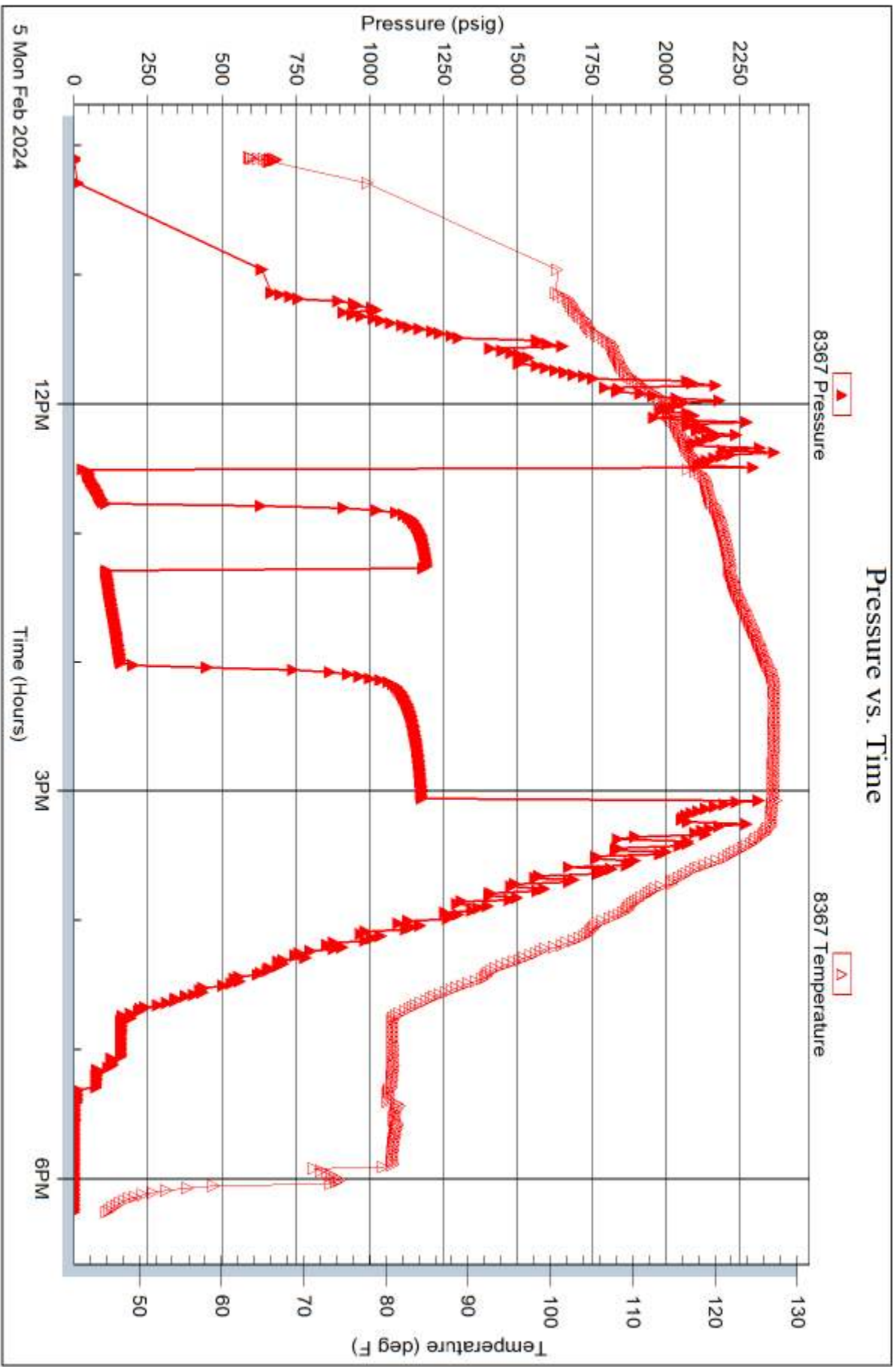


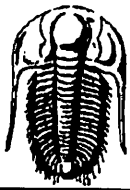
Serial #: 8367

Outside American Warrior Inc.

Patricia #1-16

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 70943

Well Name & No. Patricia *1-16 Test No. 1 Date 2-5-24
 Company American Warrior Inc Elevation 3004 KB 2995 GL
 Address PO Box 399 Garden City KS 67846
 Co. Rep / Geo Marc Downing Rig Duke #5
 Location: Sec. 16 Twp 6S Rge. 31w Co. Thomas State KS

Interval Tested 4374 - 4424 Zone Tested Myrick Station
 Anchor Length 50 Drill Pipe Run 4196 Mud Wt. 9.3
 Top Packer Depth 4369 Drill Collars Run 175 Vis 59
 Bottom Packer Depth 4374 Wt. Pipe Run - WL 7.2
 Total Depth 4424 Chlorides 2100 ppm System LCM 6

Blow Description IF: Blow built to 8"
ISI: No blow
FF: Blow built to BOB (11") at 30 min., built to 16 3/4"
FBI: Blowback built to 1/4"

Rec	Feet of	%gas	%oil	%water	%mud
<u>15</u>	<u>CGO</u>	<u>8</u>	<u>92</u>		
<u>45</u>	<u>smc60</u>	<u>12</u>	<u>80</u>	<u>8</u>	
<u>80</u>	<u>50wcm</u>	<u>5</u>	<u>5</u>	<u>32</u>	<u>58</u>
<u>175</u>	<u>50mcw</u>	<u>5</u>	<u>5</u>	<u>79</u>	<u>11</u>
	<u>GIP 170'</u>				

Rec Total 315 BHT 129 Gravity 29.4 API RW .845 @ 49 °F Chlorides 14000 ppm
 Initial Hydrostatic 2338 Test 1950 Ruined Shale Packer
 Initial Flow 28 to 97 Jars 300 Ruined Packer
 Initial Shut-In 1188 Circ Sub Hotel
 Final Flow 107 to 156 Hourly Standby EM Tool Successful
 Final Shut-In 1171 Mileage 82 RT x 2 Accessibility
 Final Hydrostatic 2274 Sampler 143.50 + 143.50 Gas Sample
 T-On Location 8:00 Straddle Oversized Hole
 Initial Flow 15 T-Started 10:05 Shale Packer Sub Total 0
 Initial Shut-In 30 T-Open 12:29 Extra Packer Total 2537
 Final Flow 45 T-Pulled 15:03 Extra Recorder Tool Loaded 2/6 @ 11:45
 Final Shut-In 60 T-Out 18:10 Day Standby MP/DST Disc't
 Comments Cat cleaning location until 9:30

Approved By _____ Our Representative James Winder

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.