

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4058
Name: American Warrior, Inc.
Address 1: PO Box 399
Address 2: _____
City: Garden City State: KS Zip: 67846 + 0399
Contact Person: Scott Corsair
Phone: (785) 398-2270
CONTRACTOR: License # 33323
Name: Petromark Drilling, LLC
Wellsite Geologist: Scott Corsair
Purchaser: NCRA

Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
 Oil _____ SWD _____ SIOW _____
_____ Gas _____ ENHR _____ SIGW _____
_____ CM (Coal Bed Methane) _____ Temp. Abd. _____
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD _____
_____ Plug Back: _____ Plug Back Total Depth _____
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
12/29/2008 01/08/2009 07/10/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 135-24862-0000
Spot Description: 100' N & 10' W SW SE SE
NW SW SE SE Sec. 12 Twp. 19 S. R. 22 East West
430 421 Feet from North / South Line of Section
1000 1045 Feet from East / West Line of Section
GPS-rec-log
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ness
Lease Name: Rein FF Well #: 2-12
Field Name: DeWald
Producing Formation: Mississippian
Elevation: Ground: 2169' Kelly Bushing: 2175'
Total Depth: 4295' Plug Back Total Depth: 4294'
Amount of Surface Pipe Set and Cemented at: 223 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1383 Feet
If Alternate II completion, cement circulated from: 150
feet depth to: 1383' w/ 150 sx cmt.

Drilling Fluid Management Plan AH II NR 10-5-09
(Data must be collected from the Reserve Pit)
Chloride content: 40,000 ppm Fluid volume: 300 bbls
Dewatering method used: evaporate
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

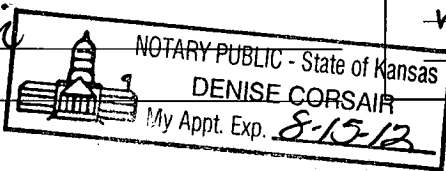
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: _____
Title: Petroleum Engineer Date: 09/21/2009

Subscribed and sworn to before me this 21st day of September,
20 09.

Notary Public: Denise Corsair
Date Commission Expires: 8-15-12



KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
SEP 23 2009

Operator Name: American Warrior, Inc. Lease Name: Rein FF Well #: 2-12
 Sec. 12 Twp. 19 S. R. 22 East West County: Ness

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction, Compensated Neutron Density	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1408</td> <td>+767</td> </tr> <tr> <td>Heebner</td> <td>3646</td> <td>-1471</td> </tr> <tr> <td>Lansing</td> <td>3694</td> <td>-1519</td> </tr> <tr> <td>BKC</td> <td>4013</td> <td>-1838</td> </tr> <tr> <td>Ft. Scott</td> <td>4178</td> <td>-2003</td> </tr> <tr> <td>Cherokee</td> <td>4196</td> <td>-2021</td> </tr> <tr> <td>Mississippian</td> <td>4274</td> <td>-2099</td> </tr> </table>	Name	Top	Datum	Anhydrite	1408	+767	Heebner	3646	-1471	Lansing	3694	-1519	BKC	4013	-1838	Ft. Scott	4178	-2003	Cherokee	4196	-2021	Mississippian	4274	-2099
Name	Top	Datum																							
Anhydrite	1408	+767																							
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Ft. Scott	4178	-2003																							
Cherokee	4196	-2021																							
Mississippian	4274	-2099																							

CASING RECORD <input checked="" 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
Surface	12 1/4"	8 5/8"	23	223'	Common	160	2%CC/3% Gel
Production	7 7/8"	5 1/2"	14	4294'	EA-2	165	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Surface-1383'	SMD	150	

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	4274-4293.5'		

TUBING RECORD:	Size: <u>2 3/8"</u>	Set At: <u>4265'</u>	Packer At: <u>NA</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>07/10/2009</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. <u>10</u>	Gas Mcf	Water Bbls. <u>80</u>	Gas-Oil Ratio <u>40</u>

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4274-4293.5' Perf</u>
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CHARGE TO: **AMERICAN WAREHO Inc.**
 ADDRESS:
 CITY, STATE, ZIP CODE:

RECEIVED
 KANSAS CORPORATION COMMISSION

SEP 23 2009

TICKET

№ 15568

CONSERVATION DIVISION
 WICHITA, KS

PAGE 1 OF 1

SERVICE LOCATIONS: 1. **NESS GAT KS**

WELL/PROJECT NO.: **2-12** LEASE: **RETN FF** COUNTY/PARISH: **NESS** STATE: **Kc** CITY: DATE: **1-23-09** OWNER: **SAME**

TICKET TYPE: SERVICE SALES CONTRACTOR: **H-D** RIG NAME/NO.: SHIPPED VIA: **CT** DELIVERED TO: **LOCATION** ORDER NO.:

WELL TYPE: **OIL** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **CONST PORT COLLAR** WELL PERMIT NO.: WELL LOCATION: **BAZTJE, Kc - 2 1/2 S, W-W-E**

REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
575		1			MILEAGE # 110	20	MZ	7.00		140.00
578		1			PUMP SERVICE	1	JOB	1400.00		1400.00
288		1			SACK SAND	1	SKS	25.00		25.00
105		1			PORT COLLAR OPENING TOOL	1	JOB	400.00		400.00
330		1			SWIFT MULTI-DRAWN STAINLESS	150	SVS	16.00		2400.00
296		1			FLOCCER	50	LBS	1.50		75.00
290		1			D-AIR	2	GAL	35.00		70.00
581		1			SERVICE CHARGE C/MWST	200	SKS	1.90		380.00
583		1			DRYAGE	19970	LBS	1.75	199.7	349.48
3		1			TSU - RBP REDRESS CHARGE	1	GA	200.00	5/2"	200.00
124		1			TSU - RBP REDRESS KIT	1	GA	325.00	5/2"	325.00

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: Scott
 DATE SIGNED: **1-23-09** TIME SIGNED: **0930** A.M. P.M.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				5764.48
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				7.5% TAX 185.24
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				5949.72

JOB LOG

SWIFT Services, Inc.

DATE 1-23-09 PAGE NO. 1

CUSTOMER AMERICAN WARRIOR INC WELL NO. 2-12 LEASE REZN FF JOB TYPE CEMENT PORT COLLAR TICKET NO. 15568

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0930							ON LOCATION
								2 3/8 X 5 1/2' RBP = 3965' PORT COLLAR = 1383'
	1045			✓		1000	1000	LOAD HOSE - TEST RBP - HEUD
	1100		8	✓				SPOT 1 SK SAND
								PULL UP - LOCATE PORT COLLAR
	1245	4	2	✓		600		OPSW PORT COLLAR - ZWT RATE
	1250	4 1/4	70	✓		750		PUMP DRILLING MUD - GOOD CIRCULATION
	1310	4 1/4	83	✓		550		MIX CEMENT 150 SKS SMA 1/4" SK FLOCC
	1335	4	4 1/2	✓		600		DISPLACE CEMENT
	1345			✓		1000		CLOSE PORT COLLAR - PSZ TEST - HEUD
	1400	4	25	✓		500		RUN 4 JTS - CIRCULATE CLEAN
								CIRCULATED 15 SKS CEMENT TO PT
								WASH TRUCK
	1515	4	35	✓		650		RUN TUBING - CIRCULATE SAND OFF RBP LEAVE RBP SET - PULL UP 1 JT
	1600							JOB COMPLETE

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SEP 23 2009
CONSERVATION DIVISION
WICHITA, KS

THANK YOU
WAYNE, BRETT, DON



CHARGE TO:
AMERICAN WADDLER INC.
 ADDRESS
 CITY, STATE, ZIP CODE

RECEIVED
 KANSAS CORPORATION COMMISSION

TICKET

SEP 23 2009

No 15551

PAGE 1 OF 2

CONSERVATION DIVISION

SERVICE LOCATIONS 1. Ness Co., KS	WELL/PROJECT NO. 2-12	LEASE REZN FF	COUNTY/PARISH NESS	STATE KS	CITY WICHITA, KS	DATE 1-7-09	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR PETROMAR DRILL #1	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 5 1/2" LONGSTRENG	WELL PERMIT NO.	WELL LOCATION BARZEE, KS - 3S, 1/4 W, N-E		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 110	20	ME			7.00	140.00
578		1			PUMP SERVICE	1	JOB	4295	FT	1400.00	1400.00
221		1			LIQUIDS KCL	2	GAL			26.00	52.00
281		1			MUD FLOSH	500	GAL			1.00	500.00
402		1			CENTRALIZERS	5	EA	5 1/2"		100.00	500.00
403		1			CEMENT BASKETS	2	EA	5 1/2"		300.00	600.00
404		1			PORT COLLAR TOP JT # 72	1	EA	1383	FT	2300.00	2300.00
406		1			LATCH DOWN PLOG - BAFFLE	1	EA			260.00	260.00
407		1			INSERT FLOAT SLICE w/ AUTO FILL	1	EA			325.00	325.00
419		1			ROTATING HEAD RENTAL	1	JOB			250.00	250.00

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

X *[Signature]*
 DATE SIGNED **1-9-09** TIME SIGNED **2300**
 A.M.
 P.M.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#1	6327.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	3752.77
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR **WAYNE WILSON**

APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 1-7-09 PAGE NO. 1

CUSTOMER AMERICAN WARRIOR INC WELL NO. 2-12 LEASE REZN FF JOB TYPE S/2 LONGSTAIRS TICKET NO. 15551

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2300							ON LOCATION
	0030							START 5/2" CASING IN WELL
								TD-4295 SET c 4294
								TP-4296 S/2 # 14
								ST- 42'
								CENTRALIZERS - 1, 2, 3, 4, 71
								CMT BSKTS - 5, 72
								PORT COLLAR c 1383 TOP JT # 72
	0215							DROP BALL - CIRCULATE ROTATE
	0255	6	12		✓		450	PUMP 500 GAL MUD FLUSH
	0257	6	20		✓		450	PUMP 20 BBLS KCL-FLUSH
	0305		5					PLUG RH (15 SKS)
	0308	4	36		✓		250	MIX CEMENT 150 SKS EA-2 c 15.5 PPG
	0318							WASH OUT PUMP - LINES
	0319							RELEASE LATCH DOWN PLUG
	0320	7	0		✓			DISPLACE PLUG
	0335	6 1/2	103.8				1500	PLUG DOWN - PSE UP LATCH IN PLUG
	0337						OK	RELEASE PSE - HELD
								WASH TRUCK
	0430							JOB COMPLETE

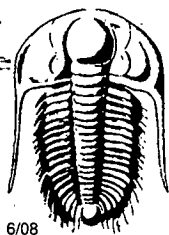
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SEP 23 2009

CONSERVATION DIVISION WICHITA, KS

THANK YOU WANE, BRETT, DAVE

33773



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

Well Name & No. Rein FF 2-12 Test No. 1 Date 1-7-09
 Company Am Warrior Zone Tested Miss
 Address 3118 Cummings Rd Garden City, K 67846 Elevation 2175 KB 2169 GL
 Co. Rep / Geo. Scott Corsair Rig Petromark 1
 Location: Sec. 12 Twp. 19^s Rge. 22^w Co. Ness State Ks
 Comment: _____

Interval Tested 4277-4293 Drill Pipe Size 4 1/2 XH
 Anchor Length 16 Wt. Pipe Run _____
 Top Packer Depth 4272 Drill Collar Run 119
 Bottom Packer Depth 4277 Ft. Run 4141
 Total Depth 4293 Recorder #(s) 8018 8371

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 SEP 23 2009
 CONSERVATION DIVISION
 WICHITA, KS

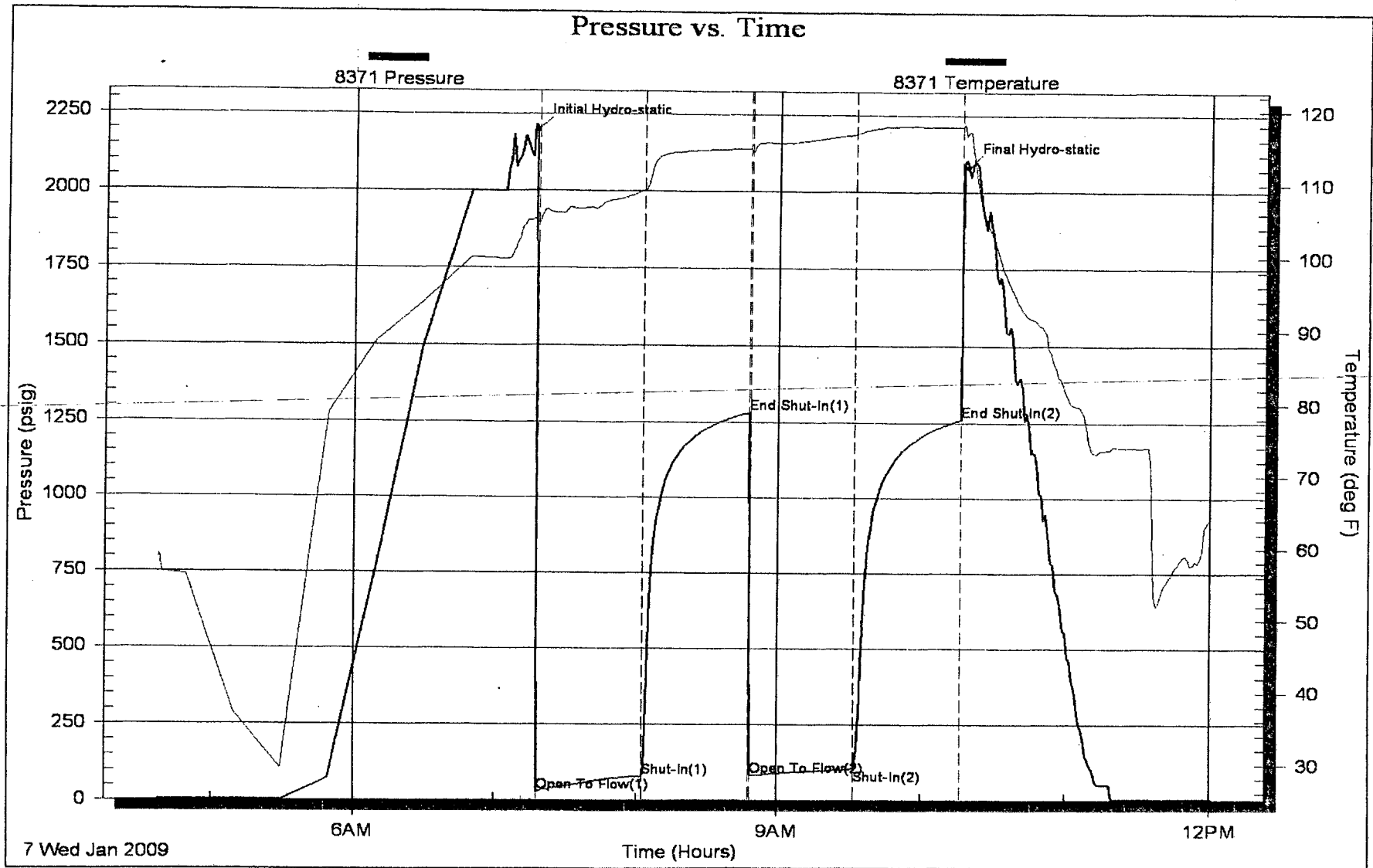
Blow Description IFP - weak to Good Blow 14-6"
ISI - weak sur Blow back died after 5 min
FFP - weak to Good blow 14-6"
FSI - weak sur Blow back throughout

Recovery - Total Feet	GIP	Ft. in DC	Ft. in DP
<u>190</u>	<u>-</u>	<u>119</u>	<u>71</u>
Rec. <u>40</u>	Feet of <u>Free oil</u>	%gas <u>95</u>	%oil <u>5</u> %water <u>5</u> %mud
Rec. <u>30</u>	Feet of <u>USOCW/M</u>	%gas <u>5</u>	%oil <u>35</u> %water <u>60</u> %mud
Rec. <u>120</u>	Feet of <u>MW</u>	%gas _____	%oil _____ %water <u>70</u> %mud <u>30</u>
Rec. _____	Feet of _____	%gas _____	%oil _____ %water _____ %mud _____
Rec. _____	Feet of _____	%gas _____	%oil _____ %water _____ %mud _____
BHT <u>118</u>	*F Gravity <u>39</u>	*API D @ <u>50</u>	*F Corrected Gravity <u>40</u> *API _____
RW _____ @ _____	*F Chlorides <u>.449</u> ppm	Recovery <u>44</u>	Chlorides <u>21,000</u> ppm System

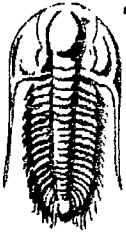
IF <u>45</u>	<input checked="" type="checkbox"/> Test	<input type="checkbox"/> Sampler _____	<input type="checkbox"/> Day Standby _____
ISI <u>45</u>	<input checked="" type="checkbox"/> Jars	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Accessibility _____
FF <u>45</u>	<input checked="" type="checkbox"/> Safety Joint	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Shale Packer _____
FSI <u>45</u>	<input type="checkbox"/> Circ Sub _____	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Ruined Packer _____
T-on Loc <u>0404</u>	<input type="checkbox"/> Hourly Standby _____	<input type="checkbox"/> Extra Recorder _____	<input type="checkbox"/> Extra Copies _____
T-started <u>0437</u>	<input checked="" type="checkbox"/> Mileage <u>134 RT</u>	<input type="checkbox"/> Other _____	
T-open <u>0717</u>			
T-pulled <u>1017</u>	Sub Total _____	Sub Total _____	Sub Total _____
T-out <u>1200</u>			Total _____

Trilobite Testing, Inc. shall not be liable for damage of any kind of the 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.

Approved By [Signature] Our Representative Brian Fairbank [Signature]



RECEIVED
KANSAS CORPORATION COMMISSION
SEP 23 2009
CONSERVATION DIVISION
WICHITA, KS



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

American Warrior
3118 Cummings Rd.
Garden City, Ks
67846
ATTN: Scott Corsair

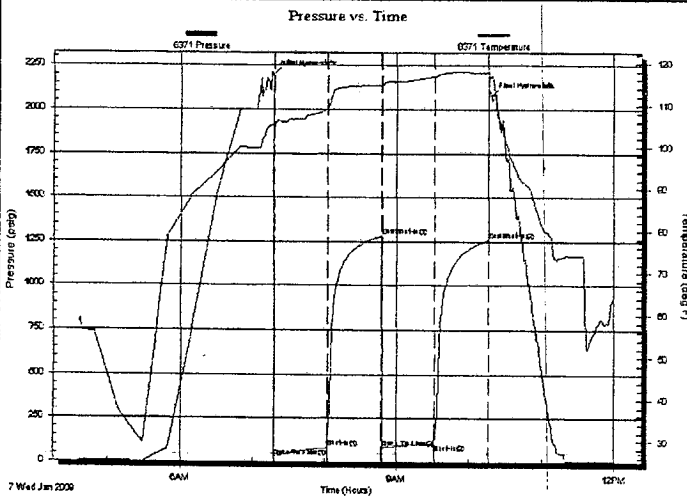
Rein FF 2-12
12-19s-22w/Ness
Job Ticket: 33773 DST#: 1
Test Start: 2009.01.07 @ 04:37:11

GENERAL INFORMATION:

Formation: Miss
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 07:17:36
Time Test Ended: 12:00:35
Interval: 4277.00 ft (KB) To 4293.00 ft (KB) (TVD)
Total Depth: 4293.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition:
Test Type: Conventional Bottom Hole
Tester: Brian Fairbank
Unit No: 41
Reference Elevations: 2175.00 ft (KB)
2169.00 ft (CF)
KB to GR/CF: 6.00 ft

Serial #: 8371 Inside
Press@RunDepth: 104.44 psig @ 4280.00 ft (KB)
Start Date: 2009.01.07 End Date: 2009.01.07
Start Time: 04:37:11 End Time: 12:00:35
Capacity: 7000.00 psig
Last Calib.: 2009.01.07
Time On Btm: 2009.01.07 @ 07:16:36
Time Off Btm: 2009.01.07 @ 10:18:35

TEST COMMENT: IFP - weak to good blow 1/4" - 6"
ISI - weak sur blow back died after 5 min.
FFP - weak to good blow 1/4" - 6"
FSI - weak sur blow back throughout



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2196.78	105.28	Initial Hydro-static
1	27.41	104.49	Open To Flow (1)
46	78.63	109.12	Shut-In(1)
91	1280.71	114.81	End Shut-In(1)
92	83.11	114.36	Open To Flow (2)
135	104.44	116.82	Shut-In(2)
180	1259.44	117.82	End Shut-In(2)
182	2079.06	117.12	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	MW 70%W, 30%W	0.60
30.00	VSO/W 5%O, 35%W, 60%M	0.42
40.00	FREE OIL 95%O, 5%M	0.56

Gas Rates

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