

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Jason Alm
Purchaser: NCRA

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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.: _____
09/11/2008 09/18/2008 12/01/2008
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 135-24815-0000
Spot Description: 15' S & 65' W NW SE NE SE
NW SE NE SE Sec. 13 Twp. 20 S. R. 21 East West
1800 Feet from North / South Line of Section
560 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ness
Lease Name: Felder Well #: 1-13
Field Name: Bernice
Producing Formation: Mississippian
Elevation: Ground: 2202' Kelly Bushing: 2207'
Total Depth: 4361' Plug Back Total Depth: NA
Amount of Surface Pipe Set and Cemented at: 218 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1392 Feet
If Alternate II completion, cement circulated from: 1926
feet depth to: surface w/ 275 sx cmt.

Drilling Fluid Management Plan AH II NCR 9-22-09
(Data must be collected from the Reserve Pit)
Chloride content: 42,000 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: 09/15/2009

Subscribed and sworn to before me this 15th day of September,
20 09.

Notary Public: _____
Date Commission Expires: 8-15-12

NOTARY PUBLIC - State of Kansas
DENISE CORSAIR
My Appt. Exp. 8-15-12

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

Operator Name: American Warrior, Inc. Lease Name: Felder Well #: 1-13
 Sec. 13 Twp. 20 S. R. 21 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>1407</td> <td>+800</td> </tr> <tr> <td>Heebner</td> <td>3730</td> <td>-1523</td> </tr> <tr> <td>Lansing</td> <td>3782</td> <td>-1575</td> </tr> <tr> <td>BKC</td> <td>4112</td> <td>-1905</td> </tr> <tr> <td>Ft. Scott</td> <td>4276</td> <td>-2069</td> </tr> <tr> <td>Cherokee</td> <td>4295</td> <td>-2088</td> </tr> <tr> <td>Mississippian</td> <td>4353</td> <td>-2146</td> </tr> </table>	Name	Top	Datum	Anhydrite	1407	+800	Heebner	3730	-1523	Lansing	3782	-1575	BKC	4112	-1905	Ft. Scott	4276	-2069	Cherokee	4295	-2088	Mississippian	4353	-2146
Name	Top	Datum																							
Anhydrite	1407	+800																							
Heebner	3730	-1523																							
Lansing	3782	-1575																							
BKC	4112	-1905																							
Ft. Scott	4276	-2069																							
Cherokee	4295	-2088																							
Mississippian	4353	-2146																							

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	218'	Common	160	2% gel, 3% CC
Production	7 7/8"	5 1/2"	15.5	4359'	EA-2	150	

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	1926'-Surface	Swift SMD	275	1/4# flocele

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	4350.5-4360.5'		

TUBING RECORD:	Size: 2 3/8"	Set At: 4357'	Packer At: NA	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 12/01/2008		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. 25	Gas Mcf	Water Bbls. 2	Gas-Oil Ratio 34

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: 4350.5-4359' Perf 4359-61' open hole
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CHARGE TO: **AMERICAN WARRIOR TAX**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
 No 14967

PAGE 1 OF 1

SERVICE LOCATIONS
 1. **Ness City, KS** WELL/PROJECT NO. **1-13** LEASE **FELDER** COUNTY/PARISH **NESS** STATE **Ks** CITY: DATE **9-22-08** OWNER **SAME**
 2. TICKET TYPE SERVICE CONTRACTOR **H-D** RIG NAME/NO: SHIPPED VIA **ST** DELIVERED TO **LOCATION** ORDER NO:
 3. WELL TYPE **OIL** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **SQUEEZE CRACKING LEAK** WELL PERMIT NO. WELL LOCATION **BADGE Ks - 1/4 E 10s 2E 1/2 N, W3**
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 104	25	ME			7.00	175.00
578		1			PUMP SERVICE	1	JOB	1926	FT	14.00	1400.00
330		1			SWIFT MULTI-DENSITY STAMP	275	SKS			16.00	4400.00
276		1			FLOCELE	70	US			1.50	105.00
290		1			D-AD	3	GA			35.00	105.00
581		1			SQUEEZE CRACKING CEMENT	275	SKS			1.90	522.50
583		1			DRYAGE	27320	US	341.5	TM	1.75	597.63

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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 **9-22-08** TIME SIGNED **1430** 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?				730513
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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
<input checked="" type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				
				TOTAL
				754946

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

SALE OPERATOR Wanda Wilson APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE **9-22-08** PAGE NO. **1**

CUSTOMER **AMERICAN WARRIOR INC.** WELL NO. **1-13** LEASE **FELNER** JOB TYPE **SQUEEZE CASING LEAK** TICKET NO. **14967**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1430							ON LOCATION
								2 3/8 x 5 1/2 CASING LEAK @ 1926-1958 PKR @ 1768' SET
	1505		1/4		✓		500	PSI ANNULUS - HELD - SHUT IN
	1510	3 1/2	2	✓		600		INJ RATE
	1515	4 1/2	125	✓		600		MAX CMST 225 S/S SMB @ 11.2 PPG
		3 1/2	14	✓		450		50 S/S SMB @ 14.0 PPG
	1518							WASH OUT PUMP - LINES
	1550	3	0	✓				DEBRACE CMST
	1553	3	9	✓		700		" SHUT DOWN
	1555					350		SHUT IN WELL
								CIRCULATED 25 S/S CMST TO PPT
								WASH TRUCK
	1630							JOB COMPLETE
								THANK YOU WAKE BOAT, AM



CHARGE TO: *American Warrior Inc*

ADDRESS:

CITY, STATE, ZIP CODE:

TICKET
No 14707

PAGE 1 OF 2

SERVICE LOCATIONS

1. *Well #1*

WELL/PROJECT NO. *1-13* LEASE *Felder* COUNTY/PARISH *Ness* STATE *KS* CITY *Ness* DATE *9-15-00* OWNER *SWARC*

2. *City*

TICKET TYPE SERVICE SALES CONTRACTOR *Val D. H. #4* RIG NAME/NO. *1* SHIPPED VIA *AT* DELIVERED TO *location* ORDER NO.

3. *oil*

WELL TYPE *oil* WELL CATEGORY *Development* JOB PURPOSE *Concrete Drilling* WELL PERMIT NO. WELL LOCATION

4. *oil*

REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
		1			MILEAGE #111	50	mi			7.00	350.00
		1			Jump Charge (Long string)	1	cu	4359		1406.00	1406.00
		1			KEL Liquid	2	gal			26.00	52.00
		1			Mud Flush	500	gal			1.00	500.00
		1			D-Air	2	gal			35.00	70.00
		1			Centralizers	6	gal	56		100.00	600.00
		1			Baskets	2	gal			300.00	600.00
		1			Port Collar	1	ea			2200.00	2200.00
		1			L.D. Plug & Baffle	1	ea			260.00	260.00
		1			Insert Flat Shoe w/ fill	1	ea			325.00	325.00
		1			Rotating Head	1	ea			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

File

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	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<i>6007</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				<i>page 2</i>	<i>3165</i>
WE UNDERSTOOD AND MET YOUR NEEDS?					<i>148</i>
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					<i>9575</i>
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" 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 APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 7/13/60 PAGE NO.

CUSTOMER American Warrior 30 WELL NO. #1-13 LEASE Felder JOB TYPE Cement Logging TICKET NO. 14707

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0500							RTD 4354' LTD 4360' 5 1/2" x 1 1/2" x 4362' x 43' Cents 1, 2, 3, 4, 5, 72 Baskets 6, 73 P.C. 73 @ 1342'
	0655							start F.F. Break Circ.
	0745	2	3/2					Plug RHAH 25 sks FA-2
	0755	4	0			200		start Proflush 500 gal Mudflush 20 bbl KCL flush
	0802		32/0			250		start Cement 125 sks
	0808		32					End Cement Wash P/L Drop Plug
	0811	6.5	0			200		start Displacement
	0823	5	75			250		Catch Cement
	0825	3.5	98.0			600		Trk acting up closing throttle
	0828	1.5	101			600		CSG jumped lost pressure shut down Released Pressure flowed back 1.5 bbl shut in pump back down & continue
		1.5	104.5			200		pumping 1.5 bbl over perfect volume
						100		shut down
	0840					100		shut in

Thank you

Nick, Josh F. & Dave K



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. **14707**

CUSTOMER
American Water Inc

WELL
#1-13 Fekler

DATE **7-18-08** PAGE **2** OF **2**

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QUANTITY	UNIT	RATE	AMOUNT	
		TRUCK	ADJ1	5					PRICE	TOTAL
225					Standard Cement	150	sk		13 ⁰⁰	1950 ⁰⁰
276					Floccle	50	#		1 ⁵⁰	75 ⁰⁰
277					salt	750	#		20	150 ⁰⁰
244					Calseal	7	sk		30 ⁰⁰	210 ⁰⁰
225					CFR-1	50	#		4 ⁵⁰	225 ⁰⁰
					SERVICE CHARGE	150	sk		1 ⁹⁰	285 ⁰⁰
					TOTAL WEIGHT	15650			1 ⁷⁵	273 ⁷⁵
					LOADED MILES	20				
					TON MILES	313				

3168.58

ALLIED CEMENTING CO., LLC. 32886

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Great Bend

DATE <i>9-10-08</i>	SEC <i>13</i>	TWP. <i>20s</i>	RANGE <i>21W</i>	CALLED OUT <i>8:00pm</i>	ON LOCATION <i>10:30am</i>	JOB START <i>6:00am</i>	JOB FINISH <i>6:30am</i>
LEASE <i>Feld</i>		WELL # <i>1-13</i>	LOCATION <i>Alexander 10s to W 1 2nd</i>		COUNTY <i>NESS</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one) <u>NEW</u>			<i>1/2 N, 1/4 W</i>				

CONTRACTOR *Vol Rig #1*
 TYPE OF JOB *Surface*
 HOLE SIZE _____ T.D. *223*
 CASING SIZE *8 1/2* DEPTH *218.75*
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX *300 psi* MINIMUM _____
 MEAS. LINE _____ SHOE JOINT *75.4*
 CEMENT LEFT IN CSG. *15.4*
 PERFS. _____
 DISPLACEMENT *Fresh Water*

OWNER *American Warrior*
 CEMENT AMOUNT ORDERED *1600 3/4 2% gel*

EQUIPMENT
 PUMP TRUCK CEMENTER *Tyler*
 # *181* HELPER *Charles*
 BULK TRUCK # *3011* DRIVER *Carl*
 BULK TRUCK # _____ DRIVER _____

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
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KCC WICHITA
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING MILEAGE _____ @ _____

REMARKS:
*one cart from break circulation pump
 1600 3/4 2% gel displaced with
 13 bags fresh water, shut down, close
 up, 12g down cement did circulate*

TOTAL _____
SERVICE
 DEPTH OF JOB *218.75*
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD *8 1/2 Swidge* _____ @ _____
 @ _____
 @ _____

CHARGE TO: *American Warrior*
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL _____
PLUG & FLOAT EQUIPMENT
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____

Thank you

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

TOTAL _____
 SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME *Y. Tim Fabricius*
 SIGNATURE *Y. Tim Fabricius*

Geological Report

American Warrior Inc.
Felder #1-13
1800' FSL & 560' FEL
Sec. 13 T20s R21w
Ness County, Kansas

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Hard Rock Consulting, Inc.
Jason Alm Petroleum Geologist

American Warrior, Inc.

General Data

Well Data: American Warrior, Inc.
Felder #1-13
1800' FSL & 560' FEL
Sec. 13 T20s R20w
Ness County, Kansas
API # 15-135-24815-0000

Drilling Contractor: Val Energy, Inc. Rig #4

Geologist: Jason Alm

Spud Date: September 11, 2008

Completion Date: September 18, 2008

Elevation: 2202' Ground Level
2207' Kelly Bushing

Directions: Alexander KS, West on Hwy 96 to HH Rd., South to 50 Rd., East 2 mi., South 1 3/4 mi., West into location.

Casing: 218' 8 5/8" surface casing
4359' 5 1/2" production casing

Samples: 10' wet and dry, 3600' to RTD

Drilling Time: 3600' to RTD

Electric Logs: Log Tech "Tim Martin, Bob Reiners"
CNL/CDL, DIL, MEL

Drillstem Tests: One, Trilobite Testing, Inc. "Brett Dickinson"

Problems: Bit Trip was performed @ 4180'. The pipe strap was 32' long.

Remarks: Geolograph was corrected after pipe strap.

Formation Tops

Formation

Anhydrite
 Base
 Heebner
 Lansing
 BKc
 Pawnee
 Fort Scott
 Cherokee
 Mississippian
 RTD
 LTD

American Warrior, Inc.

Felder #1-13

Sec. 13 T20s R21w

1800' FSL & 560' FWL

1407', +800

1435', +772

3730', -1523

3782', -1575

4112', -1905

4250', -2043

4276', -2069

4295', -2088

4353', -2146

4359', -2152

4360', -2153

Sample Zone Descriptions

Miss

(4353', -2152):

Dolo – Δ – Fine sucrosic crystalline dolomite with poor to fair vuggy porosity, weathered trip chert with light to heavy oil stain and spotted light to heavy saturation, good show of free oil, good odor, 4 units hotwire.

Drill Stem Tests
 Trilobite Testing Inc.
 "Brett Dickinson"

DST #1

Mississippian

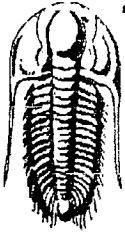
Interval (4317' - 4359') Anchor Length 42'

IHP	- 2123 #	
IFP	- 30" - BOB 30 min.	34-76 #
ISI	- 30" - Dead	1296 #
FFP	- 30" - BOB 28 min.	90-124 #
FSI	- 30" - Built to 1/4 in.	1280 #
FHP	- 2035 #	
BHT	- 124°F	

Recovery:	10' CGO	Gravity 35° API
	60' SMCO	90% Oil, 5% Gas, 5% Mud
	120' MCO	70% Oil, 5% Gas, 25% Mud
	60' OCM	35% Oil, 5% Gas, 60% Mud

Structural Comparison

Formation	American Warrior, Inc.	Delta Western ETAL		Pickrell Drilling Co.	
	Felder #1-13 Sec. 13 T20s R21w 1800' FSL & 560' FWL	Isern #1 Sec. 13 T20s R21w C SE NE		Isern #1 Sec. 13 T20s R21w C SW NE	
Anhydrite	1407', -800	1410', +798	(+2)	1421', +797	(+3)
Base	1435', -772	NA	NA	NA	NA
Heebner	3730', -1523	3750', -1542	(+19)	3744', -1526	(+3)
Lansing	3782', -1575	3800', -1592	(+17)	3796', -1578	(+3)
BKc	4112', -1905	NA	NA	NA	NA
Pawnee	4250', -2043	NA	NA	NA	NA
Fort Scott	4276', -2069	4306', -2098	(+29)	4290', -2072	(+3)
Cherokee	4295', -2088	4324', -2116	(+28)	4305', -2087	(-1)
Mississippian	4353', -2146	4406', -2198	(+52)	4355', -2137	(-9)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

American Warrior ,Inc.

Felder #1-13

Sec13Twp20sRge21w

Job Ticket: 33686

DST#: 1

ATTN: Jason Alm

Test Start: 2008.09.17 @ 05:10:55

GENERAL INFORMATION:

Formation: Miss.

Deviated: No Whipstock:

Time Tool Opened: 08:07:25

Time Test Ended: 13:06:25

Interval: 4317.00 ft (KB) To 4359.00 ft (KB) (TVD)

Total Depth: 4359.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition:

ft (KB)

Test Type: Conventional Bottom Hole

Tester: Brett Dickinson

Unit No: #42

Reference Elevations: 2207.00 ft (KB)

2202.00 ft (CF)

KB to GR/CF: 5.00 ft

Serial #: 6625 Inside

Press@RunDepth: 123.84 psig @

Start Date: 2008.09.17

Start Time: 05:10:55

4318.00 ft (KB)

End Date: 2008.09.17

End Time: 13:06:25

Capacity: 7000.00 psig

Last Calib.: 2008.09.17

Time On Btm: 2008.09.17 @ 07:56:25

Time Off Btm: 2008.09.17 @ 10:19:25

TEST COMMENT: IF-BOB in 30min

IS- No blow

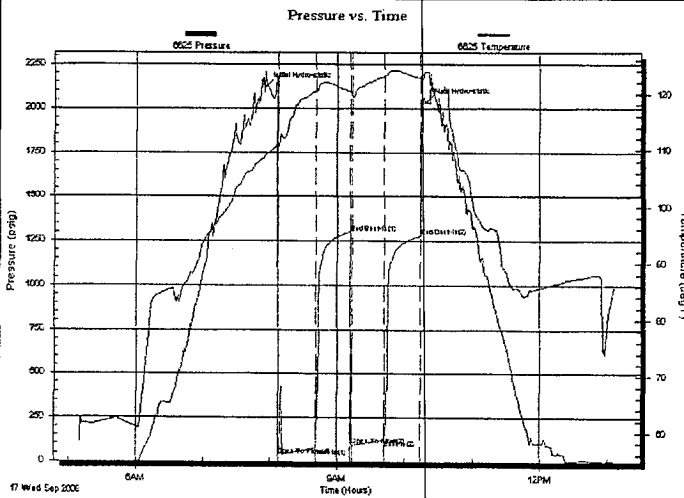
FF-BOB in 28min

FS- Surface blow built to .25in died back to weak surface blow

RECEIVED

SEP 17 2009

KCC WICHITA



PRESSURE SUMMARY

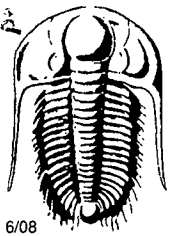
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2123.14	109.25	Initial Hydro-static
11	33.89	110.12	Open To Flow (1)
44	76.14	120.43	Shut-in(1)
76	1295.88	120.38	End Shut-in(1)
77	90.39	119.43	Open To Flow (2)
106	123.84	123.03	Shut-in(2)
138	1279.69	122.74	End Shut-in(2)
143	2035.05	123.89	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
60.00	MCO 10%G 35%O 55%M	0.84
120.00	OCM 10%G 70%O 20%M	1.68
60.00	OCM 5%G 90%O 5%M	0.84
10.00	Oil 5%G 95%O	0.14

Gas Rates

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



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

Well Name & No. Felder # 1-13 Test No. 1 Date 9-17-08
 Company American Warrior, Inc. Zone Tested Miss
 Address _____ Elevation 2207 KB 2202 GL _____
 Co. Rep / Geo. Jason Alm Rig Va/4
 Location: Sec. 13 Twp. 20c Rge. 21a Co. Miss State KS
 Comment: _____

Interval Tested 4317 - 4359 Drill Pipe Size 4 1/2
 Anchor Length 42 Wt. Pipe Run _____
 Top Packer Depth 4312 Drill Collar Run _____
 Bottom Packer Depth 4317 Ft. Run _____
 Total Depth 4359 Recorder #(s) 6625, 8363
 Blow Description IF - BOB in 30 min
ISE - NO blow
FF - BOB in 28 min
FSI - surface blow built to 4 in dial but 7 in weak surface blow

Recovery - Total Feet	GIP	Ft. in DC	Ft. in DP			
Rec. <u>10</u>	Feet of <u>oil</u>	<u>3</u> %gas	<u>95</u> %oil	%water	%mud	
Rec. <u>60</u>	Feet of <u>oil</u>	<u>5</u> %gas	<u>90</u> %oil	%water	<u>5</u> %mud	
Rec. <u>120</u>	Feet of <u>oil</u>	<u>10</u> %gas	<u>70</u> %oil	%water	<u>20</u> %mud	
Rec. <u>60</u>	Feet of <u>oil</u>	<u>10</u> %gas	<u>35</u> %oil	%water	<u>55</u> %mud	
Rec. _____	Feet of _____	%gas	%oil	%water	%mud	
BHT _____ °F Gravity <u>37</u>	°API D @ _____		°F Corrected Gravity _____		°API _____	
RW _____ @ _____ °F	Chlorides _____ ppm	Recovery _____	Chlorides <u>6200</u>	ppm System		

IF <u>35 33-76</u>	<input checked="" type="checkbox"/> Test _____	<input type="checkbox"/> Sampler _____	<input type="checkbox"/> Day Standby _____
ISI <u>30 1295</u>	<input checked="" type="checkbox"/> Jars _____	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Accessibility _____
FF <u>30 90-123</u>	<input checked="" type="checkbox"/> Safety Joint _____	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Shale Packer _____
FSI <u>30 1279</u>	<input type="checkbox"/> Circ Sub _____	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Ruined Packer _____
T-on Loc <u>2:45</u>	<input type="checkbox"/> Hourly Standby _____	<input type="checkbox"/> Extra Recorder _____	<input type="checkbox"/> Extra Copies _____
T-started <u>5:00</u>	<input checked="" type="checkbox"/> Mileage <u>522</u>	<input type="checkbox"/> Other _____	
T-open <u>8:07</u>	Sub Total _____	Sub Total _____	Sub Total _____
T-pulled <u>11:12</u>			
T-out <u>13:10</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 _____

Our Representative Eric Decker

