

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 # 33323
Name: Petromark Drilling, LLC
Wellsite Geologist: Scott Corsair
Purchaser: NCRA

RECEIVED

SEP 17 2009

KCC WICHITA

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.: _____
09/10/2008 09/18/2008 11/26/2008 9-18-08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 135-24834-0000
Spot Description: 5' S & 19'W NE NE NW
SW NE NE NW Sec. 12 Twp. 19 S. R. 22 East West
385 4922 Feet from North / South Line of Section
2291 3046 Feet from East / West Line of Section
GPS-KCC-Dig
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ness
Lease Name: V Rein Well #: 1-12
Field Name: DeWald North
Producing Formation: Mississippian
Elevation: Ground: 2197' Kelly Bushing: 2203'
Total Depth: 4319' Plug Back Total Depth: 4318'
Amount of Surface Pipe Set and Cemented at: 225 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1406 Feet
If Alternate II completion, cement circulated from: 1406
feet depth to: surface w/ 130 sx cmt.

Drilling Fluid Management Plan AH II NR 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: Denise Corsair
Date Commission Expires: 8-15-12

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

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

Operator Name: American Warrior, Inc. Lease Name: V Rein Well #: 1-12
 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 Receiver Cement Bond ✓	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1447</td> <td>+756</td> </tr> <tr> <td>Heebner</td> <td>3672</td> <td>-1469</td> </tr> <tr> <td>Lansing</td> <td>3718</td> <td>-1515</td> </tr> <tr> <td>BKC</td> <td>4036</td> <td>-1833</td> </tr> <tr> <td>Ft. Scott</td> <td>4205</td> <td>-2002</td> </tr> <tr> <td>Cherokee</td> <td>4226</td> <td>-2023</td> </tr> <tr> <td>Mississippian</td> <td>4305</td> <td>-2102</td> </tr> </table>	Name	Top	Datum	Anhydrite	1447	+756	Heebner	3672	-1469	Lansing	3718	-1515	BKC	4036	-1833	Ft. Scott	4205	-2002	Cherokee	4226	-2023	Mississippian	4305	-2102
Name	Top	Datum																							
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Ft. Scott	4205	-2002																							
Cherokee	4226	-2023																							
Mississippian	4305	-2102																							

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	221'	Common	160	2% CC/3% gel
Production	7 7/8"	5 1/2"	15.5	4318'	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	Surface/1406'	SMD	130	

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	4307.5-4317.5'		

TUBING RECORD:	Size: <u>2 3/8"</u>	Set At: <u>4310'</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>08/20/2008 11/26/08</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>20</u>	Gas Mcf	Water Bbls. <u>10</u>	Gas-Oil Ratio <u>41</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>4307.5-4317.5', Perf</u>
--	--	--



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

TICKET
 No 14971

PAGE 1 OF 1

SERVICE LOCATIONS: 1. **Ness City, KS**
 WELL/PROJECT NO.: **1-12** LEASE: **V. REYN** COUNTY/PARISH: **NESS** STATE: **KS** CITY: DATE: **9-24-08** OWNER: **SAME**
 2. TICKET TYPE: SERVICE SALES CONTRACTOR: **H-D** RIG NAME/NO.: SHIPPED VIA: **CT** DELIVERED TO: **LOCATION** ORDER NO.:
 3. WELL TYPE: **OIL** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **CEMENT PORT COLLAR** WELL PERMIT NO.: WELL LOCATION: **56 / NESS CITY, KS - 8E 2S 2E**
 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 # 104	20	MI			7.00	140.00
577		1			PUMP SERVICE	1	JOB	1466	FT	1000.00	1000.00
105		1			PORT COLLAR OILING TOOL	1	JOB			400.00	400.00
330		1			SWIFT MULTI-DEWET STAINING	130	GA			16.00	2080.00
276		1			FLOCCEL	44	US			1.50	66.00
290		1			D-ADD	2	CU			35.00	70.00
581		1			SERVICE CHARGE CEMENT	175	SD			1.90	332.50
583		1			DRYAGE	17384	US	173.84	UM	1.75	304.22

RECEIVED
 SEP 27 2008
 KCC WICHITA

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: **9-24-08** 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?				4392.72
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

NESS TAX 6.3% 138.65

4531.37

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 9-24-08 PAGE NO. 7

CUSTOMER AMERSON WOODRIDGE INC. WELL NO. 1-12 LEASE V. REIN JOB TYPE COM-J PORT COLLAR TICKET NO. 14971

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1430							ON LOCATION
								2 3/8 x 5 1/2 PORT COLLAR - 1406'
	1500				✓		1000	PSI TEST CASING - HELD
	1505	3	2	✓		400		OPEN PORT COLLAR - 2AT RATE
	1510	4	72	✓		450		MIX CEMENT 130 SLS SMD 1/4" FIBER P/SK = 11.2 PPG
	1530	4	4 1/2	✓		550		DISPLACE CEMENT
	1540				✓		1000	CLOSE PORT COLLAR - PSI TEST - HELD
								CIRCULATE 10 SLS CEMENT TO PT
	1550	4	20		✓		500	RUN 4 JTS - CIRCULATE CLEAN
								WASH TOOL
								VAL TOOL
	1630							JOB COMPLETE
								THANK YOU WALK, BOB, ROB



CHARGE TO: AMERICAN WOODCOCK INC
ADDRESS
CITY, STATE, ZIP CODE

TICKET
No 14963

PAGE	OF
1	2

SERVICE LOCATIONS 1. Ness City, Ks	WELL/PROJECT NO. 1-12	LEASE REIN	COUNTY/PARISH NESS	STATE Ks	CITY	DATE 9-18-08	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR PERFORM 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" LONGSTRING	WELL PERMIT NO.	WELL LOCATION SW/RAZNE, Ks		
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 # 104	20	ME			7.00	140.00
578		1			PUMP SERVICE	1	JOB	4319	FT	14.00	1400.00
221		1			LIGAND KCL	2	Gal			26.00	52.00
281		1			MUDFLUSH	500	Gal			1.00	500.00
402		1			CENTRALIZERS	5	EA	5 1/2"		100.00	500.00
403		1			CEMENT BASKET	2	EA			300.00	600.00
404		1			PORT COLLAR (CUSTOMER PROVIDED) TOST #74	1	EA	1406	FT	2300.00	N/C
406		1			LATCH DOWN PLUG - RAFFLE	1	EA			260.00	260.00
407		1			INSERT FLOAT SHADE W/AUTO FILL	1	EA			325.00	325.00

RECEIVED
 SEP 17 2008
 KCC WIGHTHA

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 **9-18-08** TIME SIGNED **1145** 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
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 checked="" type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL #1	3777.00
PAGE TOTAL #2	3446.54
TAX	
TOTAL	

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

SWIFT OPERATOR **Wally Wilson** APPROVAL

Thank You!



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

TICKET CONTINUATION

TICKET No. 14963

CUSTOMER
AMERICAN WOODCOCK INC.

WELL
V. DETW 1-12

DATE
9-18-08

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE	ACCOUNTING			TIME	DESCRIPTION	UNITS				PRICE	AMOUNT	
		ACC	DEBIT	CR			CUB	WT	TON	MILE			
325		1				STANDARD CEMENT	CA-2	150	WTS			13.00	1950.00
276		1				FLOCELE		38	WTS			11.50	571.00
283		1				SALT		750	WTS			20	150.00
284		1				CALSEAL		7	WTS	700	WTS	30.00	210.00
285		1				CFR-1		100	WTS			4.50	450.00
290		1				D-ADR		2	GAL			35.00	70.00
581		1				SERVICE CHARGE						1.90	285.00
583		1										1.75	274.54

TOTAL WEIGHT: 15189
LOADED MILES: 20
TON MILES: 156.88
TOTAL AMOUNT: 3446.54

JOB LOG

SWIFT Services, Inc.

DATE 9-18-08 PAGE NO.

CUSTOMER AMERICAN WAREHOUSE INC. WELL NO. 1-12 LEASE V. REIN JOB TYPE 5/2 LONGSTRING TICKET NO. 14963

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1200							ON LOCATION
	1215							START 5/2" CASING IN WELL
								TD-4319' SET- 4318
								TP-4321' 5/2" 15.5
								SJ- 41.85
								CENTRALIZERS - 1, 2, 3, 4, 73
								CMT BSKTS - 5, 74
								PART COLLAR = XXX 1406 TOP JT = 74
	1400							DROP BALL - CIRCULATE
	1450	6	12		✓		450	PUMP 500 GAL MUDFLUSH
	1452	6	20		✓		450	PUMP 20 BBS KCL FLUSH
	1458		5					PLUG AH
	1500	4	36		✓		300	MAX CMPT - 150 SXS EA-2 - 15.5 PDG
	1510							WASH OUT PUMP - LEVES
	1511							RELEASE LATCH DOWN PLUG
	1512	7	0		✓			DISPOSE PLUG
	1527	6 1/2	101.8				1500	PLUG DOWN - PSE UP LATCH IN PLUG
	1530							OK RELEASE PSE - HELD
								WASH TRUCK
	1600							JOB COMPLETE

THANK YOU
WAYNE, BRETT, ROB

ALLIED CEMENTING CO., LLC. 32887

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

SERVICE POINT:
Great Bend

DATE <u>9-11-09</u>	SEC. <u>12</u>	TWP. <u>19s</u>	RANGE <u>22w</u>	CALLED OUT <u>6:30 a.m.</u>	ON LOCATION <u>8:30 a.m.</u>	JOB START <u>8:30 a.m.</u>	JOB FINISH <u>9:00 a.m.</u>
LEASE <u>Rein</u>	WELL # <u>1-12</u>	LOCATION <u>Nass City 25, 2w</u>	COUNTY <u>NASS</u>	STATE <u>KS</u>			
OLD OR NEW (Circle one)							

CONTRACTOR Petromark
 TYPE OF JOB Surface
 HOLE SIZE _____ T.D. 225.81
 CASING SIZE 8 5/8 DEPTH 225.81
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX. 300 ps. MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 15.1
 CEMENT LEFT IN CSG. 15.1
 PERFS. _____
 DISPLACEMENT Fresh Water

OWNER American Warrior
 CEMENT AMOUNT ORDERED 1160 cu 36 cc 2% gel

EQUIPMENT
 PUMP TRUCK CEMENTER Tyler
 # 181 HELPER Gallen
 BULK TRUCK # 341 DRIVER Carl
 BULK TRUCK # _____ DRIVER _____

COMMON @ _____
 POZMIX @ _____
 GEL @ _____
 CHLORIDE @ _____
 ASC @ _____
RECEIVED
SEP 17 2009
KCC WICHITA
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING @ _____
 MILEAGE @ _____

REMARKS:
Pipe on bottom, break circulation
using 1160 cu 36 cc 2% gel displac with
13 cu hbl fresh water, close in, rig
down cement and circulate

TOTAL _____
 SERVICE _____
 DEPTH OF JOB 225.81
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE @ _____
 MILEAGE @ _____
 MANIFOLD @ _____
 @ _____
 @ _____

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

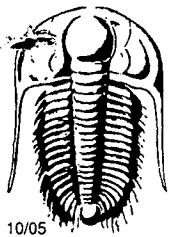
TOTAL _____
 PLUG & FLOAT EQUIPMENT

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 _____

PRINTED NAME Y. [Signature]
 SIGNATURE [Signature]

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



TRILOB. E TESTING INC.

P.O. Box 362 • Hays, Kansas 67601

Test Ticket

Well Name & No. V Rein # 1-12 Test No. #1 Date 9/17/08
 Company American Wellco Zone Tested Scott-Merokce
 Address 210 Ave. A. P.O. Box 6 Prairie Ks 67510 Elevation 2203 KB 2197 GL
 Co. Rep / Geo. Scott Corsair Rig Phoenix #1
 Location: Sec. 12 Twp. 19S Rge. 22W Co. Neos State Ks
 Comment: _____ Release date / time: _____

Interval Tested 4194 4267 Initial Str Wt./Lbs. 60000 Unseated Str Wt./Lbs. 60000
 Anchor Length _____ 73 Wt. Set Lbs. 25100 Wt. Pulled Loose/Lbs. 92000
 Top Packer Depth _____ 4189 Tool Weight 1500
 Bottom Packer Depth _____ 4194 Hole Size 7 7/8" ✓ Rubber Size 6 3/4" ✓
 Total Depth _____ 4267 Wt. Pipe Run _____ Drill Collar Run 116'
 Mud Wt. 9.3 LCM Ø Vis. 51 WL 8.8 Drill Pipe Size 4 1/2 XH Ft. Run 4074'
 Blow Description Weak 1/2" blow died in 28 min
No return
No blow
Pull Tool

Recovery - Total Feet	GIP	Ft. in DC	Ft. in DP
<u>10'</u>	_____	<u>10'</u>	_____
Rec. _____	Feet of <u>mud</u>	%gas _____	%oil _____
Rec. _____	Feet of _____	%gas _____	%oil _____
Rec. _____	Feet of _____	%gas _____	%oil _____
Rec. _____	Feet of _____	%gas _____	%oil _____
Rec. _____	Feet of _____	%gas _____	%oil _____
BHT <u>109°</u>	°F Gravity _____	°API D @ _____	°F Corrected Gravity _____
RW _____	@ _____	°F Chlorides _____	ppm Recovery _____
		Chlorides <u>6800</u>	ppm System _____

	AK-1	Alpine	Recorder No.	Test
(A) Initial Hydrostatic Mud	<u>2133</u>	PSI	<u>6667</u>	Test
(B) First Initial Flow Pressure	<u>19</u>	PSI	<u>4195</u>	Jars
(C) First Final Flow Pressure	<u>29</u>	PSI	<u>6771</u>	Safety Jt.
(D) Initial Shut-In Pressure	<u>74</u>	PSI	<u>4195</u>	Circ Sub <u>AK</u>
(E) Second Initial Flow Pressure	<u>28</u>	PSI	_____	Sampler
(F) Second Final Flow Pressure	<u>27</u>	PSI	_____	Straddle
(G) Final Shut-In Pressure	_____	PSI	<u>30</u>	Ext. Packer
(Q) Final Hydrostatic Mud	<u>2037</u>	PSI	<u>30</u>	Shale Packer

TRILOBITE TESTING INC. SHALL NOT BE LIABLE FOR DAMAGED 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.

Final Flow	<u>5</u>	Ruined Packer	_____
Final Shut-In	_____	Mileage <u>140 RT</u>	_____
T-On Location	<u>05:20 AM</u>	Sub Total:	_____
T-Started	<u>06:00 AM</u>	Std. By	_____
T-Open	<u>05:45 AM</u>	Acc. Chg:	_____
T-Pulled	<u>09:50 AM</u>	Other:	_____
T-Out	<u>11:45 AM</u>	Total:	_____

Approved By _____

Our Representative _____

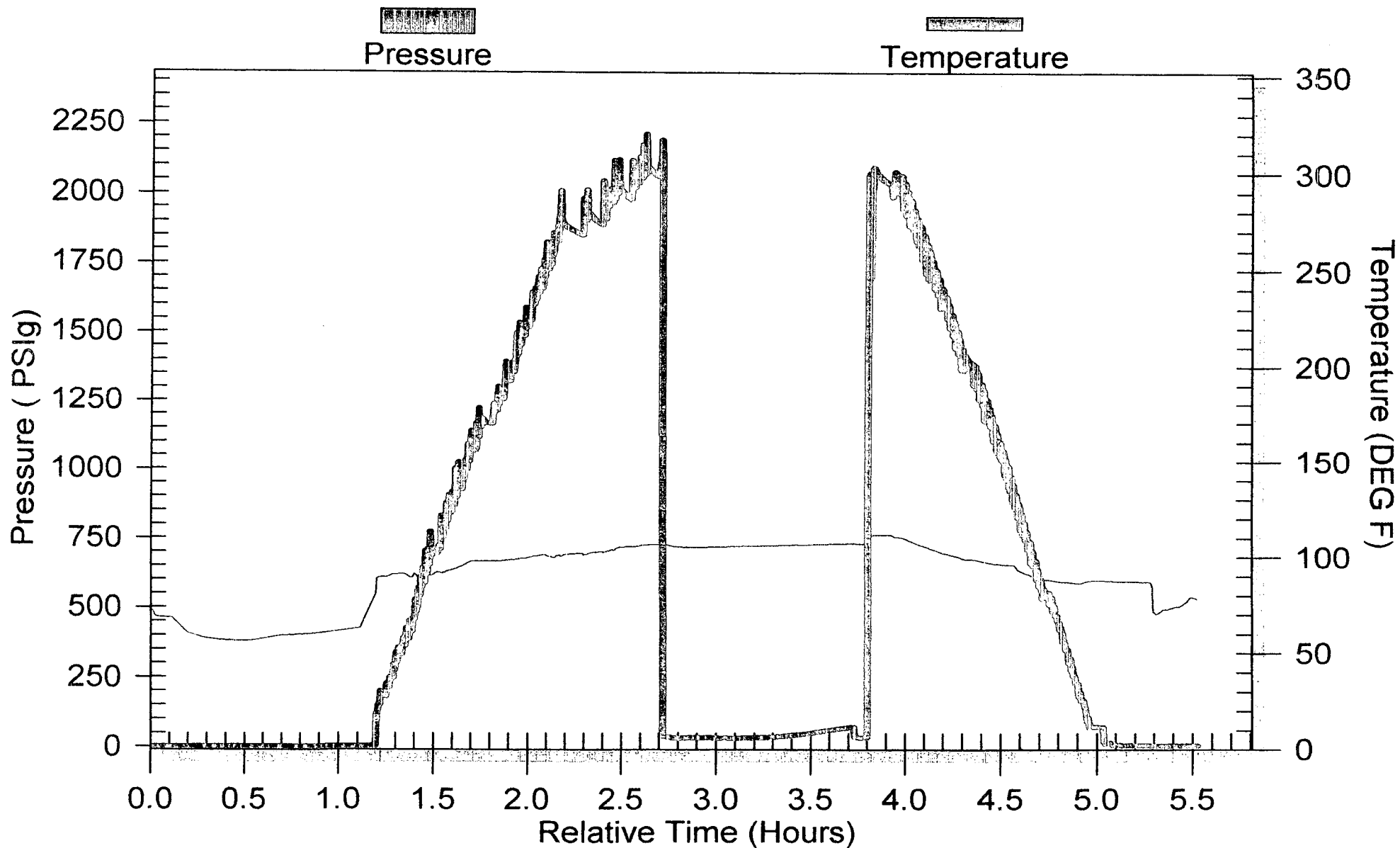
Pressure & Temperature: Recorder# 6771

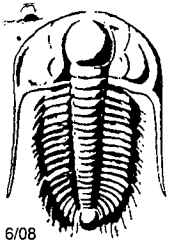
Every 1 Points are Plotted.

Run ID: 32600 DST #1 AmericanWarrior V Rein #1-21

Start Time: Wed Sep 17 06:00:26 2008

File: C:\Test Data\91780600.771





TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

Well Name & No. V Pin # 1-12 Test No. # 2 Date 9/18/08
 Company American Well Zone Tested Miss
 Address 210 W. A.P.O. Box 6 Bazine, KS 67516 Elevation 2203 KB 2197 GL
 Co. Rep / Geo. Scott Carson Rig Petromark #1
 Location: Sec. 12 Twp. 19S Rge. 22W Co. Ness State KS
 Comment: _____

Interval Tested 4309 4319 Drill Pipe Size 4 1/2 XH
 Anchor Length _____ Wt. Pipe Run _____
 Top Packer Depth _____ Drill Collar Run 116'
 Bottom Packer Depth _____ Ft. Run 4200'
 Total Depth 4319 Recorder #(s) 6667' 6771'
 Blow Description B.O.B. in 29 min.
Weak Surface return
B.O.B. in 36 min

Recovery - Total Feet	GIP	Ft. in DC	Ft. in DP	%gas	%oil	%water	%mud
Rec. <u>45'</u>	Feet of <u>CGO</u>	<u>10</u>	<u>116</u>	<u>90</u>	<u>90</u>	<u>0</u>	<u>0</u>
Rec. <u>60'</u>	Feet of <u>gm swco</u>	<u>5</u>	<u>30</u>	<u>55</u>	<u>30</u>	<u>10</u>	<u>10</u>
Rec. <u>100'</u>	Feet of <u>gm 30 cw</u>	<u>5</u>	<u>20</u>	<u>20</u>	<u>65</u>	<u>10</u>	<u>10</u>
Rec. <u>120'</u>	Feet of <u>So 3 gcw</u>	<u>5</u>	<u>3</u>	<u>3</u>	<u>92</u>	<u>0</u>	<u>0</u>
Rec. _____	Feet of _____	_____	_____	_____	_____	_____	_____

BHT 124° °F Gravity 41 °API D @ 60° °F Corrected Gravity 41 °API
 RW .243 @ 62° °F Chlorides 33,000 ppm Recovery 33,000 Chlorides 4,000 ppm System

IF <u>45</u> <u>16-85</u>	<input checked="" type="checkbox"/> Test _____	<input type="checkbox"/> Sampler _____	<input type="checkbox"/> Day Standby _____
ISI <u>45</u> <u>13.23</u>	<input type="checkbox"/> Jars _____	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Accessibility _____
FF <u>45</u> <u>119-149</u>	<input type="checkbox"/> Safety Joint _____	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Shale Packer _____
FSI <u>45</u> <u>1314</u>	<input checked="" type="checkbox"/> Circ Sub <u>N/E</u>	<input type="checkbox"/> Extra Packer _____	<input checked="" type="checkbox"/> Ruined Packer _____
T-on Loc <u>20:00 p.m.</u>	<input type="checkbox"/> Hourly Standby _____	<input type="checkbox"/> Extra Recorder _____	<input type="checkbox"/> Extra Copies _____
T-started <u>20:45 p.m.</u>	<input checked="" type="checkbox"/> Mileage <u>26 RT</u>	<input type="checkbox"/> Other _____	
T-open <u>22:25 p.m.</u>			
T-pulled <u>01:25 a.m.</u>	Sub Total _____	Sub Total _____	Sub Total _____
T-out <u>03:45 a.m.</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 [Signature]

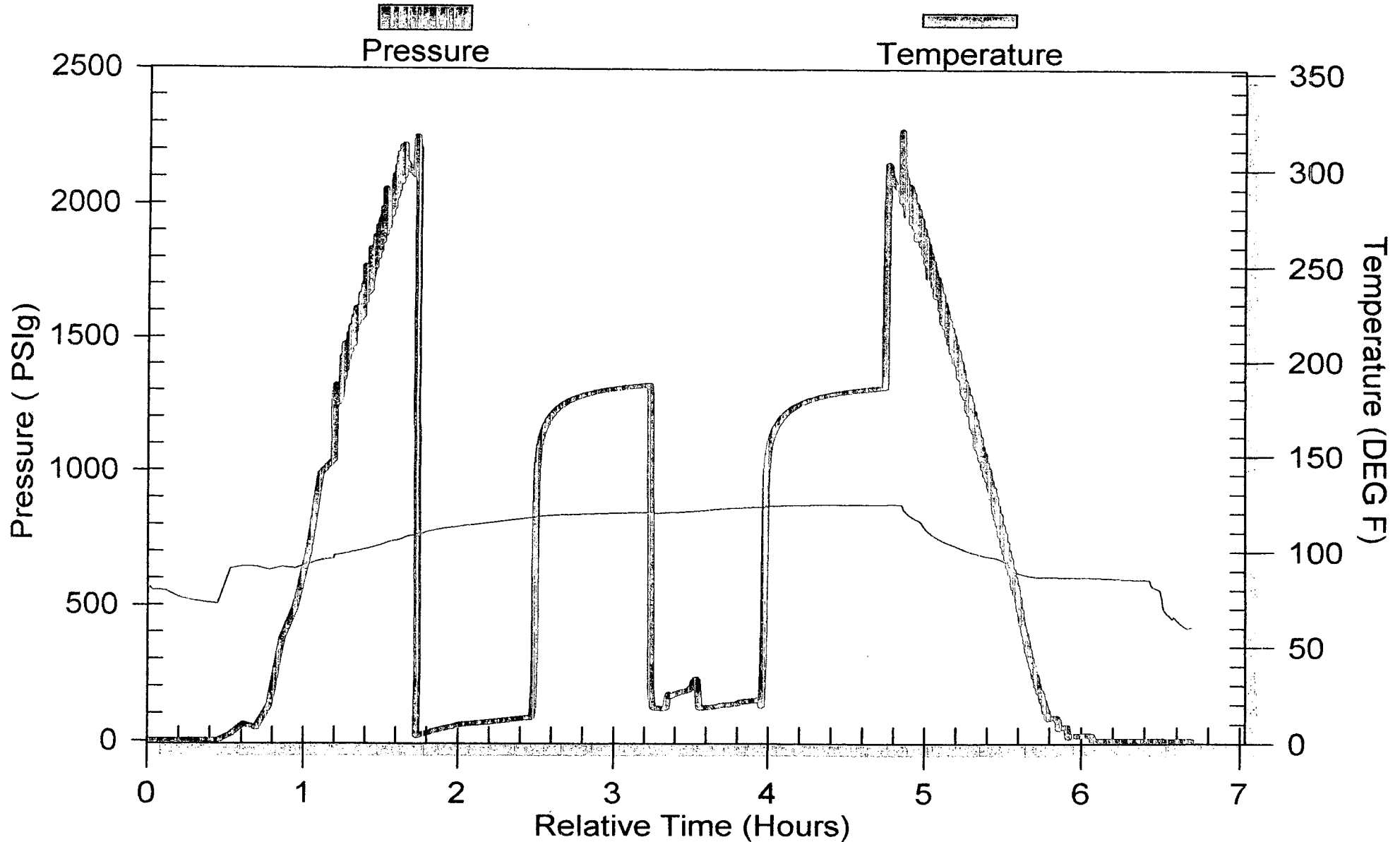
Pressure & Temperature: Recorder# 6667

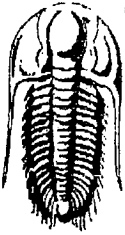
Every 1 Points are Plotted.

Run ID: 33401 DST #2 AmericanWarrior V Rein #1-21

Start Time: Wed Sep 17 20:45:00 2008

File: C:\Test Data\91782045.667





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

American Warrior
210 Ave. A
p.o. box 6
Bazine, Ks 67516
ATTN: Scott Corsair

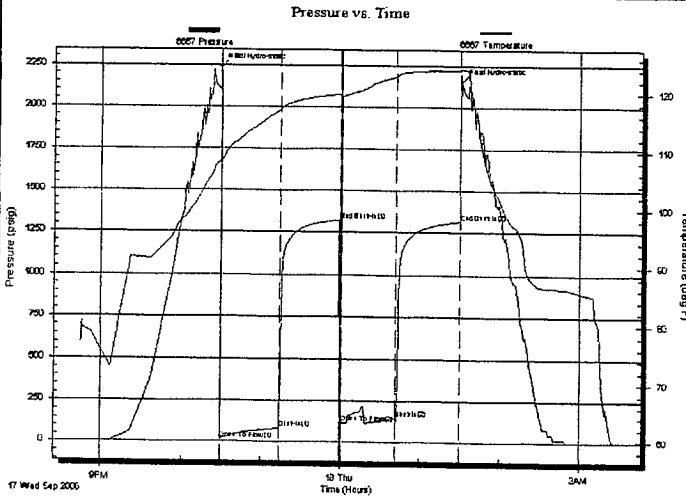
V Rein #1-21
12-19s-22w Ness, Ks
Job Ticket: 33401 DST#: 2
Test Start: 2008.09.17 @ 20:45:05

GENERAL INFORMATION:

Formation: Miss
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 22:29:30
Time Test Ended: 03:45:00
Test Type: Conventional Bottom Hole
Tester: Shane McBride
Unit No: 40
Interval: 4309.00 ft (KB) To 4319.00 ft (KB) (TVD)
Reference Elevations: 2203.00 ft (KB)
Total Depth: 4319.00 ft (KB) (TVD) 2197.00 ft (CF)
Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 6.00 ft

Serial #: 6667 Inside
Press@RunDepth: 149.05 psig @ 4310.00 ft (KB) Capacity: 7000.00 psig
Start Date: 2008.09.17 End Date: 2008.09.18 Last Calib.: 2008.09.18
Start Time: 20:45:05 End Time: 03:26:44 Time On Btm: 2008.09.17 @ 22:28:45
Time Off Btm: 2008.09.18 @ 01:31:00

TEST COMMENT: B.O.B. in 29 min.
Weak surface return
B.O.B. in 36 min.
Weak surface return



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2230.87	108.31	Initial Hydro-static
1	16.88	107.79	Open To Flow (1)
45	85.05	117.14	Shut-In(1)
91	1323.48	119.93	End Shut-In(1)
92	119.75	119.62	Open To Flow (2)
134	149.05	123.02	Shut-In(2)
182	1314.94	124.11	End Shut-In(2)
183	2150.77	124.28	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	s o & g c w 3o 5g 92w	1.65
60.00	g m & o c w 5g 10m 20o 65w	0.30
60.00	g m & w c o 5g 10m 30w 55o	0.30
45.00	c g o 10g 90o	0.22

Gas Rates

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