

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: KCC WICHITA

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 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.: _____
07/21/2008 07/30/2008 09/16/2008
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 135-24827-0000
Spot Description: 60' N & 120 W SE SW SE
NW SE SW SE Sec. 02 Twp. 19 S. R. 22 East West
390 343 Feet from North / South Line of Section
1770 1775 Feet from East / West Line of Section
Footages Calculated from GPS-LLC-DC Nearest Outside Section Corner:
 NE NW SE SW

County: Ness
Lease Name: R Moore Well #: 1-2
Field Name: Wildcat

Producing Formation: NA
Elevation: Ground: 2175' Kelly Bushing: 2181'
Total Depth: 4312 Plug Back Total Depth: 4303'
Amount of Surface Pipe Set and Cemented at: 225 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1413 Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan P+A AIT II NR
(Data must be collected from the Reserve Pit) 9-22-09
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.: _____

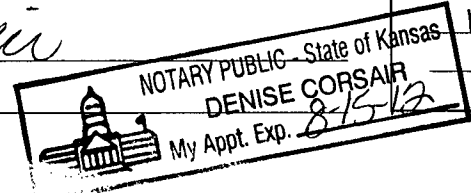
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: 09/14/2009

Subscribed and sworn to before me this 14th day of September,
20 09.

Notary Public: _____
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

Operator Name: American Warrior, Inc. Lease Name: R Moore Well #: 1-2
 Sec. 02 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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
	Name Top Datum	
	Anhydrite 1442 +739	
	Heebner 3658 -1477	
	Lansing 3705 -1524	
	BKC 4024 -1843	
	Ft. Scott 4196 -2015	
	Cherokee 4216 -2035	
	Mississippian 4306 -2125	

List All E. Logs Run:

Dual Induction, Compensated Neutron Density, Microlog, Borehole Compensate Sonic ✓

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	225'	Common	160	2% gel, 3% CC
Production	7 7/8"	5 1/2"	14	4311'	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 type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

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	4272-4282'	500 gallons of MOD 101, 5000 gallons gelled water frac, 100 sack sand frac	4272-82'
		Non-commercial, 2285' of 5 1/2" casing pulled, well P&A.	

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	--	--



CHARGE TO: *Amoco Well Service*

ADDRESS:

CITY, STATE, ZIP CODE

TICKET
No 13856

PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>Flas</i>	WELL/PROJECT NO. <i>V-2</i>	LEASE <i>Shelburne</i>	COUNTY/PARISH <i>Ness</i>	STATE <i>KS</i>	CITY	DATE <i>09-11-88</i>	OWNER
2. <i>Flas</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>H D</i>	SHIPPED VIA	DELIVERED TO <i>2511 W. 11th St. Ness, KS</i>	ORDER NO.	
3.	WELL TYPE <i>Dif</i>	WELL CATEGORY <i>H-2001</i>	JOB PURPOSE <i>P72</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE RENT	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			UM		UM		
<i>575</i>		<i>1</i>			MILEAGE # <i>110</i>	<i>216</i>				<i>7.00</i>	<i>1512.00</i>
<i>5767</i>		<i>1</i>			Ramp Service	<i>1</i>				<i>150.00</i>	<i>150.00</i>
<i>290</i>		<i>1</i>			D. Air	<i>2</i>				<i>35.00</i>	<i>70.00</i>
<i>308</i>		<i>2</i>			<i>60 1/2 4% CCL</i>	<i>180</i>				<i>10.50</i>	<i>1890.00</i>
<i>571</i>		<i>2</i>			Service Charge	<i>130</i>				<i>1.50</i>	<i>195.00</i>
<i>578</i>		<i>2</i>			D. VAC	<i>151.00</i>				<i>1.75</i>	<i>264.25</i>
<i>200</i>		<i>2</i>			<i>200 1/2 5.00</i>	<i>7</i>				<i>25.00</i>	<i>175.00</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. *[Signature]*

DATE SIGNED: *09-11-88* TIME SIGNED: *1:00* 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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
<input checked="" type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	<i>2701</i>	<i>29</i>
TOTAL	<i>3929.05</i>	

7.00 TAX 5.3%

JOB LOG

SWIFT Services, Inc.

DATE 09-16-03 PAGE NO. 7

CUSTOMER AWI WELL NO. 1-2 LEASE R-7007E JOB TYPE PTA TICKET NO. 14056

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1700							OPERATION. PRODUCE 50% (SIT), PULL 1/2 CUB CMT: 180 GALS NO-90 1/2 SEC 5 1/2 CUB SHUT OFF @ 2:45 P.M. 19 30-03
								1st RUN 1500 FT 50 5-6
	1725	40	0		✓		500	ST. CMT
			1.5		✓			END
			0		✓			ST. CMT
	1735		50		✓			END
	1740							PULL CUB TO 650 FT, 70 5-6
	1835		0		-		500	ST. CMT
			1.5		-			END
			0		-			ST. CMT
	1845		7.0		-			END
								PULL CUB TO 240 FT, 50 5-6
	1910		0		-			ST. CMT
			1.5		-			END - CUB CMT
	1915		3/4		-			ST. CMT
								PULL CUB OUT
	1945		3.0		✓			2nd OFF 8 1/2 10 5-6 60 FT DOWN: APPROX 10 MIN
								TOTAL CMT 180 5-6
								RECEIVED SEP 17 2003
								WASH-P PACKED TRUCKS
	2010							JOB COMPLETE THANK YOU DAN, JIM & SCOTT



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

TICKET
 No 14811

PAGE 1 OF 2

SERVICE LOCATIONS
 1. **NESS CITY, KS**
 2.
 3.
 4. REFERRAL LOCATION

WELL/PROJECT NO. **1-2**
 LEASE **R. MOORE**
 COUNTY/PARISH **NESS**
 STATE **KS**
 CITY
 DATE **7-30-08**
 OWNER **SAME**

TICKET TYPE
 SERVICE
 SALES
 CONTRACTOR **PETROMARK DRIG #1**
 RIG NAME/NO.
 SHIPPED VIA **CT**
 DELIVERED TO **LOUNTION**
 ORDER NO.

WELL TYPE **OIL**
 WELL CATEGORY **DEVELOPMENT**
 JOB PURPOSE **5 1/2" LONGSTRENGTH**
 WELL PERMIT NO.
 WELL LOCATION **BAZINE, KS - 1 1/2 S, 1 1/2 W, N W T O**

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	20	MC			6.00	120.00
578		1			PUMP SERVICE	1	JOB	4310	FT	1400.00	1400.00
221		1			LIQUID KCL	2	GAL			26.00	52.00
281		1			MUDFLUSH	500	GAL			1.00	500.00
402		1			CENTRALIZERS	6	EA	5 1/2"		100.00	600.00
403		1			CEMENT BASKETS	2	EA			300.00	600.00
404		1			PORT COLLAR TOP JT #71	1	EA	1413	FT	2300.00	2300.00
406		1			LATCH DOWN PLOG - BAFFLE	1	EA			250.00	250.00
407		1			INSERT FLOAT SHOE W/AUTO FELL	1	EA			325.00	325.00
419		1			ROTATING HEAD RENTAL	1	JOB			250.00	250.00

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 *[Signature]*

DATE SIGNED **7-30-08** TIME SIGNED **0015** 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	6397.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	3409.04
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
WAVE WILSON

APPROVAL
 Thank You!



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

TICKET CONTINUATION

TICKET No. 14811

CUSTOMER: AMERIAN WARRIOR INC
WELL: R. MOORE 1-2
DATE: 7-30-08
PAGE: 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	EA-2	UNIT		UNIT PRICE	AMOUNT
		LOG	ACCT	DF				QTY	WT		
325		1				STANDARD CEMENT	150	SKS	12.75	1912.50	
276		1				FLOCELE	38	LBS	1.50	57.00	
283		1				SALT	750	LBS	.20	150.00	
284		1				CALSEA	7	SKS	30.00	210.00	
285		1				CFR-1	100	LBS	4.50	450.00	
90		1				D-ACR	2	GM	35.00	70.00	
581		1				SERVICE CHARGE		CUBIC FEET	1.90	285.00	
583		1				MILEAGE CHARGE	156.88	TOTAL WEIGHT	20	274.54	

CONTINUATION TOTAL 3409.04

JOB LOG

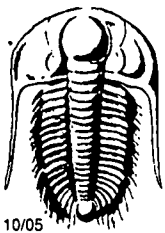
SWIFT Services, Inc.

DATE 7-30-08 PAGE NO. 7

CUSTOMER AMERICAN WADSWORTH INC WELL NO. 1-2 LEASE R. MOORE JOB TYPE 5 1/2" LONGSTRING TICKET NO. 14811

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2300							ON LOCATION
	0015							START 5 1/2" CASING IN WELL
								TD-4313 SET= 4310
								TP-4311 5 1/2" #/R 14
								SI-42.02
								CONCRETE- 1, 2, 3, 4, 5, 70
								CMT BKTS- 4, 71
								PORT COLLAR- 1413 TOP JT # 71
	0200							DROP BALL - CIRCULATE ROTATE
	0235	6	12		✓		450	PUMP 500 GAL MUDFLUSH "
	0237	6	20		✓		450	PUMP 20 BKTS KCL-FLUSH "
	0243		4					PLUG RH
	0249	4	36		✓		250	MAX CMPT - 150 BKTS SA-2 = 15, 5 PPG "
	0302							WASH OUT PUMP LINES
	0303							RELEASE LATCH DOWN PLUG
	0305	7	0		✓			REPLACE PLUG "
		7	94				750	SHUT OFF ROTATE
	0320	6 1/2	104.2				1500	PLUG DOWN - PSE UP LATCH IN PLUG
	0322						OK	RELEASE PSE- HELD
								WASH TRUCK
	0430							JOB COMPLETE

THANK YOU
WAYNE, BRETT, DAVE



TRILOBITE TESTING INC.

P.O. Box 362 • Hays, Kansas 67601

RECEIVED

SEP 17 2009

KCC WICHITA

Test Ticket

Well Name & No. R. Moore #1-2 Test No. 1 Date 7 28 09
 Company Am. Warrior Zone Tested Charlotte Sand
 Address PO Box 399 Crider City, 67846 Elevation 2183 KB 2179 GL
 Co. Rep / Geo. Scott Cassir Rig Petromark 1
 Location: Sec. 2 Twp. 19S Rge. 22W Co. Ness State Ks
 Comment: tool slid 1' to bottom Release date / time: _____

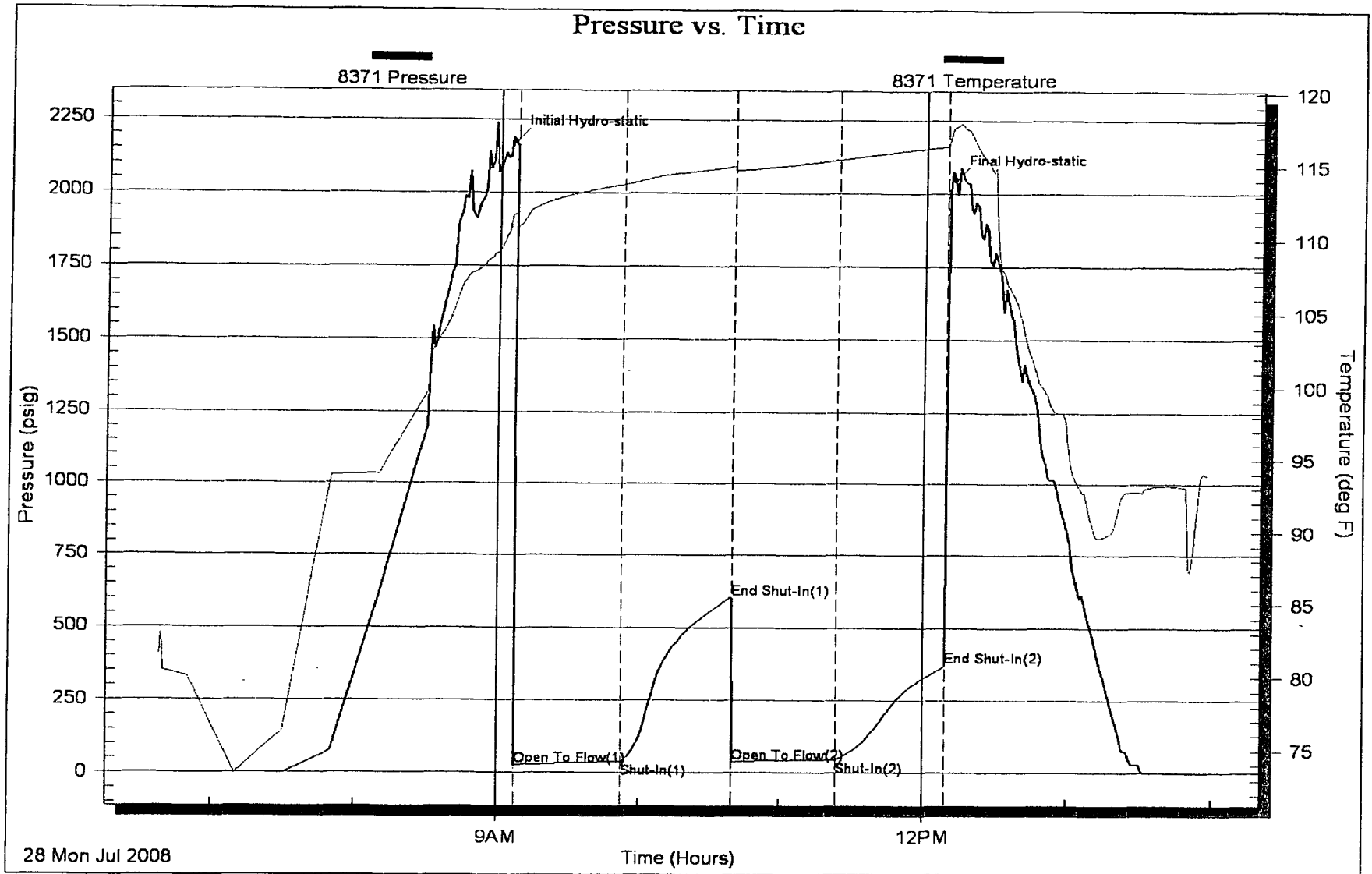
Interval Tested 4241-4256 Initial Str Wt./Lbs. 55,000 Unseated Str Wt./Lbs. 56,000
 Anchor Length 47 Wt. Set Lbs. 25,000 Wt. Pulled Loose/Lbs. 80,000
 Top Packer Depth 4244 Tool Weight 2500
 Bottom Packer Depth 4249 Hole Size 7 7/8" Rubber Size 6 3/4"
 Total Depth 4256 Wt. Pipe Run _____ Drill Collar Run _____
 Mud Wt. 11.2 LCM _____ Vis. 418 WL 10.4 Drill Pipe Size 4 1/2 XH Ft. Run 4231
 Blow Description IFP - weak to fair blow 1/2 - 4'
ISI - no blow back
FSP - weak blow throughout sur. 2'
FSI - no blow back

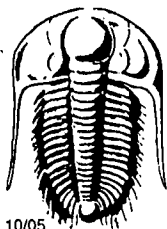
Recovery - Total Feet 65 GIP _____ Ft. in DC _____ Ft. in DP 65
 Rec. 20 Feet of Free Oil %gas 95 %oil _____ %water 5 %mud _____
 Rec. 45 Feet of 1/10CM %gas 30 %oil _____ %water 70 %mud _____
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud _____
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud _____
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud _____
 BHT 117 °F Gravity 42 °API D @ 100 °F Corrected Gravity 38 °API
 RW _____ @ _____ °F Chlorides _____ ppm Recovery _____ Chlorides 7100 ppm System

AK-1	Alpine	Recorder No.	Test
(A) Initial Hydrostatic Mud	<u>2174</u> PSI	<u>8018</u>	(Test)
(B) First Initial Flow Pressure	<u>25</u> PSI	<u>4255</u>	(Jars)
(C) First Final Flow Pressure	<u>37</u> PSI	<u>8371</u>	(Safety Jt.)
(D) Initial Shut-In Pressure	<u>600</u> PSI	<u>4255</u>	Circ Sub _____
(E) Second Initial Flow Pressure	<u>35</u> 44 PSI		Sampler _____
(F) Second Final Flow Pressure	<u>44</u> 38 PSI		Straddle _____
(G) Final Shut-In Pressure	<u>368</u> PSI	<u>45</u>	Ext. Packer _____
(Q) Final Hydrostatic Mud	<u>2045</u> PSI	<u>45</u>	Shale Packer _____
		<u>45</u>	Ruined Packer _____
		<u>45</u>	(Mileage) <u>108 RT</u>
		<u>0530</u>	Sub Total: _____
		<u>0637</u>	Std. By _____
		<u>0906</u>	Acc. Chg: _____
		<u>1206</u>	Other: _____
		<u>1357</u>	Total: _____

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.

Approved By _____
 Our Representative By a Fairbank (Hank)





TRILOBITE TESTING INC.

P.O. Box 362 • Hays, Kansas 67601

32043

Test Ticket

Well Name & No. R. Moore #1-2 Test No. 2 Date 7-28-08
 Company Am. Western Zone Tested Mess
 Address _____ Elevation 2183 KB 2179 GL _____
 Co. Rep / Geo. _____ Rig Petroleum 1
 Location: Sec. 2 Twp. 19^s Rge. 22^w Co. Mess State KJ
 Comment: _____ Release date / time: _____

Interval Tested 4286-4313 Initial Str Wt./Lbs. 55,000 Unseated Str Wt./Lbs. 56,000
 Anchor Length 27 Wt. Set Lbs. 25,000 Wt. Pulled Loose/Lbs. 65,000
 Top Packer Depth 4281 Tool Weight 2500
 Bottom Packer Depth 4286 Hole Size 7 7/8" Rubber Size 6 3/4"
 Total Depth 4313 Wt. Pipe Run _____ Drill Collar Run _____
 Mud Wt. 9.2 LCM _____ Vis. 61 WL 12.0 Drill Pipe Size 4 1/2 X 11 Ft. Run 4263
 Blow Description IFP - weak blow throughout 1/2 - 1/4 - died to 3/4
ISI - no blow back
FFP - no blow 10 min - 3/4
FSI - no blow back

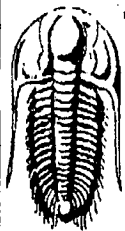
Recovery - Total Feet 80 GIP _____ Ft. in DC _____ Ft. in DP 80
 Rec. 80 Feet of WM w/ 0 sps %gas sps %oil 10 %water 90 %mud
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud
 BHT 119 °F Gravity _____ °API D @ _____ °F Corrected Gravity _____ °API
 RW .263 @ 67 °F Chlorides 28000 ppm Recovery _____ Chlorides 9100 ppm System

	AK-1	Alpine	Recorder No.	
(A) Initial Hydrostatic Mud		<u>2197</u> PSI	<u>8018</u>	<u>Test</u>
(B) First Initial Flow Pressure		<u>29</u> PSI	(depth) <u>4290</u>	<u>Jars</u>
(C) First Final Flow Pressure		<u>38</u> PSI	Recorder No. <u>8371</u>	<u>Safety Jt.</u>
(D) Initial Shut-In Pressure		<u>1281</u> PSI	(depth) <u>4290</u>	Circ Sub _____
(E) Second Initial Flow Pressure		<u>41</u> PSI	Recorder No. _____	Sampler _____
(F) Second Final Flow Pressure		<u>56</u> PSI	(depth) _____	Straddle _____
(G) Final Shut-In Pressure		<u>1241</u> PSI	Initial Opening <u>45</u>	Ext. Packer _____
(Q) Final Hydrostatic Mud		<u>2063</u> PSI	Initial Shut-In <u>45</u>	Shale Packer _____
			Final Flow <u>45</u>	Ruined Packer _____
			Final Shut-In <u>45</u>	<u>Mileage</u>

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.

Approved By _____
 Our Representative Brian Fedak (Hrb)

T-On Location 1925
 T-Started 2100
 T-Open 2302
 T-Pulled 0202
 T-Out 0347
 Sub Total: _____
 Std. By _____
 Acc. Chg: _____
 Other: _____
 Total: _____



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

American Warrior

R. Moore #1-2

PO Box 399
Garden City, Ks
67846

2-19s-22w/Ness

Job Ticket: 32849

DST#: 2

ATTN: Scott Corsair

Test Start: 2008.07.28 @ 21:00:39

GENERAL INFORMATION:

Formation: Mississippian

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 23:03:04

Time Test Ended: 03:47:33

Test Type: Conventional Bottom Hole

Tester: Brian Fairbank

Unit No: 41

Interval: 4286.00 ft (KB) To 4313.00 ft (KB) (TVD)

Total Depth: 4313.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition:

Reference Elevations: 2183.00 ft (KB)

2179.00 ft (CF)

KB to GR/CF: 4.00 ft

Serial #: 8371 Outside

Press@RunDepth: 55.78 psig @ 4290.00 ft (KB)

Start Date: 2008.07.28

End Date: 2008.07.29

Capacity: 7000.00 psig

Start Time: 21:00:39

End Time: 03:47:33

Last Calib.: 2008.07.29

Time On Btm: 2008.07.28 @ 23:01:34

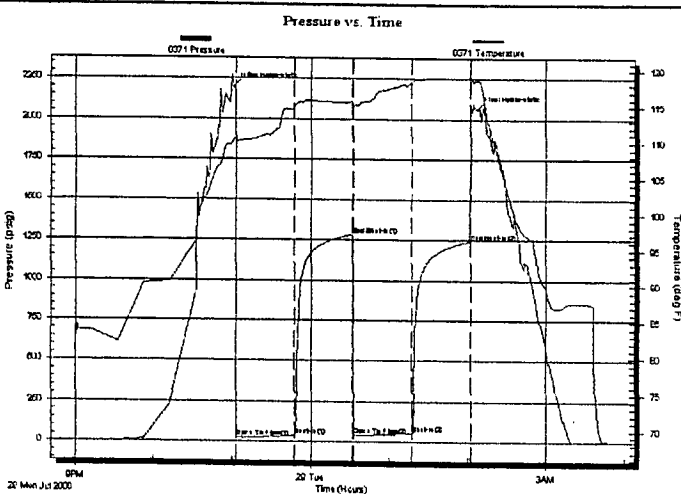
Time Off Btm: 2008.07.29 @ 02:07:33

TEST COMMENT: IFP - weak blow throughout 1/2" - 1 1/4" - died to 3/4"

ISI - no blow back

FFP - no blow 10 min. - 3/4"

FSI - no blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2196.78	110.50	Initial Hydro-static
2	23.76	109.93	Open To Flow (1)
46	38.17	114.95	Shut-In(1)
91	1281.34	115.76	End Shut-In(1)
91	40.93	115.22	Open To Flow (2)
136	55.78	118.35	Shut-In(2)
181	1240.55	118.97	End Shut-In(2)
186	2063.03	118.73	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
80.00	WM w / O spts 10%W, 90%M	1.12

Gas Rates

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

