

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

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.: _____
04-08-2008 04-16-2008 04-28-2008
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 135-24731-0000
Spot Description: 110' N
S/2 S/2 S/2 S/2 Sec. 36 Twp. 18 S. R. 22 East West
770 Feet from North / South Line of Section
2640 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ness
Lease Name: Moore-Stieben Well #: 1
Field Name: Wildcat

Producing Formation: Mississippian
Elevation: Ground: 2135' Kelly Bushing: 2141'
Total Depth: 4248' Plug Back Total Depth: 4240'
Amount of Surface Pipe Set and Cemented at: 1412 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 Alt I NR 9-21-09
(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.: _____

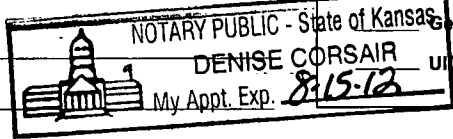
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: 09/08/2009

Subscribed and sworn to before me this 8th day of September,
20 09.

Notary Public: Denise Corsair
Date Commission Expires: 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: Moore-Stieben Well #: 1
 Sec. 36 Twp. 18 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, ✓ Microlog, Borehole Compensate Sonic	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1393</td> <td>+748</td> </tr> <tr> <td>Heebner</td> <td>3602</td> <td>-1461</td> </tr> <tr> <td>Lansing</td> <td>3648</td> <td>-1507</td> </tr> <tr> <td>BKC</td> <td>3966</td> <td>-1825</td> </tr> <tr> <td>Ft. Scott</td> <td>4142</td> <td>-2001</td> </tr> <tr> <td>Cherokee</td> <td>4159</td> <td>-2018</td> </tr> <tr> <td>Mississippian</td> <td>4228</td> <td>-2087</td> </tr> </table>	Name	Top	Datum	Anhydrite	1393	+748	Heebner	3602	-1461	Lansing	3648	-1507	BKC	3966	-1825	Ft. Scott	4142	-2001	Cherokee	4159	-2018	Mississippian	4228	-2087
Name	Top	Datum																							
Anhydrite	1393	+748																							
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Ft. Scott	4142	-2001																							
Cherokee	4159	-2018																							
Mississippian	4228	-2087																							

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	1412'	SMD	470	1/4# Flocele
Production	7 7/8"	5 1/2"	15.5	4247'	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/1450'	SMD	125	

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
1	4233-39'		

TUBING RECORD:	Size: <u>2 3/8"</u>	Set At: <u>4215'</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>04/28/2008</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 Bbbs. <u>50</u>	Gas Mcf	Water Bbbs.	Gas-Oil Ratio
				Gravity <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>4233-4239' Perf</u>
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CHARGE TO: *American Warrior Inc*
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET No 13522

PAGE 1 OF 1

SERVICE LOCATIONS:
 1. *Hays, Ks*
 2. *Ness City, Ks*
 3.
 4.

WELL/PROJECT NO: *#1*
 LEASE: *Station - Moor*
 COUNTY/PARISH: *Ness*
 STATE: *Ks*
 CITY:
 DATE: *4-21-08*
 OWNER: *SWOC*

TICKET TYPE:
 SERVICE
 SALES

CONTRACTOR: *Ness*
 RIG NAME/NO:
 SHIPPED VIA: *Location*
 DELIVERED TO:
 ORDER NO:

WELL TYPE:
 WELL CATEGORY: *Development*
 JOB PURPOSE: *Reconial Surface Repa*
 WELL PERMIT NO:
 WELL LOCATION:

REFERRAL LOCATION:
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM.	QTY.	UM.	UNIT PRICE	AMOUNT
		LOC.	ACCT.	DF.							
<i>575</i>		<i>1</i>			<i>MILEAGE #110</i>	<i>20</i>	<i>mi</i>			<i>6.00</i>	<i>120.00</i>
<i>576 D</i>		<i>1</i>			<i>Pump Charge</i>	<i>1</i>	<i>ea</i>	<i>1400</i>		<i>1250.00</i>	<i>1250.00</i>
<i>330</i>		<i>2</i>			<i>SMD Cement</i>	<i>125</i>	<i>skts</i>			<i>15.50</i>	<i>1937.50</i>
<i>296</i>		<i>2</i>			<i>Fluoc</i>	<i>50</i>	<i>#</i>			<i>1.50</i>	<i>75.00</i>
<i>312</i>		<i>2</i>			<i>Cement Service Charge</i>	<i>125</i>	<i>skts</i>			<i>1.80</i>	<i>227.50</i>
		<i>2</i>			<i>Drayage minimum</i>	<i>1</i>	<i>ea</i>			<i>250.00</i>	<i>250.00</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: *4-21-08*
 TIME SIGNED: *1740*
 A.M.
 P.M.

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
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 type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	<i>3870.00</i>
TAX	
TOTAL	

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

SWIFT OPERATOR: *[Signature]* APPROVAL: *[Signature]*

Thank You!



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

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TICKET No 13517
 PAGE 1 OF 1

SERVICE LOCATIONS: 1. *Hwy. Ks*, 2. *Ness City, Ks*
 WELL/PROJECT NO: *#1* LEASE: *Acire - Stepha* COUNTY/PARISH: *Ness* STATE: *Ks* CITY: DATE: *4-9-08* OWNER: *Same*
 TICKET TYPE: SERVICE SALES CONTRACTOR: *Peterson #1* RIG NAME/NO.: SHIPPED VIA: *OT* DELIVERED TO: *Location* ORDER NO.:
 WELL TYPE: *oil* WELL CATEGORY: *Development* JOB PURPOSE: *Current Deep Service* WELL PERMIT NO.: WELL LOCATION:
 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 <i>#18</i>	20	mi			6.00	120.00
576 D		1			Pump Charge (Deep Service)	1	hr	1411		12.50	1250.00
602		1			Controlizer	1	hr	8.5		120.00	120.00
410		1			Top Plug	1	hr	5.75		100.00	100.00
530		2			SMD Cement	470	sls			15.50	7250.00
776		2			Fluents	120	sls			1.50	180.00
581		2			Cement Service Charge	470	sls			1.40	658.00
583		2			Damage	452.47	sls			1.75	800.00

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 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 X *Scott*
 DATE SIGNED: *4-9-08* TIME SIGNED: *2120* 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?				1075.00
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				
TAX <i>7.55</i> <i>5.3%</i>				407.31
TOTAL:				11,159.38



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

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 KCC WICHITA

TICKET
 No. **14123**
 PAGE 1 OF 2

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

WELL/PROJECT NO. # **1**
 LEASE **STEUBEN - MOORE**
 COUNTY/PARISH **NESS**
 STATE **KS**
 CITY
 DATE **4-16-08**
 OWNER **SAME**

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

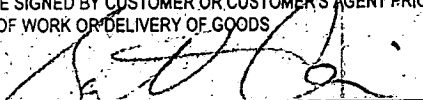
WELL TYPE **OIL**
 WELL CATEGORY **DEVELOPMENT**
 JOB PURPOSE **5 1/2" LONGSTRENGTH**
 WELL PERMIT NO.
 WELL LOCATION **BAZDE, KS - 1/2 S, 1/2 W, NS**

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 # 110	20	MI			6.00	120.00
578		1			PUMP SERVICE	1	JOB	4248	FT	1400.00	1400.00
221		1			LIQUID KCL	2	GAL			26.00	52.00
281		1			MVA FLUSH	500	GAL			1.00	500.00
402		1			CONCRETE	5	EA	5 1/2"		100.00	500.00
403		1			CONCRETE BASKETS	1	EA			300.00	300.00
406		1			LATCH DOWN PLUG - RAFFLE	1	EA			235.00	235.00
407		1			INSERT FLOAT SHOE W/AUTO FELL	1	EA			310.00	310.00

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

X 
 DATE SIGNED **4-16-08** TIME SIGNED **0130** 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	3417.00
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 **WAYNE WILSON** APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 4-16-08 PAGE NO. 7

CUSTOMER AMERICAN WARRIOR ZXC

WELL NO. #1

LEASE STEELEN - MOORE

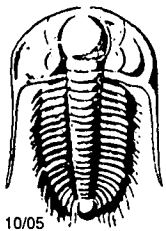
JOB TYPE 5/2" LONGSTRENGTH

TICKET NO. 14123

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0130							ON LOCATION
	0200							START 5/2" CASING IN WELL
								TD-4248 SETC 4247
								TD-4252 5/2" / FT 15.5
								ST-40
								CENTRALIZERS - 1, 2, 3, 4, 80
								CMT BSKTS 5
	0400							DROP BALL - CIRCULATE
	0450	6	12		✓		450	PUMP 500 GAL MOD FLUSH
	0452	6	20		✓		450	PUMP 20 BRLS KCL-FLUSH
	0457		4 1/2					PLUG RH
	0500	4	36		✓		300	MAX CEMENT 150 SKS EA-2 @ 15.5 PPG
	0511							WASH OUT PUMP LINES
	0512							RELEASE LATCH DOWN PLUG
	0515	7	0		✓			DISPLACE PLUG
	0530	6 1/2	100.2				1500	PLUG DOWN - PSE UP LATCH IN PLUG
	0532						OK	RELEASE PSE - HELD
								WASH TRUCK
	0630							JOB COMPLETE

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THANK YOU
WAYNE, BRETT, RYAN



TRILOBITE TESTING INC.

P.O. Box 362 • Hays, Kansas 67601

31091

Test Ticket

Well Name & No. Moore - Stieben #1 Test No. 1 Date 4-14-08
 Company American Warrior Zone Tested Ft. Scott
 Address PO Box 399, Garden City, KS 67846 Elevation 2141 KB 2135 GL
 Co. Rep / Geo. Scott Corsair Rig Petromark #1
 Location: Sec. 36 Twp. 18s Rge. 22w Co. Ness State Ks
 Comment: _____ Release date / time: _____

Interval Tested 4129-4172 Initial Str Wt./Lbs. 40,000 Unseated Str Wt/Lbs. 40,000
 Anchor Length 43' Wt. Set Lbs. 25,000 Wt. Pulled Loose/Lbs. 42,000
 Top Packer Depth 4124 Tool Weight 2,000
 Bottom Packer Depth 4129 Hole Size 7 7/8" ✓ Rubber Size 6 3/4" ✓
 Total Depth 4172 Wt. Pipe Run 0 Drill Collar Run 0
 Mud Wt. 9.3 LCM 0 Vis. 44 WL 12.0 Drill Pipe Size 4 1/2 XH Ft. Run 4105
 Blow Description IFP - Weak Blow, Built + 5 1/4"

ISZ - Dead

FFP - Dead, Pull Tool after 14 min.

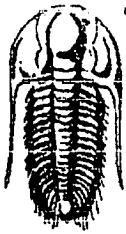
FSI

Recovery - Total Feet 3 GIP _____ Ft. in DC _____ Ft. in DP - _____
 Rec. 3 Feet of Mud w/oil spots %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 _____
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud _____
 BHT 102° °F Gravity _____ °API D @ _____ °F Corrected Gravity _____ °API
 RW _____ @ _____ °F Chlorides _____ ppm Recovery _____ Chlorides 6,200 ppm System

	AK-1	Alpine	Recorder No.	Test
(A) Initial Hydrostatic Mud		<u>2038</u> PSI	<u>8360</u>	<u>Test</u>
(B) First Initial Flow Pressure		<u>22</u> PSI	(depth) <u>4132</u>	<u>Jars</u>
(C) First Final Flow Pressure		<u>22</u> PSI	Recorder No. <u>6719</u>	<u>Safety Jr.</u>
(D) Initial Shut-In Pressure		<u>33</u> PSI	(depth) <u>4133</u>	Circ Sub <u>RECEIVED</u>
(E) Second Initial Flow Pressure		<u>22</u> PSI	Recorder No. _____	Sampler <u>SEP 10 2009</u>
(F) Second Final Flow Pressure		<u>22</u> PSI	(depth) _____	Straddle <u>KCC WICHITA</u>
(G) Final Shut-In Pressure		_____ PSI	Initial Opening <u>30</u>	Ext. Packer _____
(Q) Final Hydrostatic Mud		<u>2002</u> PSI	Initial Shut-In <u>30</u>	Shale Packer _____
			Final Flow <u>14</u>	Ruined Packer _____
			Final Shut-In _____	Mileage <u>102 rt</u>
			T-On Location <u>14:26</u>	Sub Total: _____
			T-Started <u>15:20</u>	Std. By _____
			T-Open <u>17:32</u>	Acc. Chg: _____
			T-Pulled <u>18:45</u>	Other: _____
			T-Out <u>20:42</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 J.M. Lemore



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

American Warrior
PO Box 399
Garden City, Ks. 67846
ATTN: Scott Corsair

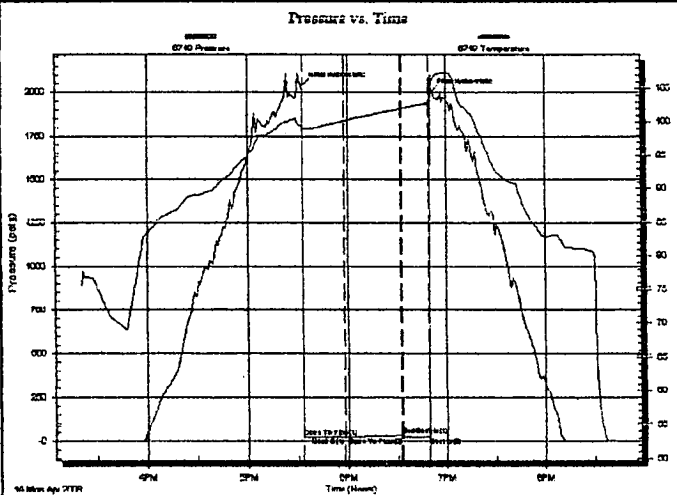
Moore-Stieben #1
36-18s-22w-Ness
Job Ticket: 31091 **DST#: 1**
Test Start: 2008.04.14 @ 15:20:41

GENERAL INFORMATION:

Formation: **Ft Scott**
Deviated: No Whipstock ft (KB)
Time Tool Opened: 17:33:11
Time Test Ended: 20:42:41
Test Type: Conventional Bottom Hole
Tester: Jason McLemore
Unit No: 32
Interval: **4129.00 ft (KB) To 4172.00 ft (KB) (TVD)**
Reference Elevations: 2141.00 ft (KB)
Total Depth: 4172.00 ft (KB) (TVD) 2135.00 ft (CF)
Hole Diameter: 7.80 Inches Hole Condition: Good KB to GR/CF: 6.00 ft

Serial #: 6719 **Inside**
Press@RunDepth: 22.25 psig @ 4133.00 ft (KB) Capacity: 7000.00 psig
Start Date: 2008.04.14 End Date: 2008.04.14 Last Calib.: 2008.04.14
Start Time: 15:20:41 End Time: 20:42:41 Time On Btm: 2008.04.14 @ 17:32:41
Time Off Btm: 2008.04.14 @ 18:50:41

TEST COMMENT: IFF-Weak Blow, Built to 1/4"
IS-Dead
FFP-Dead, Pull Tool After 14 Min.



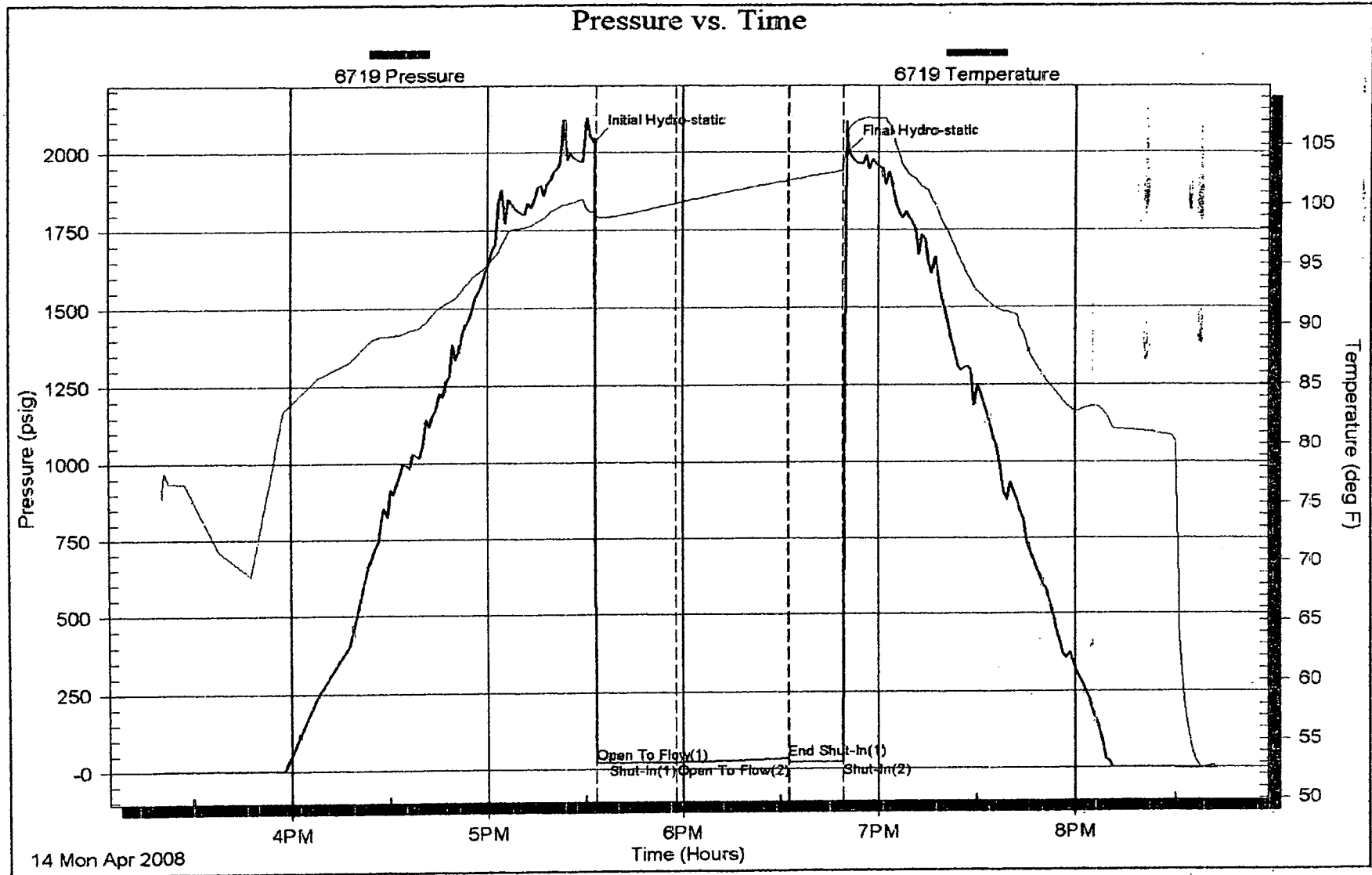
PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2037.56	99.39	Initial Hydro-static
1	22.18	99.02	Open To Flow (1)
25	22.25	100.09	Shut-In(1)
60	33.26	102.00	End Shut-In(1)
60	21.65	102.02	Open To Flow(2)
77	21.90	102.80	Shut-In(2)
78	2001.82	106.10	Final Hydro-static

Recovery		
Length (ft)	Description	Volume (bbl)
3.00	Mud W/Oil Spots	0.04

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

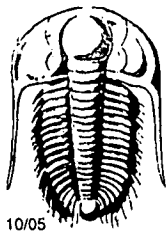
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TRILOBITE TESTING INC.

P.O. Box 362 • Hays, Kansas 67601

31092

Test Ticket

Well Name & No. Maore - Stieben #1 Test No. 2 Date 4-15-08
 Company American Warrior Zone Tested Mississippi
 Address PO Box 399, Garden City, Ks. 67846 Elevation 2141 KB 2135 GL
 Co. Rep / Geo. Scott Corsair Rig Petromark #1
 Location: Sec. 36 Twp. 18s Rge. 22w Co. Ness State Ks
 Comment: _____ Release date / time: _____

Interval Tested 4232-4248 Initial Str Wt./Lbs. 40,000 Unseated Str Wt./Lbs. 43,000
 Anchor Length 16' Wt. Set Lbs. 25,000 Wt. Pulled Loose/Lbs. 45,000
 Top Packer Depth 4227 Tool Weight 2,000
 Bottom Packer Depth 4232 Hole Size 7 7/8" ✓ Rubber Size 6 3/4" ✓
 Total Depth 4248 Wt. Pipe Run 0 Drill Collar Run 0
 Mud Wt. 9.3 LCM 0 Vis. 44 WL 12.0 Drill Pipe Size 4 1/2 XH Ft. Run _____
 Blow Description IFP - Strong, BOB in 55 seconds
ISI - Blowback Building to BOB in 25 min.
FFP - Strong, BOB in 1 min.
FST - Blowback Built to 4"

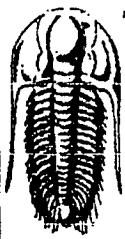
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Recovery - Total Feet	GIP	Ft. in DC	Ft. in DP
Rec. <u>1381</u>	Feet of <u>Gassy Oil</u>	%gas	%oil
Rec. <u>122</u>	Feet of <u>Gassy Muddy Oil</u>	30 %gas	40 %oil
Rec. _____	Feet of _____	%gas	%oil
Rec. _____	Feet of _____	%gas	%oil
Rec. _____	Feet of _____	%gas	%oil
BHT <u>126°</u>	*F Gravity <u>42</u>	*API D @ <u>80</u>	*F Corrected Gravity <u>40</u>
RW _____ @ _____ *F	Chlorides _____ ppm	Recovery _____	Chlorides <u>6200</u> ppm System

	AK-1	Alpine	Recorder No.	
(A) Initial Hydrostatic Mud		<u>2127</u> PSI	<u>8360</u>	(Test)
(B) First Initial Flow Pressure		<u>210</u> PSI	(depth)	(Jars)
(C) First Final Flow Pressure		<u>438</u> PSI	Recorder No. <u>6719</u>	(Safety Jt.)
(D) Initial Shut-In Pressure		<u>1364</u> PSI	(depth)	Circ Sub _____
(E) Second Initial Flow Pressure		<u>442</u> PSI	Recorder No. _____	Sampler _____
(F) Second Final Flow Pressure		<u>629</u> PSI	(depth)	Straddle _____
(G) Final Shut-In Pressure		<u>1362</u> PSI	Initial Opening <u>10</u>	Ext. Packer _____
(Q) Final Hydrostatic Mud		<u>2132</u> PSI	Initial Shut-In <u>30</u>	Shale Packer _____
			Final Flow <u>10</u>	Ruined Packer _____
			Final Shut-In <u>30</u>	Mileage <u>102 rt</u>
			T-On Location <u>3:46</u>	Sub Total: _____
			T-Started <u>5:10</u>	Std. By _____
			T-Open <u>7:36</u>	Acc. Chg: _____
			T-Pulled <u>8:56</u>	Other: _____
			T-Out <u>13:05</u>	Total: _____

Approved By _____
 Our Representative J. Mc Lemore Frank 405

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.



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

American Warrior
PO Box 399
Garden City, Ks. 67846
ATTN: Scott Corsair

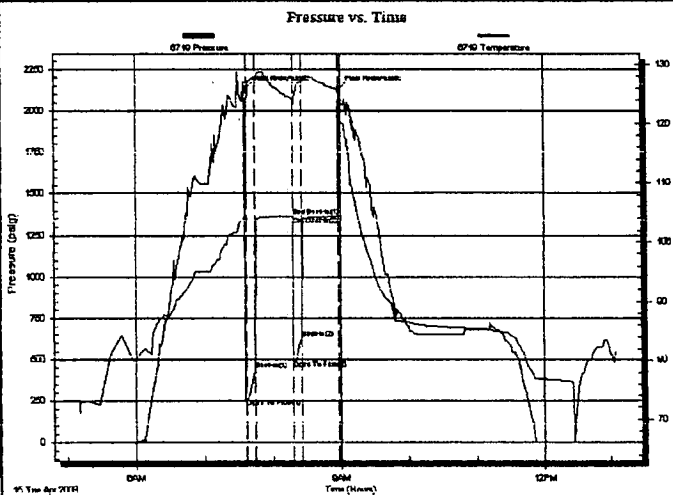
Moore-Stieben #1
36-18s-22w-Ness
Job Ticket: 31092 DST#: 2
Test Start: 2008.04.15 @ 05:10:41

GENERAL INFORMATION:

Formation: **Mississippi**
Deviated: No Whipstock ft (KB)
Test Type: Conventional Bottom Hole
Time Tool Opened: 07:36:41
Tester: Jason McLemore
Time Test Ended: 13:04:11
Unit No: 32
Reference Elevations: 2141.00 ft (KB)
4248.00 ft (KB) (TVD) 2135.00 ft (CF)
Hole Diameter: 7.80 inches Hole Condition: Good
KB to GR/CF: 6.00 ft

Serial #: 6719 Inside
Press@RunDepth: 629.07 psig @ 4235.00 ft (KB) Capacity: 7000.00 psig
Start Date: 2008.04.15 End Date: 2008.04.15 Last Calib.: 2008.04.15
Start Time: 05:10:43 End Time: 13:04:11 Time On Btm: 2008.04.15 @ 07:35:41
Time Off Btm: 2008.04.15 @ 08:58:41

TEST COMMENT: FFP-Strong, BOB in 55 Seconds
ISI-Blow back BOB in 25 Min.
FFP-Strong, BOB in 1 Min.
FSI-Blow back Built to 4"



PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2127.00	104.73	Initial Hydro-static
1	210.30	113.28	Open To Flow (1)
9	437.66	127.61	Shut-In (1)
42	1363.64	124.21	End Shut-In (1)
43	441.57	122.21	Open To Flow (2)
50	629.07	127.11	Shut-In (2)
82	1361.84	125.76	End Shut-In (2)
83	2131.57	124.21	Final Hydro-static

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Recovery

Length (ft)	Description	Volume (bbl)
1381.00	Gassy Oil	19.37
122.00	Gassy Muddy Oil-30%G-40%O-30%M	1.71
0.00	355' Gas in Pipe	0.00

Gas Rates

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

Serial #: 6719

Inside American Warrior

36-18s-22w-Ness

DST Test Number: 2

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