

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4058
Name: American Warrior, Inc
Address 1: P O Box 399
Address 2: _____
City: Garden City State: KS Zip: 67846 + _____
Contact Person: Kevin Wiles, Sr
Phone: (620) 275-2963
CONTRACTOR: License # 5929
Name: Duke Drilling Co, Inc
Wellsite Geologist: Jason Alm
Purchaser: Plains Mrktg #159454

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.: _____
11/07/09 11/14/09 2/18/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 083-21, 613 - 0000
Spot Description: SW-NE-SE-NW
SW NE SE NW Sec. 18 Twp. 22 S. R. 21 East West
1860 Feet from North / South Line of Section
2180 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Hodgeman
Lease Name: Lon Ruff Well #: 1-18
Field Name: Wildcat
Producing Formation: Ft Scott
_____ Perforation: Ground: 2177' Kelly Bushing: 2188'
Total Depth: 4445' Plug Back Total Depth: 4412'
Amount of Surface Pipe Set and Cemented at: 1340' Feet
Multiple Stage Cementing Collar Used? Yes No
If Yes, show depth set: 1340' Feet
If Alternate II completion, cement circulated from: Surface
feet depth to: 1340' w/ 470 sx cmt.

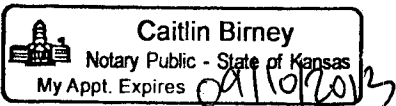
Drilling Fluid Management Plan AH I NR 2-25-10
(Data must be collected from the Reserve Pit)
Chloride content: 14,000 ppm Fluid volume: 200 bbls
Dewatering method used: EVAPORATION
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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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: Jason Alm
Title: Geologist Date: 2/19/10
Subscribed and sworn to before me this 19 day of February,
2010
Notary Public: Caitlin Birney
Date Commission Expires: 02/10/2013



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: Lon Ruff Well #: 1-18
 Sec. 18 Twp. 22 S. R. 21 East West County: Hodgeman

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/Dual Compensated Porosity/Microresistivity	<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>Heebner</td> <td>3772'</td> <td>-1584</td> </tr> <tr> <td>Lansing</td> <td>3832'</td> <td>-1644</td> </tr> <tr> <td>Marmaton</td> <td>4208'</td> <td>-2020</td> </tr> <tr> <td>Pawnee</td> <td>4320'</td> <td>-2132</td> </tr> <tr> <td>Ft Scott</td> <td>4352'</td> <td>-2164</td> </tr> <tr> <td>Cherokee</td> <td>4376'</td> <td>-2188</td> </tr> <tr> <td>Mississippi</td> <td>4483'</td> <td>-2250</td> </tr> </table>	Name	Top	Datum	Heebner	3772'	-1584	Lansing	3832'	-1644	Marmaton	4208'	-2020	Pawnee	4320'	-2132	Ft Scott	4352'	-2164	Cherokee	4376'	-2188	Mississippi	4483'	-2250
Name	Top	Datum																							
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Cherokee	4376'	-2188																							
Mississippi	4483'	-2250																							

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	1340'	Common	470	
Production	7-7/8"	5-1/2"	15.5	4438'	EA-2	125	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" 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	4365'-4374'	500 Gal 15% MCA	Same

TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>4442'</u> Packer At: _____		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. Shut-in _____		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>N/A</u>	Gas Mcf _____ Water Bbls. _____ Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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: _____ _____
--	---	--



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

TICKET No 16803

PAGE 1 OF 1

SERVICE LOCATIONS: 1. *Hays, Ks.*

WELL/PROJECT NO. *#1-18* LEASE *hon Reel* COUNTY/PARISH *Hodgeman* STATE *Ks* CITY DATE *11-30-09* OWNER *same*

TICKET TYPE SERVICE SALES CONTRACTOR *H-D Well Service* RIG NAME NO. SHIPPED VIA *ch* DELIVERED TO *Locations* ORDER NO.

WELL TYPE *oil* WELL CATEGORY *Development* JOB PURPOSE *Acidize Per-fs* WELL PERMIT NO. WELL LOCATION

REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
500		1			MILEAGE <i>#111</i>	45	mi			5.00	225.00
501		1			Acid Pump Charge	1	ea			600.00	600.00
303		1			MCA Acid	500	gal	15%		1.85	925.00
235		1			INH-1	1	gal			35.00	35.00
244		1			STR-1	1	gal			35.00	35.00
221		1			KCL	2	gal			25.00	50.00

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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

By Nick Korbe

x *Joe Smith*

DATE SIGNED *11-30-09* TIME SIGNED *1045* 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>1870.00</i>
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 type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	<i>1870.00</i>

Hodgeman TAX 6.45%

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

SWIFT OPERATOR *Nick Korbe* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 11-30-09 PAGE NO. 1

CUSTOMER
American Warrior Inc

WELL NO. #1-18

LEASE Lon Roff

JOB TYPE Acidic Perfs

TICKET NO. 16803

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							on loc setup Trk
								2 3/8" x 5 1/2"
								Perfs 4365-74'
								Pkr to spot 4376'
								to treat 4355'
	0935	3	0					Spot 5 bbl acid
								set pkr to squeeze
	0950	3	5			0		Continue Acid
	0952							start flush
	0955	12.5	12			0		hole loaded
			18			100		stage Acid 9/100 psi
	1010		18.5			200		increase pressure
	1011	15	19			200		feeding
	1029	15	29			350		Acid flushed
						200		15 IP
						150		5 min
						100		10 min
						50		15 min
								flow back 3/4 bbl

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 KCC WICHITA

Thank you
Nick & Josh F.

SWIFT



Services, Inc.

P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



Invoice

DATE	INVOICE #
11/30/2009	16803

BILL TO
American Warrior, Inc. #2447 P O Box 399 Garden City, KS 67846

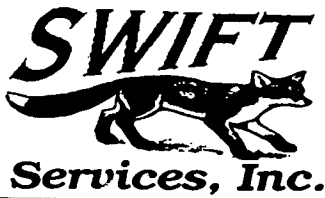
- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-18	Lon Roff	Hodgeman	H-D Oilfield Servi...	Oil	Development	Acidize Perfs	Nick
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
500D	Mileage - 1 Way				45	Miles	5.00	225.00
501D	Acid Pump Charge				1	Job	600.00	600.00
303 - 15%	MCA Acid				500	Gallons	1.85	925.00
235	INH.1 ESA-28				1	Gallon(s)	35.00	35.00
249	STR-1 (Pen 88)				1	Gallon(s)	35.00	35.00
221	Liquid KCL (Clayfix)				2	Gallon(s)	25.00	50.00
	Subtotal							1,870.00
	Sales Tax Hodgeman County						6.45%	0.00

**Thank You For Your Business &
Best Wishes For A Wonderful Holiday Season!!**

Total

\$1,870.00



CHARGE TO: American Warrior Inc.
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET
17255

PAGE 1 OF 12

SERVICE LOCATIONS: 1. Ness City KS
 WELL/PROJECT NO.: 1-18 LEASE: Jon Ruff COUNTY/PARISH: Hodgeman STATE: KS CITY: Ness City DATE: 11-9-09 OWNER: _____
 TICKET TYPE: SALES CONTRACTOR: Duke Drilling Co. RIG NAME/NO.: 5 SHIPPED VIA: _____ DELIVERED TO: Hanston ORDER NO.: _____
 WELL TYPE: Oil WELL CATEGORY: Development JOB PURPOSE: Cement Surface WELL PERMIT NO.: _____ WELL LOCATION: Hanston 2 1/2 E Ninto
 REFERRAL LOCATION: _____ INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE Trk #114	50	mi			5.00	250.00
578D		1			Pump Charge Deep Surface	1	ea			1100.00	1100.00
221		1			Liquid KCL	2	gal			25.00	50.00
281		1			Mudflush	500	gal			1.00	500.00
402		1			Centralizer	4	ea	8 5/8"		70.00	280.00
403		1			Cement Basket	1	ea	8 5/8"		225.00	225.00
410		1			Baffle Plate Top Plug	1	ea	8 5/8"		100.00	100.00
412		1			Baffle Plate	1	ea	8 5/8"		100.00	100.00

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 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 DATE SIGNED: 11-9-09 TIME SIGNED: 1400
 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	2605.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				Page #2	8818.13
WE UNDERSTOOD AND MET YOUR NEEDS?				subtotal	11,423.13
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX	
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Hodgeman 6.45%	528.74
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	11,951.87
<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: Brett Corsair APPROVAL: _____
 Thank You!



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

TICKET CONTINUATION

TICKET No. 17255

CUSTOMER: American Warrior
WELL: Lon Ruff 1-18
DATE: 11-9-09
PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		UM		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY	UM	QTY	UM			
330		1				Swift Multi-Density Standard	470	sk			14 ⁰⁰	6580.00	
276		1				Floccle	125	lbs			1 ⁵⁰	187.50	
290		1				D-Air	5	gal			35 ⁰⁰	175.00	
<p>RECEIVED FEB 24 2010 KCC WICHITA</p>													
581		1				SERVICE CHARGE	CUBIC FEET 470				1 ⁸⁰	705.00	
583		1				MILEAGE CHARGE	TOTAL WEIGHT 46825	LOADED MILES 2341250	TON MILES 1170.63			1 ⁰⁰	1170.63

CONTINUATION TOTAL 8818.13

JOB LOG

SWIFT Services, Inc.

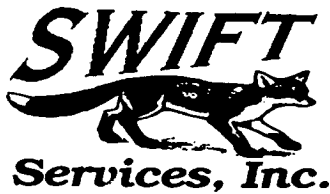
DATE 11-9-09 PAGE NO. 1

CUSTOMER American Warrior WELL NO. 1-18 LEASE Lon Ruff JOB TYPE Cement Surface TICKET NO. 17255

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1400							On Location 8 5/8 23# Cent. 6, 4, 9, 18 TD 1345' Basket, 17 TP 1340' PS 1340' ST 42'
	1545							Break Circulation
	1605	6 3/4	32	✓			250	Pump Mud Flush & KCL Flush
	1610	4 1/2		✓			200	Start Cement 100 sks @ 11.8 ppg
		4 1/2	47	✓			150	Cement 120 sks @ 12.4 ppg
		4 1/2	93	✓			150	Cement 100 sks @ 13.0 ppg
		4 1/2	127	✓			150	Cement 100 sks @ 14.0 ppg
		4 1/2	155	✓			200	Cement 50 sks @ 15.0 ppg
			167	✓			-	Shut Down - Release Plug
	1650	6 3/4		✓			150	Start Displacement
		6 3/4	36				350	Cement to Surface 100 sks to pit
	1700		83	✓			400	Shut Down - Shut in
								Wash Truck
	1730							Job Complete
								Thank you Brett, Dave & Lane

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

TICKET
 No 16651

PAGE 1 OF 2

1. SERVICE LOCATIONS <u>HAYS</u>	WELL/PROJECT NO. <u>1-B</u>	LEASE <u>LOW RUFF</u>	COUNTY/PARISH <u>HODGEMAN</u>	STATE <u>KS</u>	CITY	DATE <u>11-14-09</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>DUKE 5</u>	SHIPPED VIA <u>GT</u>	DELIVERED TO <u>INE 1 1/2 N W HANSTON</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOP</u>	JOB PURPOSE <u>LOWASTRING</u>	WELL PERMIT NO. <u>15-083-21613</u>	WELL LOCATION <u>S18, T22, R21</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE #112	50		MI		5.00	250	00
578		1			Pump Service	1		EA		1400.00	1400	00
221		1			LIQUIDITY	2		EA		25.00	50	00
281		1			MUD FLUSH	500		EA		1.00	500	00
290		1			D-AIR	1		EA		35.00	35	00
403		1			CENTRALIZER	8		EA	5 1/2	55.00	440	00
403		1			CM T BASKET	1		EA	5 1/2	180.00	180	00
406		1			LATCH DOWN PLUG & BASKET	1		EA	5 1/2	225.00	225	00
407		1			INSERT FRONT SIDE 4/11/09 FILL	1		EA	5 1/2	275.00	275	00
419		1			ROTTING HEAD RAMP	1		EA	5 1/2	150.00	150	00

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

X [Signature]

DATE SIGNED 11-14-09 TIME SIGNED 1800 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?				Pg. 1 PAGE TOTAL	3505 00
WE UNDERSTOOD AND MET YOUR NEEDS?				Pg. 2	3388 08
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				sub TOTAL	7393 08
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Hodgeman TAX 6.45%	324 00
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	7717 08

JOB LOG

SWIFT Services, Inc.

DATE 11-14-09 PAGE NO. 7

CUSTOMER American Warrior WELL NO. 1-18 LEASE Lon Ruff JOB TYPE LONGSTRINE TICKET NO. 16651

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1800							DN LOCATION 8 5/8 1340 FT
								CMT: 175 Sgs EA-2
								RTD 4445, SET A.P. @ 4430, ST 20128, 3.500T 4410
								5 1/2 15.5" NEW
								CENT 2, 4, 6, 8, 10, 12, 14, 16 BASNET, 4
	1830							RECEIVED
	2020							START CS, 8 FIDATEQV
	2030							TAL BOTTOM - Drop Back, Pull up 15 FT
	2105		615					BROOK CIRC & INSTA-ACE
	2115	4.5	120		✓		200	Plug RH 3000 MH 2050
			20.0		✓			MUD FLUSH SDCATS
			33.0		✓			KILL FLUSH
								EA-2 CMT 125 Sgs
								Drop 60 PLUG, WASHOUT PL
	2130	7.0	0		✓		250	START DUMP
			72.5		-		250	CMT ON BOTTOM
			90.0		-		500	
			95.0		-		600	STOP INSTA-ACE
			100.0		-		700	
	2145	4.5	104.9		-		1600	LAND PLUG RELEASE
	2230							JOB COMPLETE
								THANK YOU!
								DAVE JESSE, LANE

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

TICKET
 17325

PAGE 1 OF 1

SERVICE LOCATIONS
 1. **NESS CITY KS.** WELL/PROJECT NO. **1-18** LEASE **LOW ROFF** COUNTY/PARISH **HODGEMAN CO.** STATE **KS.** CITY DATE **112509** OWNER
 2. TICKET TYPE SERVICE CONTRACTOR **HD** RIG NAME/NO. SHIPPED VIA **CONT.** DELIVERED TO **HD @ SWEET YARD** ORDER NO.
 3. SALES WELL TYPE **OIL WELL** WELL CATEGORY JOB PURPOSE WELL PERMIT NO. WELL LOCATION
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
221		1			MILEAGE LIQUID KCL	2	gal			25.00	50.00

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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 **112509** TIME SIGNED **1003** 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 type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND		

PAGE TOTAL **50.00**
NESS TAX 5.3%
 TOTAL **50.00**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR **DUSTY D. FULIC** APPROVAL
 Thank You!