



KANSAS CORPORATION COMMISSION 1096904  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4058  
Name: American Warrior, Inc.  
Address 1: 3118 Cummings Rd  
Address 2: PO BOX 399  
City: GARDEN CITY State: KS Zip: 67846 + \_\_\_\_\_  
Contact Person: joe Smith  
Phone: (620) 275-2963  
CONTRACTOR: License # 5822  
Name: Val Energy, Inc.  
Wellsite Geologist: Marc Downing  
Purchaser: None

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SIOW  
 Gas     D&A     ENHR     SIGW  
 OG     GSW     Temp. Abd.  
 CM (Coal Bed Methane)  
 Cathodic     Other (Core, Expl., 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  
 Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: \_\_\_\_\_  
 GSW    Permit #: \_\_\_\_\_

08/18/2012    08/24/2012    10/05/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-163-24059-00-00

Spot Description: 9' S & 84' W

SW NE NE SW Sec. 30 Twp. 9 S. R. 18  East  West

2301 Feet from  North /  South Line of Section

2226 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Rooks

Lease Name: FEDEL Well #: 2-30

Field Name: Baumgarten

Producing Formation: None

Elevation: Ground: 2187 Kelly Bushing: 2200

Total Depth: 3945 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 224 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: 1602 Feet

If Alternate II completion, cement circulated from: 1602

feet depth to: 0 w/ 520 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1000 ppm Fluid volume: 60 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: Deanna Gerrisor Date: 10/17/2012



1096904

Operator Name: American Warrior, Inc. Lease Name: FEDEL Well #: 2-30  
 Sec. 30 Twp. 9 S. R. 18  East  West County: Rooks

**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 complete copy of all Electric Wire-line 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 checked="" type="checkbox"/> Yes <input 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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:  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>Anhy</td> <td>3129'</td> <td>+618</td> </tr> <tr> <td>Topeka</td> <td>3129'</td> <td>-929</td> </tr> <tr> <td>Heeber</td> <td>3339</td> <td>-1139</td> </tr> <tr> <td>Toronto</td> <td>3364'</td> <td>-1164</td> </tr> <tr> <td>Lansing</td> <td>3379'</td> <td>-1179</td> </tr> <tr> <td>B/KC</td> <td>3601'</td> <td>-1401</td> </tr> <tr> <td>Arbuckle</td> <td>3622'</td> <td>-1422</td> </tr> </table>	Name	Top	Datum	Anhy	3129'	+618	Topeka	3129'	-929	Heeber	3339	-1139	Toronto	3364'	-1164	Lansing	3379'	-1179	B/KC	3601'	-1401	Arbuckle	3622'	-1422
Name	Top	Datum																							
Anhy	3129'	+618																							
Topeka	3129'	-929																							
Heeber	3339	-1139																							
Toronto	3364'	-1164																							
Lansing	3379'	-1179																							
B/KC	3601'	-1401																							
Arbuckle	3622'	-1422																							

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	12.250	8.625	23	224	Class A	170	3%CC, 2% gel.
Production	7.875	5.50	15.5	3672	EA-2	125	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD	-			
___ Plug Off Zone	-			

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

TUBING RECORD: Size: <u>2.375</u> Set At: <u>3650'</u> Packer At: <u>3650</u> Liner Run: <input type="checkbox"/> Yes <input checked="" 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 Bbbs. Gas Mcf Water Bbbs. Gas-Oil Ratio Gravity

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 checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

# ALLIED OIL & GAS SERVICES, LLC 056193

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell

DATE <u>8-18-12</u>	SEC <u>30</u>	TWP <u>9</u>	RANGE <u>15</u>	CALLED OUT	ON LOCATION	JOB START <u>1:00</u>	JOB FINISH <u>1:00</u>
LEASE <u>Fed #1</u>	WELL # <u>8-30</u>	LOCATION <u>Hainville 4 1/2 mi N</u>			COUNTRY <u>KS</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				<u>e into</u>			

CONTRACTOR Vel #3 OWNER J. D. 1.01

TYPE OF JOB 5 surveys

HOLE SIZE 12 1/4 ID 9.05

CASING SIZE 8 1/2 DEPTH 238

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 15

CEMENT LEFT IN CSG. 15

PERES.

DISPLACEMENT 1360

CEMENT AMOUNT ORDERED 17000 Class A

37.06 29.60

COMMON <u>170</u>	@ <u>16.25</u>	<u>2762.50</u>
POZMIX	@	
GEL <u>3</u>	@ <u>21.25</u>	<u>63.75</u>
CHLORIDE <u>6</u>	@ <u>35.20</u>	<u>211.20</u>
ASC	@	

EQUIPMENT

PUMP TRUCK	CEMENTER <u>1</u>
# <u>409</u>	HELPER <u>2</u>
BULK TRUCK	
# <u>410</u>	DRIVER <u>Kalon R 3</u>
BULK TRUCK	
#	DRIVER

HANDLING <u>183.51</u>	@ <u>2.10</u>	<u>385.37</u>
MILEAGE <u>21.8</u>	@ <u>23.50</u>	<u>512.25</u>
TOTAL		<u>4197.00</u>

REMARKS:  
run 5000 lbs 238' 10" 1360 lbs  
21000 mix 17000 Class A  
37.06 29.60, Disposed 1360 lbs  
and filled well in  
8 Cement. Did 238' to surface  
Thanks!

CHARGE TO: American Warrior

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>1125.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>MHV 30</u>	@ <u>7.00</u>	<u>210.00</u>
MANIFOLD	@	
<u>MIV 22</u>	@ <u>4.00</u>	<u>88.00</u>
TOTAL		<u>1477.00</u>

To: Allied Oil & Gas Services, 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.

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
TOTAL		<u>0</u>

PRINTED NAME Bill Davidson

SIGNATURE \_\_\_\_\_

SALES TAX (If Any) 200.05

TOTAL CHARGES 6163.00

DISCOUNT 2050 1428.25 IF PAID IN 30 DAYS

net 4239.75 <sup>BS</sup> 820

before tax



CHARGE TO: *American Warrior*

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TICKET No 23217

PAGE 1 OF 2

SERVICE LOCATIONS 1. <i>Ness City KS</i>	WELL/PROJECT NO. <i>2-20</i>	LEASE <i>Fedel</i>	COUNTY/PARISH <i>Rooks</i>	STATE <i>KS</i>	CITY <i>Plainville</i>	DATE <i>25 AUG 12</i>	OWNER
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>VAL</i>	RIG NAME/NO. <i>3</i>	SHIPPED <i>YCT</i>	DELIVERED TO <i>location</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>connect long string</i>	WELL PERMIT NO.	WELL LOCATION <i>30-19-184W</i>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M		U/M	
<i>575</i>		<i>9</i>			<i>MILEAGE</i>	<i>30</i>	<i>mi</i>	<i>6</i>	<i>00</i>	<i>180</i> <i>00</i>
<i>578</i>		<i>1</i>			<i>Pump Charge</i>	<i>1</i>	<i>ea</i>	<i>1500</i>	<i>00</i>	<i>1500</i> <i>00</i>
<i>402</i>		<i>1</i>			<i>Centralizer</i>	<i>5 1/2</i>	<i>in</i>	<i>70</i>	<i>100</i>	<i>490</i> <i>00</i>
<i>403</i>		<i>1</i>			<i>Cement Basket</i>	<i>5 1/2</i>	<i>in</i>	<i>250</i>	<i>00</i>	<i>250</i> <i>00</i>
<i>404</i>		<i>1</i>			<i>Port Collar</i>	<i>5 1/2</i>	<i>in</i>	<i>1</i>	<i>ea</i>	<i>2400</i> <i>00</i>
<i>405</i>		<i>1</i>			<i>Formation Packer Shoe</i>	<i>5 1/2</i>	<i>in</i>	<i>1</i>	<i>ea</i>	<i>1400</i> <i>00</i>
<i>406</i>		<i>1</i>			<i>Latch Down plug &amp; Bopble</i>	<i>5 1/2</i>	<i>in</i>	<i>1</i>	<i>ea</i>	<i>250</i> <i>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

DATE SIGNED \_\_\_\_\_ TIME SIGNED:  A.M.  P.M.

REMIT PAYMENT TO:

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<i>1</i>	<i>6470</i>	<i>00</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					<i>2</i>	<i>5627</i>	<i>63</i>
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				TOTAL		<i>12,097</i>	<i>63</i>

*subtotal* *12,097* *63*

*Rooks TAX 10.3%* *593* *85*

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

SWIFT OPERATOR \_\_\_\_\_ APPROVAL \_\_\_\_\_

**Thank You!**



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

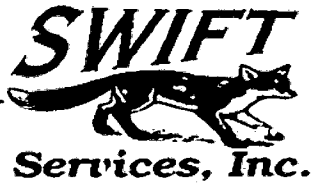
TICKET CONTINUATION

TICKET No. 2321.7

CUSTOMER American Warrior WELL Fedel 2-30 DATE 25 AUG 12 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			WT	UM	WT	UM	
325		1				STANDARD cement (For 2A-2)	125	sk	13.50		2362.50
284		1				calseal	800	lb	35.00	8 sk	280.00
283		1				salt	900	lb	0.20		180.00
292		1				halad-322	125	sk	7.75		968.75
276		1				Flocele	50	lb	2.00		100.00
281		1				mud flush	500	gal	1.25		625.00
221		1				KCh liquid	2	gal	25.00		50.00
290		1				D-AIR	2	gal	35.00		70.00
581						SERVICE CHARGE	175		2.00		350.00
583						MILEAGE CHARGE	18325		1.00		18325.00
						TOTAL WEIGHT		20			
						LOADED MILES					
						TON MILES		641.38			641.38

CONTINUATION TOTAL 5627.63



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

TICKET  
 No 21893

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Hays, Ks.</u> 2. <u>Ness City, Ks.</u> 3. 4.	WELL/PROJECT NO. <u># 2-30</u>	LEASE <u>Fedex</u>	COUNTY/PARISH <u>Rooks</u>	STATE <u>Ks</u>	CITY	DATE <u>9-18-12</u>	OWNER <u>same</u>
	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Express Well Service</u>	RIG NAME/NO.	SHIPPED VIA <u>CT Location</u>	DELIVERED TO	ORDER NO.	
	WELL TYPE <u>SMD</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Port Collar</u>	WELL PERMIT NO.	WELL LOCATION		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF		QTY.	UM		QTY.	UM
575		1			MILEAGE #111	40	mi	6 <sup>00</sup>	240	00
578-0		1			Pump Charge (Port Collar)	199	1602'	1250 <sup>00</sup>	1250	00
290		1			D-Air	2	gal	35 <sup>00</sup>	70	00
100		1			Mileage-Toolmas	40	mi	2 <sup>00</sup>	80	00
105		1			Port Collar Tool Rental/wmas	1	ea	350 <sup>00</sup>	350	00
330		2			SMD Cement	200	skts	16 <sup>50</sup>	3300	00
276		2			Floccle	50	skts	2 <sup>00</sup>	100	00
581		2			Cement Service Charge	200	skts	2 <sup>00</sup>	400	00
583		2			Drayage	376	TM	1 <sup>00</sup>	376	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  
 DATE SIGNED 9-18-12 TIME SIGNED 1600  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	6166 <sup>00</sup>
TOTAL	6384 <sup>61</sup>

SWIFT OPERATOR: Mick Fozie APPROVAL \_\_\_\_\_

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

Thank You!

**JOB LOG**

**SWIFT Services, Inc.**

DATE \_\_\_\_\_ PAGE NO. \_\_\_\_\_

CUSTOMER: *American Warrior Inc.* WELL NO. # *2-30* LEASE *Fedel* JOB TYPE *Port Collar* TICKET NO. \_\_\_\_\_

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1400							on loc setup Trks
								2 3/8" x 5 1/2" P.C. 1602'
	1410						1000	Test Csg Open P.C.
	1420	3	5			800		Take injection rate & check for blow no blow
	1425	3.5	0			800		Start Cement
	1448	3.5	80			600		Shut down dig out Braden Head to look for Valve, open valve & resume mix ing, no blow
	1510	3.5	80			600		raise weight start Displacement Cement Displaced Close P.C.
	1511	3.5	100					
	1513	3.5	105/0					
	1515		5					
	1518						400	Test Csg run 5 jts reverse out Hole Clean
	1530	3	0					
	1535		15					
								no circ, no blow
								Thank you
								Nick, David E., + Rob



CHARGE TO: American Warrior  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: Fedel

TICKET  
 N<sup>o</sup> 21849

PAGE 1 OF 1

SERVICE LOCATIONS 1: <u>Stage 15</u>	WELL/PROJECT NO. <u>2-30</u>	LEASE <u>Fedel</u>	COUNTY/PARISH <u>Rooks</u>	STATE <u>Ks</u>	CITY	DATE <u>9-22-12</u>	OWNER <u>Gene</u>
2:	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Express Well Serv.</u>	RIG NAME/NO.	SHIPPED VIA <u>ELT</u>	DELIVERED TO <u>Loc.</u>	ORDER NO.	
3:	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Squeeze Pkgs</u>	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							
575		1			MILEAGE #112	50	mi			6.00	300.00
577		1			Pump Service	1	ea			1,000.00	1,000.00
581		1			Service Charge	100	sk			2.00	200.00
582		1			Drayage	250	Miniaut			1.00	250.00
325		1			Standard Cement	100	sk			13.50	1350.00
278		1			Calcium Chloride	3	sk			40.00	120.00

**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  
 DATE SIGNED \_\_\_\_\_ TIME SIGNED \_\_\_\_\_  A.M.  P.M.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	3,280.00
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				TOTAL	3312.61

Rooks TAX 6.3% 9.2161

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

SWIFT OPERATOR: [Signature] APPROVAL: \_\_\_\_\_

Thank You!



**JOB LOG**

**SWIFT Services, Inc.**

DATE: 5-28-12 PAGE NO. 7

CUSTOMER: American Lumber WELL NO. 2-30 LEASE Fadel JOB TYPE Squeeze Pests TICKET NO. 21849

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0830							on loc. set up truck Pests 620' PKR 538
	0850	2				400	500	Press Ann 500psi holding Trj Rate 2 BPM 400psi No Blow on Bacteria head
	0900	1 1/2				300		MEX 100psi Std. 390 CC.
	0925		21					Finish mixing Wash out pump & line Displ.
	0930		2.5			300		2 1/2" in 300psi PKR clear shut in wash up truck
	10:00							Press @ 200psi Increase to 400 slow bleed off
	10:55					800		Stage Squeeze Holding 800psi Release press Drind up Reverse out short way Pull PKR out of hole
			5			500		Press 5 1/2" Csg 500 psi shut in @ well head haul up truck
	12:00							Jobs Complete.

*[Signature]*  
Reggie Tule Rob



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

TICKET  
 No 22836  
 PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>Hays, Ks</i>	WELL/PROJECT NO. <i>2-30</i>	LEASE <i>Fedel</i>	COUNTY/PARISH <i>Rooks</i>	STATE <i>Ks</i>	CITY	DATE <i>9-26-12</i>	OWNER
2. <i>Ness City, Ks</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Express</i>	RIG NAME/NO. <i>(Lack)</i>	SHIPPED VIA <i>113</i>	DELIVERED TO <i>w/Plainville, Ks</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>infield</i>	JOB PURPOSE <i>Perf Squeeze</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DE							
575		1			MILEAGE <i>#113</i>	30	Mi			600	180.00
577		1			Pump Charge - Shallow Squeeze	1	ea	600	\$/	100.00	100.00
290		1			D. Air	2	gal			35.00	70.00
325		2			Standard Curt	150	SKS	14	100 lbs	13.50	2025.00
278		2			Calcium Chloride	5	SKS	700	lbs	40.00	200.00
581		2			Service charge - curt	150	SKS	14	500 lbs	2.00	300.00
583		2			Drayage	50	Mi	3	12.5 Ton	1.00	362.50
					50 Mi						

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 *Joe S. by Don L*  
 DATE SIGNED *9-26-12* TIME SIGNED *0830*  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?					4137.50
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				TOTAL	4282.09

*Rooks TAX 16.3%* 144.59

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

SWIFT OPERATOR *Don Leman* APPROVAL \_\_\_\_\_

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 7-26-12 PAGE NO. 1

CUSTOMER *AWI* WELL NO. *2-30* LEASE *Faddel* JOB TYPE *Cont Pools Square* TICKET NO. *22836*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0815							On location
								Set up Trk
								Perfs 120' - PRR @ 538'
							500	Ann
		2 3/4	5			300		Fin rule - H <sub>2</sub> O
						250		Start 150 sks Stbl Cont, 300cc
						250		Have 110 8 5/8
	0920					350		Fin cont - Close in 250 <sup>+</sup> - no returns
								Wash up Pt.
	0935	1/2	2 1/2			250		Dispt - 2 1/2 BBB - Little H <sub>2</sub> O Returns
	0940					250		Close 8 5/8 valves
	0945	1/2	3			250	500	Pump 1/2 BBB - Close in 250 <sup>+</sup>
								Job Complete
								Rack up Trk
	18:00							
								<i>WKS</i> <i>W. Dan, Brian &amp; D.B.</i>



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

TICKET  
 No 22876

PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>Hays Co</i>	WELL/PROJECT NO. <i>2-30</i>	LEASE <i>Fadel</i>	COUNTY/PARISH <i>ooks</i>	STATE <i>Ks.</i>	CITY	DATE <i>10/4/12</i>	OWNER <i>Same</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Express Well Serv</i>	RIG NAME/NO.	SHIPPED VIA <i>BIT</i>	DELIVERED TO <i>Loc</i>	ORDER NO.	
3.	WELL TYPE <i>Digital</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Cr. Top Outside</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
<i>575</i>		<i>1</i>			<i>MILEAGE #112</i>	<i>40</i>	<i>mil</i>			<i>6.00</i>	<i>240</i>	<i>.00</i>
<i>577</i>		<i>1</i>			<i>Pump Service</i>	<i>1</i>	<i>hr</i>			<i>1,000.00</i>	<i>1,000</i>	<i>.00</i>
<i>290</i>		<i>1</i>			<i>D-Air</i>	<i>1</i>	<i>gal</i>			<i>35.00</i>	<i>35</i>	<i>.00</i>
<i>530.58</i>		<i>1</i>			<i>Service Charge</i>	<i>100</i>	<i>sls</i>			<i>2.00</i>	<i>200</i>	<i>.00</i>
<i>583</i>		<i>1</i>			<i>Drayage</i>	<i>282</i>	<i>700 miles</i>			<i>1.00</i>	<i>282</i>	<i>.00</i>
<i>385</i>		<i>1</i>			<i>Standard Cement</i>	<i>100</i>	<i>sls</i>			<i>13.50</i>	<i>1,350</i>	<i>.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  
 DATE SIGNED \_\_\_\_\_ TIME SIGNED \_\_\_\_\_  
 A.M.  
 P.M.

REMIT PAYMENT TO:

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

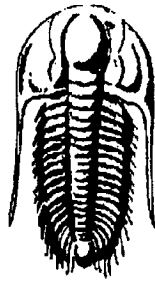
SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<i>3107</i>	<i>.00</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						
WE UNDERSTOOD AND MET YOUR NEEDS?						
OUR SERVICE WAS PERFORMED WITHOUT DELAY?						
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<i>ooks TAX 16.3%</i>	<i>87</i>	<i>26</i>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	<i>3194</i>	<i>26</i>
<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 *[Signature]* APPROVAL

Thank You!





**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

Prepared For: **American Warrior Inc**

PO Box 399  
Garden City KS 67646

ATTN: Cecll O Brate

**Fedel #2-30**

**30-9s-18w Rooks,KS**

Start Date: 2012.08.23 @ 12:57:43

End Date: 2012.08.23 @ 18:36:43

Job Ticket #: 48531                      DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

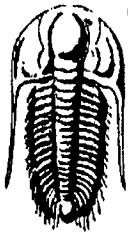
Printed: 2012.08.28 @ 10:55:23

American Warrior Inc 30-9s-18w Rooks,KS Fedel #2-30 DST # 1 Arbuckle 2012.08.23









**TRILOBITE  
TESTING, INC**

**DRILL STEM TEST REPORT**

**TOOL DIAGRAM**

American Warrior Inc  
 PO Box 399  
 Garden City KS 67646  
 ATTN: Cecill O Brate

**30-9s-18w Rooks,KS**  
**Fedel #2-30**  
 Job Ticket: 48531      **DST#: 1**  
 Test Start: 2012.08.23 @ 12:57:43

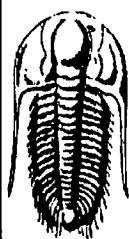
**Tool Information**

Drill Pipe:	Length: 3599.00 ft	Diameter: 3.80 inches	Volume: 50.48 bbl	Tool Weight:	2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.70 inches	Volume: 0.00 bbl	Weight set on Packer:	20000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose:	69000.00 lb
			<b>Total Volume: 50.48 bbl</b>	Tool Chased	0.00 ft
Drill Pipe Above KB:	32.00 ft			String Weight: Initial	60000.00 lb
Depth to Top Packer:	3587.00 ft			Final	63000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	40.00 ft				
Tool Length:	60.00 ft				
Number of Packers:	2	Diameter: 6.75 inches			

Tool Comments: Mis-Run Packer Failure

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3568.00	
Shut In Tool	5.00			3573.00	
Hydraulic tool	5.00			3578.00	
Packer	4.00			3582.00	20.00      Bottom Of Top Packer
Packer	5.00			3587.00	
Stubb	1.00			3588.00	
Perforations	2.00			3590.00	
Change Over Sub	1.00			3591.00	
Recorder	0.00	8321	Inside	3591.00	
Recorder	0.00	8737	Outside	3591.00	
Drill Pipe	30.00			3621.00	
Change Over Sub	1.00			3622.00	
Perforations	2.00			3624.00	
Bullnose	3.00			3627.00	40.00      Bottom Packers & Anchor

**Total Tool Length: 60.00**



**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

**FLUID SUMMARY**

American Warrior Inc

**30-9s-18w Rooks,KS**

PO Box 399  
Garden City KS 67646

**Fedel #2-30**

Job Ticket: 48531

**DST#: 1**

ATTN: Cecll O Brate

Test Start: 2012.08.23 @ 12:57:43

### Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbl

Water Loss: 7.98 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
465.00	MUD	6.523

Total Length: 465.00 ft      Total Volume: 6.523 bbl

Num Fluid Samples: 0

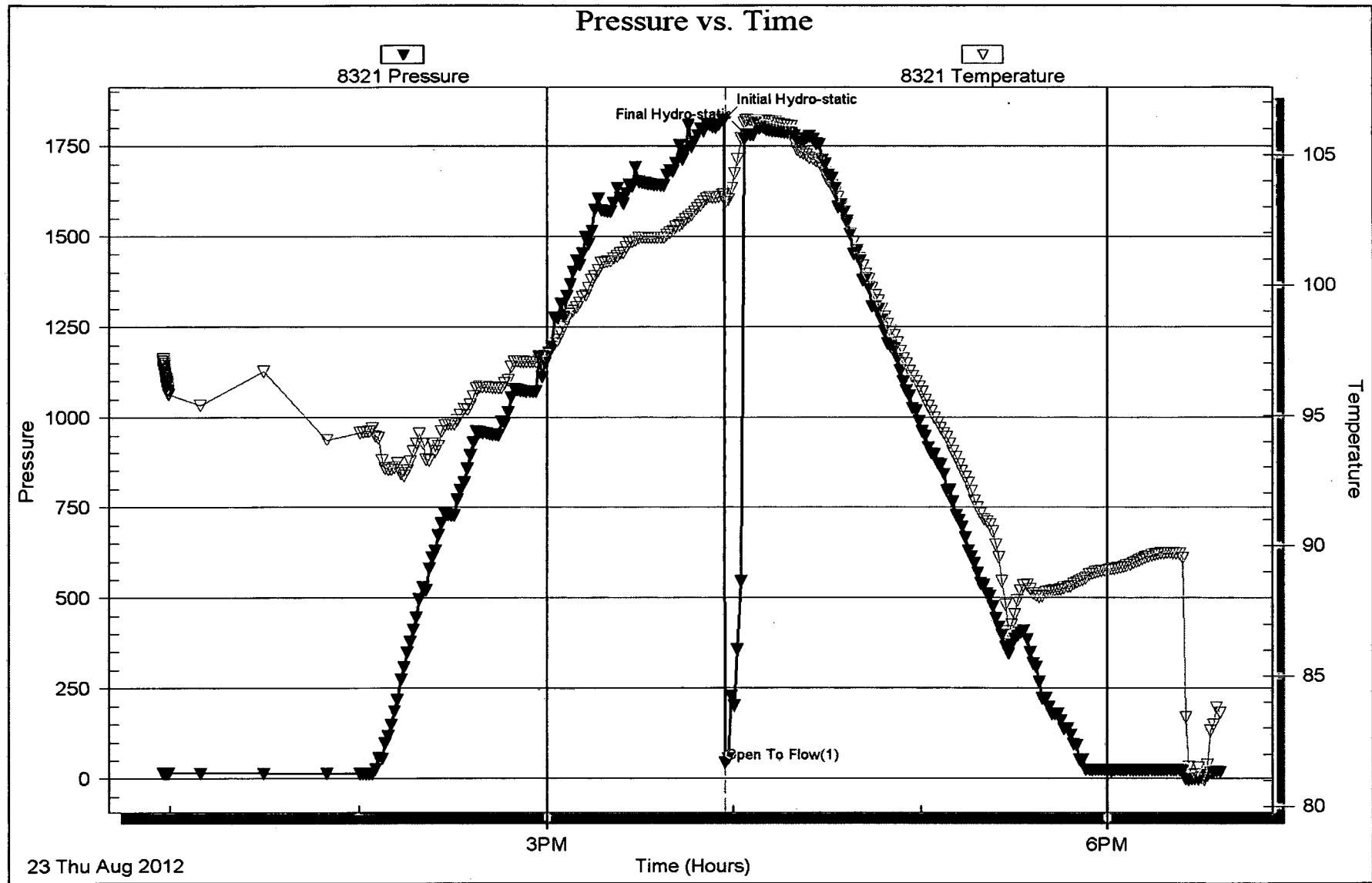
Num Gas Bombs: 0

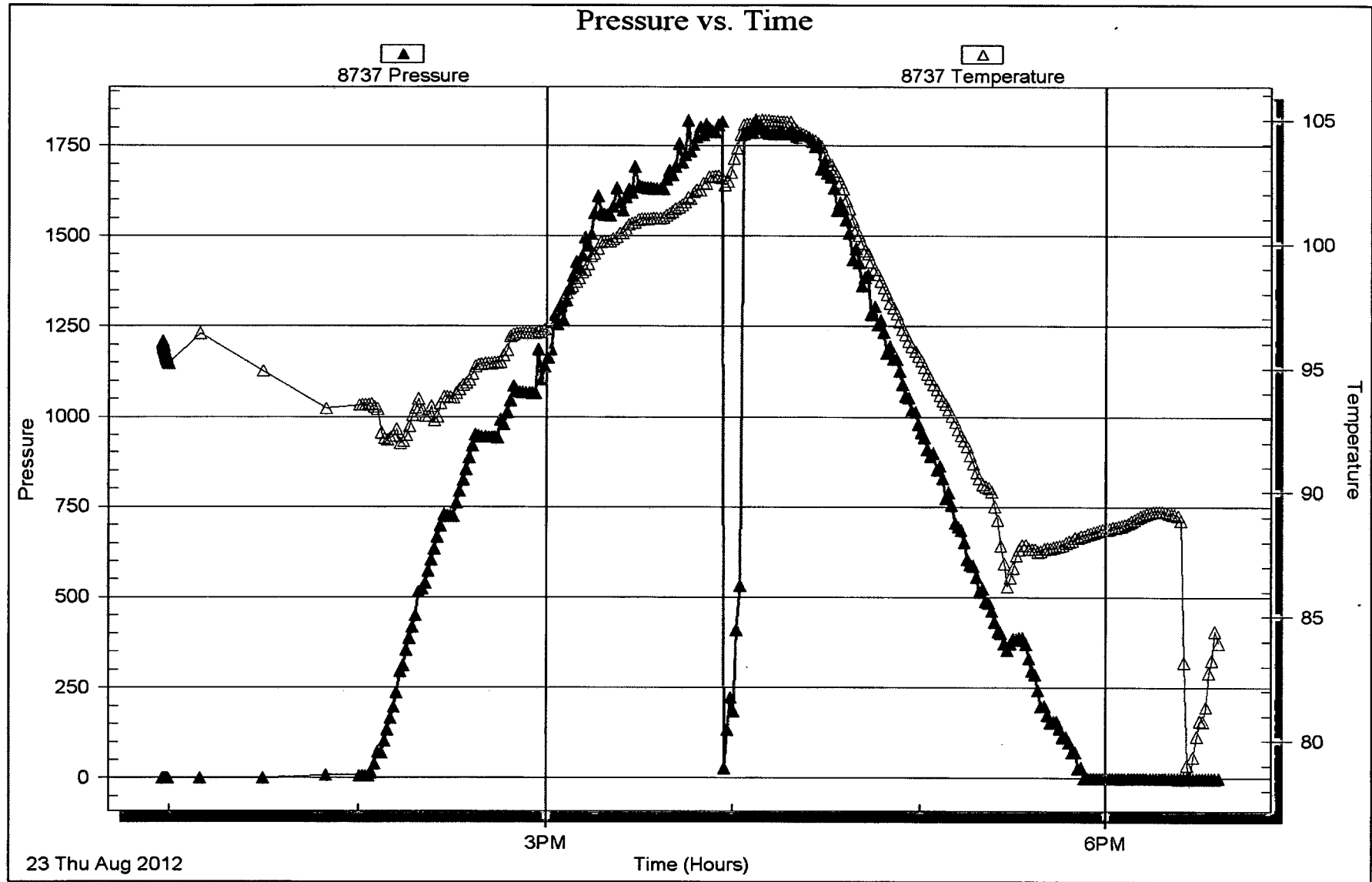
Serial #:

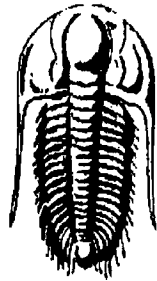
Laboratory Name:

Laboratory Location:

Recovery Comments: MIS-Run Packer Failure







**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

Prepared For: **American Warrior Inc**

PO Box 399  
Garden City KS 67646

ATTN: Cecll O Brate

**Fedel #2-30**

**30-9s-18w Rooks,KS**

Start Date: 2012.08.23 @ 19:02:05

End Date: 2012.08.24 @ 01:00:05

Job Ticket #: 48532                      DST #: 2

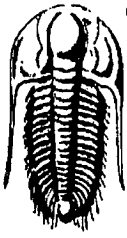
Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Printed: 2012.08.28 @ 10:54:24

American Warrior Inc  
30-9s-18w Rooks,KS  
Fedel #2-30  
DST # 2  
Arbuckle  
2012.08.23



**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

American Warrior Inc  
 PO Box 399  
 Garden City KS 67646  
 ATTN: Cecill O Brate

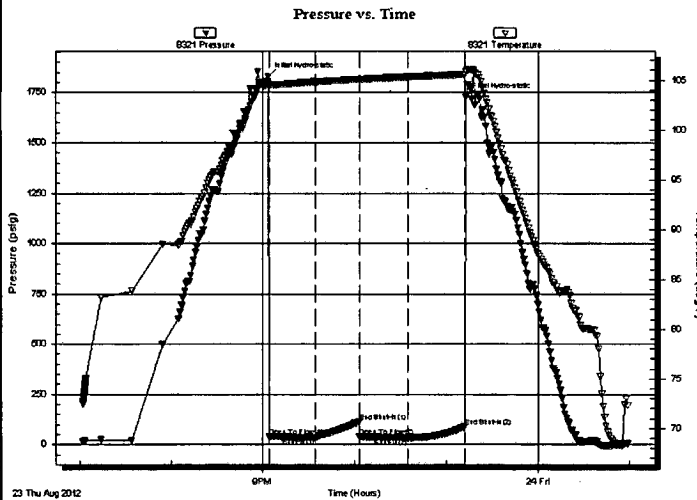
**30-9s-18w Rooks,KS**  
**Fedel #2-30**  
 Job Ticket: 48532      **DST#: 2**  
 Test Start: 2012.08.23 @ 19:02:05

## GENERAL INFORMATION:

Formation: **Arbuckle**  
 Deviated: No Whipstock: ft (KB)  
 Time Tool Opened: 21:04:05  
 Time Test Ended: 01:00:05  
 Interval: **3583.00 ft (KB) To 3627.00 ft (KB) (TVD)**  
 Total Depth: 3627.00 ft (KB) (TVD)  
 Hole Diameter: 7.88 inches Hole Condition: Good  
 Test Type: Conventional Bottom Hole (Reset)  
 Tester: Jeff Brown  
 Unit No: 44  
 Reference Elevations: 2203.00 ft (KB)  
 2191.00 ft (CF)  
 KB to GR/CF: 12.00 ft

**Serial #: 8321      Inside**  
 Press@RunDepth: 33.26 psig @ 3587.00 ft (KB)      Capacity: 8000.00 psig  
 Start Date: 2012.08.23      End Date: 2012.08.24      Last Calib.: 2012.08.24  
 Start Time: 19:02:06      End Time: 00:59:05      Time On Btm: 2012.08.23 @ 21:03:35  
 Time Off Btm: 2012.08.23 @ 23:12:35

**TEST COMMENT:** IFP=Weak blow built to 1/2 in  
 ISI=Dead no blow back  
 FFP=Weak surface blow  
 FSI=Dead no blow back



PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1829.75	104.84	Initial Hydro-static
1	42.17	104.56	Open To Flow (1)
31	35.13	104.81	Shut-In(1)
60	113.54	105.08	End Shut-In(1)
60	39.12	105.07	Open To Flow (2)
91	33.26	105.30	Shut-In(2)
129	88.72	105.55	End Shut-In(2)
129	1726.66	105.87	Final Hydro-static

Recovery		
Length (ft)	Description	Volume (bbl)
5.00	Mud with oil spots	0.07

\* Recovery from multiple tests

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





**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

**TOOL DIAGRAM**

American Warrior Inc

**30-9s-18w Rooks,KS**

PO Box 399  
Garden City KS 67646

**Fedel #2-30**

Job Ticket: 48532

**DST#: 2**

ATTN: Cecll O Brate

Test Start: 2012.08.23 @ 19:02:05

### Tool Information

Drill Pipe:	Length: 3568.00 ft	Diameter: 3.80 inches	Volume: 50.05 bbl	Tool Weight:	2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.70 inches	Volume: 0.00 bbl	Weight set on Packer:	24000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose:	69000.00 lb
			<u>Total Volume: 50.05 bbl</u>	Tool Chased	0.00 ft
Drill Pipe Above KB:	5.00 ft			String Weight: Initial	60000.00 lb
Depth to Top Packer:	3583.00 ft			Final	60000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	44.00 ft				
Tool Length:	64.00 ft				
Number of Packers:	2	Diameter: 6.75 inches			

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3564.00	
Shut In Tool	5.00			3569.00	
Hydraulic tool	5.00			3574.00	
Packer	4.00			3578.00	20.00 Bottom Of Top Packer
Packer	5.00			3583.00	
Stubb	1.00			3584.00	
Perforations	2.00			3586.00	
Change Over Sub	1.00			3587.00	
Recorder	0.00	8321	Inside	3587.00	
Recorder	0.00	8737	Outside	3587.00	
Drill Pipe	30.00			3617.00	
Change Over Sub	1.00			3618.00	
Perforations	6.00			3624.00	
Bullnose	3.00			3627.00	44.00 Bottom Packers & Anchor

**Total Tool Length: 64.00**





**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

**FLUID SUMMARY**

American Warrior Inc  
PO Box 399  
Garden City KS 67646  
ATTN: Cecll O Brate

**30-9s-18w Rooks,KS**  
**Fedel #2-30**  
Job Ticket: 48532      **DST#: 2**  
Test Start: 2012.08.23 @ 19:02:05

### Mud and Cushion Information

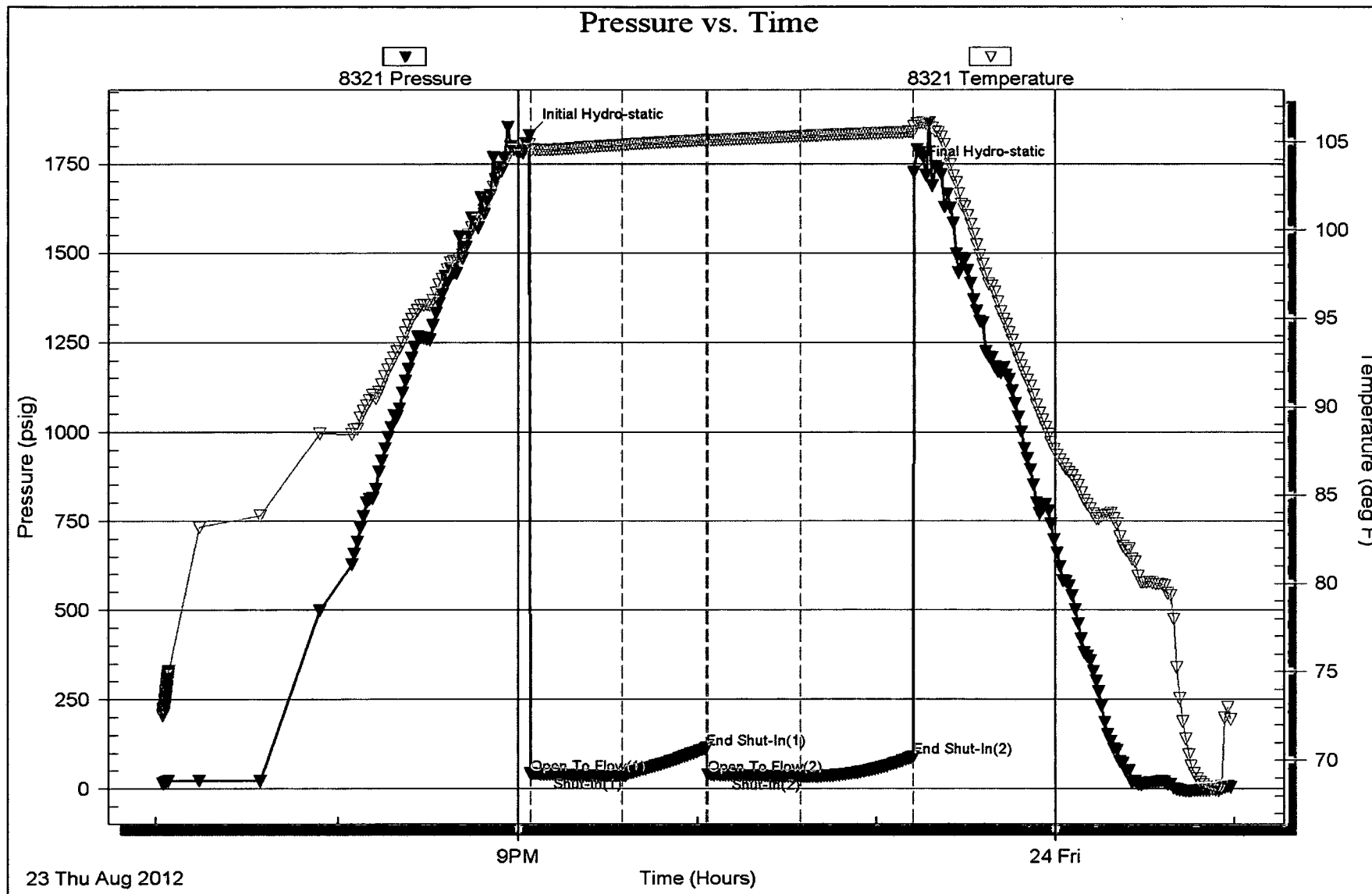
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 49.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.98 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2000.00 ppm			
Filter Cake: inches			

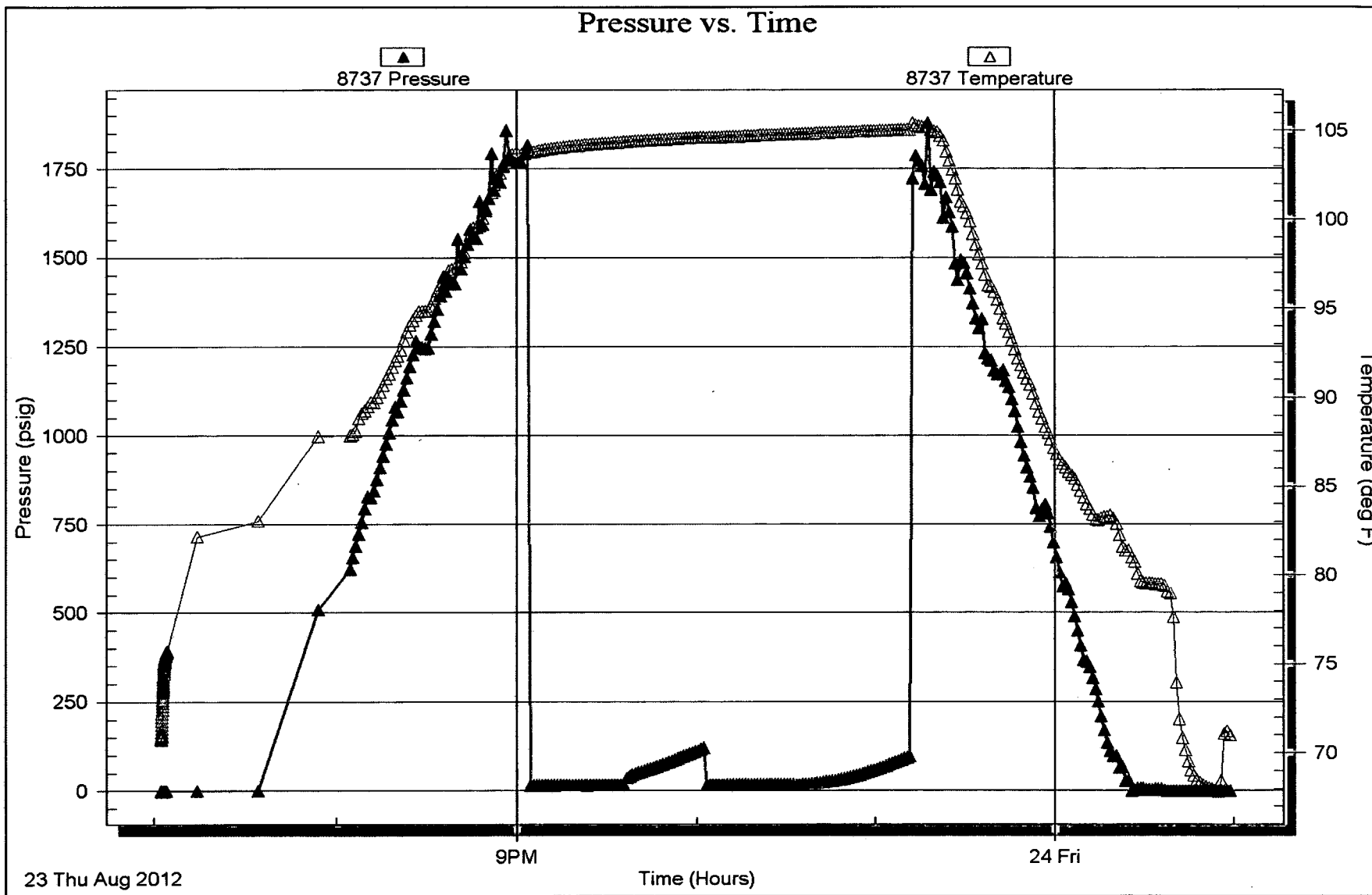
### Recovery Information

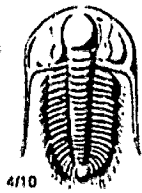
Recovery Table

Length ft	Description	Volume bbl
5.00	Mud with oil spots	0.070

Total Length: 5.00 ft      Total Volume: 0.070 bbl  
Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:  
Laboratory Name:      Laboratory Location:  
Recovery Comments:







# TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

## Test Ticket

NO. 48531

Well Name & No. Fedel 2-30 Test No. 1 Date 8-23-12  
 Company American Warrior INC Elevation 2203 KB 2191 GL  
 Address Box 399 Garden City KS 67746  
 Co. Rep / Geo. Mark Downing Rig UAL #3  
 Location: Sec. 30 Twp. 9s Rge. 18 W Co. Rooks State KS

Interval Tested 3587-3627 Zone Tested Arbuckle  
 Anchor Length 40 Drill Pipe Run 3599 Mud Wt. 9.4  
 Top Packer Depth 3582 Drill Collars Run 0 Vis 49  
 Bottom Packer Depth 3587 Wt. Pipe Run 0 WL 8.0  
 Total Depth 3627 Chlorides 2000 ppm System LCM 1

Blow Description ~~FR~~ Mis Run Packer Failure

Rec	Feet of	%gas	%oil	%water	%mud
<u>465</u>	<u>MUD</u>				<u>100%</u>
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 465 BHT 103 Gravity \_\_\_\_\_ API RW \_\_\_\_\_ @ \_\_\_\_\_ °F Chlorides \_\_\_\_\_ ppm

(A) Initial Hydrostatic 1821  Test 950 T-On Location 11:01  
 (B) First Initial Flow 44  Jars \_\_\_\_\_ T-Started 12:57  
 (C) First Final Flow \_\_\_\_\_  Safety Joint \_\_\_\_\_ T-Open 15:57  
 (D) Initial Shut-In \_\_\_\_\_  Circ Sub \_\_\_\_\_ T-Pulled 16:05  
 (E) Second Initial Flow \_\_\_\_\_  Hourly Standby \_\_\_\_\_ T-Out 18:36  
 (F) Second Final Flow \_\_\_\_\_  Mileage 64 RT Comments \_\_\_\_\_  
 (G) Final Shut-In \_\_\_\_\_  Sampler \_\_\_\_\_  
 (H) Final Hydrostatic 1781  Straddle \_\_\_\_\_  Ruined Shale Packer \_\_\_\_\_  
 Shale Packer \_\_\_\_\_  Ruined Packer \_\_\_\_\_  
 Extra Packer \_\_\_\_\_  Extra Copies \_\_\_\_\_  
 Extra Recorder \_\_\_\_\_ Sub Total 0  
 Day Standby \_\_\_\_\_ Total 1049.20  
 Accessibility \_\_\_\_\_ MP/DST Disc't \_\_\_\_\_  
 Sub Total 1049.20

Approved By \_\_\_\_\_ Our Representative Jeff Brown  
 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.

P.O. Box 1733 • Hays, Kansas 67601

## Test Ticket

NO. 48532

Well Name & No. Fedel 2-30 Test No. 2 Date 8-23-12  
 Company American Warrior INC Elevation 2203 KB 2191 GL  
 Address PO Box 399 Garden City KS 67646  
 Co. Rep / Geo. Mark Downing Rig UAL #3  
 Location: Sec. 30 Twp. 9S Rge. 18W Co. Rooks State KS

Interval Tested 3583-3627 Zone Tested ArBuckle  
 Anchor Length 44 Drill Pipe Run 3568 Mud Wt. 9.4  
 Top Packer Depth 3578 Drill Collars Run 0 Vis 49  
 Bottom Packer Depth 3583 Wt. Pipe Run 0 WL 8.0  
 Total Depth 3627 Chlorides 2000 ppm System LCM 1  
 Blow Description JAP-Weak Blow Built To 1/2 IN  
TST-Dead No Blow Back  
FF-Weak surface Blow  
FST-Dead No Blow Back

Rec	Feet of	%gas	%oil	%water	%mud
<u>5</u>	<u>MYD WITH OIL SPOTS</u>				<u>100%</u>
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

Rec Total 5 BHT 1040 Gravity \_\_\_\_\_ API RW \_\_\_\_\_ @ \_\_\_\_\_ °F Chlorides \_\_\_\_\_ ppm

(A) Initial Hydrostatic 1830  Test \_\_\_\_\_ T-On Location \_\_\_\_\_  
 (B) First Initial Flow 42  Jars \_\_\_\_\_ T-Started 19:02  
 (C) First Final Flow 35  Safety Joint \_\_\_\_\_ T-Open 21:05  
 (D) Initial Shut-In 114  Circ Sub \_\_\_\_\_ T-Pulled 23:05  
 (E) Second Initial Flow 39  Hourly Standby \_\_\_\_\_ T-Out 1:00  
 (F) Second Final Flow 33  Mileage 99.20 Comments Loaded Tool's  
 (G) Final Shut-In 89  Sampler \_\_\_\_\_ @ 13:48 on 8-24-12  
 (H) Final Hydrostatic 1727  Straddle \_\_\_\_\_  Ruined Shale Packer \_\_\_\_\_  
 Shale Packer \_\_\_\_\_  Ruined Packer \_\_\_\_\_  
 Extra Packer \_\_\_\_\_  Extra Copies \_\_\_\_\_  
 Initial Open 30  Extra Recorder \_\_\_\_\_ Sub Total 0  
 Initial Shut-In 30  Day Standby \_\_\_\_\_ Total 1249.20  
 Final Flow 30  Accessibility \_\_\_\_\_ MP/DST Disc't \_\_\_\_\_  
 Final Shut-In 30 Sub Total 1249.20

Approved By \_\_\_\_\_ Our Representative Jeff Blouin  
 Trilobite Testing Inc. shall not be liable for damaged or 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.

