



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1111516
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



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

TICKET No 23750

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>Ness City KS</u>	<u>"1"</u>	<u>Watson</u>	<u>Ness</u>	<u>KS</u>	<u>Beeler</u>	<u>1-22-13</u>	<u>Same</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>H-D Oilfield Service</u>	RIG NAME/NO. <u># 11</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>Location</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>PTA</u>	JOB PURPOSE <u>PTA</u>	WELL PERMIT NO.		WELL LOCATION <u>Beeler 153-15E, 2N, 5E, 5NB</u>	
4.	REFERRAL LOCATION INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M			
<u>575</u>		<u>1</u>			MILEAGE		<u>20</u>	<u>mi</u>	<u>6</u>	<u>150</u> ⁰⁰
<u>576</u>		<u>1</u>			Pump Charge - PTA		<u>1</u>	<u>job</u>	<u>1000</u>	<u>1000</u> ⁰⁰
<u>328-4</u>		<u>1</u>			60/40 Pozmix (4% Gel)		<u>180</u>	<u>skts</u>	<u>11</u>	<u>2070</u> ⁰⁰
<u>290</u>		<u>1</u>			D-Air		<u>3</u>	<u>gal</u>	<u>35</u>	<u>105</u> ⁰⁰
<u>581</u>		<u>1</u>			Service Charge Cement		<u>260</u>	<u>skts</u>	<u>2</u>	<u>520</u> ⁰⁰
<u>582</u>		<u>1</u>			Minimum Damage Charge		<u>1</u>	<u>ea</u>	<u>250</u>	<u>250</u> ⁰⁰
										<u>4065</u> 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 1-22-13 TIME SIGNED 14:30 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	<u>4065</u> 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	<u>4321</u> ¹⁰

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

SWIFT OPERATOR David Kuehn APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 1-22-13 PAGE NO. 7

CUSTOMER American Warrior WELL NO. #1 LEASE Watson JOB TYPE PTA TICKET NO. 237-80

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								Tbg - 1984' 2 3/8 x 4 1/2 260 sks 60/40 poz-mix w/ 4% Gel
	1430							on Location
	1500	1	7 1/2		✓		300	mix 35 sks down Annulus 4 1/2 x 8 5/8 shut in valve Hold 500'
	1520	3 1/2	33		✓		200	mix 130 sks @ 1984' - circulate Cement to surface -
	1545							Full Tbg out of well
	1630	1/2	3		✓		0	Top off 4 1/2" casing 15 sks mix 0 sks between 4 1/2" Linner + 5 1/2 casing Full of Cmt 180 sks Total
								wash up travels
	1700							Job Complete

Thank You
Dave Blaine TS Isaac