



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

KANSAS CORPORATION COMMISSION 1127064
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



Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1 - 41495

Phone: 785.625.3858

Fax: 785.625.8635

Date: 3-22-2013

Client Info	Company American Warrior, Inc.				Client Order # V-601 N/W				
	Billing Address				City		ST	Zip	
Well Info	Lease & Well # O'Brook Unit No. 1-12			Field Name			Legal Description (coordinates) 189'FSL-1649'FWL		
	Nearest Town Kolvasto		County / Parish Gray	ST KS	Rig	Permit #	Price Zone	Casing Size 5.5	Casing Weight
	Fluid Water	Level (surf.) 1896	Reading from KB	Customer T.D. 4963 PBT	Pioneer T.D.	Elevation 2824	KB Elevation 2837		
Crew	Engineer K. Lodrigon			Truck Driver		Crew Members L. Ulrichson		Unit # 72	Miles 175

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
	Set 5.5 Cost Iron Bridge Plug	1	1300.00	4800		1300.00
	Depth Charge	1	1201.50	4800	4800	1201.50
	Dump 25k Cement	1	900.00	4800		900.00
	Cut casing with 2" split shot	1	1850.00	3000		1850.00
	Truck Rental No. 72	1	950.00			950.00
	Cut casing with 2" split shot	1	1670.50	2482		1670.50
	2478.9					
	3.1					
	2482					
	4798.5		3196.9			
	7.5		3.1			
	4806		3700			

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

Client Approval

Name Printed _____ Signature / Date _____

Pioneer Field Representative

Name Printed Kenn Lodrigon Signature / Date 3/22/2013

SUBTOTAL	7433.00
DISCOUNT	
SUBTOTAL	
TAX	
NET TOTAL	

PIONEER OFFICE USE ONLY - Manager Approval

Name Printed _____ Signature / Date _____