



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

KANSAS CORPORATION COMMISSION 1165323
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 25717

PAGE 1 OF

SERVICE LOCATIONS
 1. NESS CITY, KS
 WELL/PROJECT NO.
 LEASE BROWN D^{#3}
 COUNTY/PARISH GRAHAM
 STATE KS
 CITY PENNOCKE, KS
 DATE 11 OCT 13
 OWNER
 2. TICKET TYPE
 SERVICE
 SALES
 CONTRACTOR EXPRESS WELL SERV
 RIG NAME/NO.
 SHIPPED VIA
 DELIVERED TO
 ORDER NO.
 3. WELL TYPE OIL
 WELL CATEGORY ABANDON
 JOB PURPOSE PTA.
 WELL PERMIT NO.
 WELL LOCATION 22S, 13/4W, N100
 4. REFERRAL LOCATION
 INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M		U/M	
575					MILEAGE # 115	75	MIL	6	100	450
576P					Pump CHARGE	1	JOB	1000	1000	1000
275					COTTON SEED HULLS	6	SX	30	30	180
279					GEL	7	SX	25	25	175
290					D-AIR	4	SX	42	42	168
328-4					60/40 Pozmix 4% GEL	42	SX	11	50	4830
581					CEMENT SERVICE CHARGE	450	SX	2	20	900
583					DRAYAGE	385	15 lbs	1444	31	1444

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 11 OCT 13
 TIME SIGNED 1645 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?				9147
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Graham TAX 7-15% 654 03
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL 9801 34
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

JOB LOG

SWIFT Services, Inc.

DATE 11 OCT 13 PAGE NO.

CUSTOMER AMERICAN WARRIOR WELL NO. LEASE BROWN D # 3 JOB TYPE PTA TICKET NO. 25717

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1245							ON LOCATION TUBING @ 3870
	1330	3	21	✓				MIX 75SX GEL
	1346	4	20	✓		300		MIX 75SX 60/40 w/3SX HULLS Pull TUBING TO 2483
	1430	4	26½	✓		250		MIX 100SX w/3SX HULLS Pull TUBING TO 1512
	1513	4	43½	✓		200		Pump 170SX CEMENT - CIRCULATE TO SURFACE Pull TUBING OUT
	1604							TOP WELL OFF 25SX
	1613		13	✓		100		Pump 50SX DOWN ANNULUS.
	1620							WASH TRUCK 420 SX 60/40 PDM MIX 4% GEL USED
	1645							JOB COMPLETE THANKS #115 JASON DAVE ROB