



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

KANSAS CORPORATION COMMISSION 1165337
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.

(Print Name) Employee of Operator or Operator on above-described well,

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 - 42915

Phone: 580.237.3114

Fax: 580.237.5591

Date: 10-17-13

Client Info	Company American Warrior				Client Order # Verbal OW				
	Billing Address				City		ST	Zip	
Well Info	Lease & Well # D Brown No. 10			Field Name			Legal Description (coordinates)		
	Nearest Town		County/Parish Kush KS	Rig	Permit #	Price Zone	Casing Size 4.5	Casing Weight	
	Fluid N/A	Level (surf.) water/oil	Reading from 5'	Customer T.D. N/A	Pioneer T.D. N/A	Elevation	KB Elevation		
Crew	Engineer Alex		Truck Driver Jeff		Crew Members		Unit # 12	Miles	

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
17500 sol 5x2	Perforate using 3/4" tpc 1x20		2150			1116.00
17500 sol 5x2			1380			1116.00
			2146.5		1347.5	
			3.5		2.5	
			2150		1380	
10000	Truck Rental no. 12					2200

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.

Thank you
Alex !!!
10-21-13

Client Approval

 Name Printed Signature / Date
 Chris Malinska 10-17-13

Pioneer Field Representative

 Name Printed Signature / Date
 Alex Dralins 10-17-13

SUBTOTAL	4432.00
DISCOUNT	# 2793.00
SUBTOTAL	1639.00
TAX	100.80
NET TOTAL	1739.80

PIONEER OFFICE USE ONLY - Manager Approval

 Name Printed Signature / Date
 CM 10-18-13



CHARGE TO:
American Warrior, Inc.

ADDRESS

CITY, STATE, ZIP CODE

TICKET 25123

PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>Hays, KS</i>	WELL/PROJECT NO. # <i>10</i>	LEASE <i>D. Brown</i>	COUNTY/PARISH <i>Graham</i>	STATE <i>Ks</i>	CITY	DATE <i>10-21-13</i>	OWNER
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Express</i>	RIG NAME/NO. <i>(Hicks)</i>	SHIPPED VIA <i>CT</i>	DELIVERED TO <i>SWS/Ponkoo, KS</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>WID</i>	JOB PURPOSE <i>P.T.A</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			UM			
575		1			MILEAGE 113 <i>113</i>	70	mi	650		45500
576 P.		1			Pump Charge - Plug To Abandon	1	per	1000.00		1000.00
290		1			D. Air	5	gal	4220		21000
275		1			Cotton Seed Hulls	4	SK	3000		12000
279		1			Bentonite Gel	7	SK	2500	700 lbs	17500
328-4		2			60/40 Per, 4% Gel	390	SK	1150	lbs	448500
581		2			Service Charge - Cwt	450	SK	200	37814 lbs	90000
583		2			Drayage	70	mi	1358.49	49 TM	38817.19

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 *NA*

DATE SIGNED *10-21-13* 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	<i>66</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					<i>8179</i>
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					<i>Graham TAX 7.15%</i>
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			<i>619 80</i>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	<i>9288 29</i>

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 8-21-13 PAGE NO. 1

CUSTOMER HWI WELL NO. #10 LEASE D. Brown JOB TYPE PTA-RED (WELL) TICKET NO. 25723

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	08:45					238	4 1/2	In location - 750 SKS 60/40 FR 1 1/2 gal
	09:15	3	5			0	700	1st Plug @ 3882' - Pump 5 BBI H ₂ O
		2 1/2	28			500		Pump 7 SKS Gel - Have circ to Pt
		3 1/2				500		Start (25 SKS circ)
		3 1/2	80			200		Fr circ - Disp 15 BBI H ₂ O
	09:45		5			Var		1st Plug Complete - Fr pull ths to 2555'
	10:15							Thg @ 2555' - (2nd Plug)
		3				500		Pump 3 BBI H ₂ O
		4				500		Start (25 SKS circ) Have circ
		4				900		Fr circ - 5tho Behind
						Var		2nd Plug Complete - Gel circ to Pt.
								Thg @ 1380' - (3rd Plug)
	10:45	4	0	2		750		Start circ in fill circ - Have circ
		4				750		air circ from 2nd Plug / Then water
	11:55	4	20	1		450		Start circ @ 30 BBI MIX - 1 BBI H ₂ O
	11:00							Pull all ths. 115 SKS circ
	11:20							Hook to ANN -
			15			2nd 850		Pump 15 BBI - Close in 150' * (50 SKS)
	12:00					full		Top off 1/4 (85 SKS)
	12:15							Wash up & Rankup 1 - 75
								Job Complete 2 125
								3 165
								4 50
								5 25
	12:45							390 SKS circ total
								Done, Jan 8 2013