



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

KANSAS CORPORATION COMMISSION 1216568
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 26507

PAGE 1 OF 1

SERVICE LOCATIONS: 1. **NESS CITY, KS.**

WELL/PROJECT NO. LEASE COUNTY/PARISH STATE CITY DATE OWNER

GATES 7-16 GRAY KS. GARDEN CITY, KS 11 July 14

TICKET TYPE: SERVICE SALES CONTRACTOR: **CO. TOOLS** RIG NAME/NO. SHIPPED VIA DELIVERED TO ORDER NO.

WELL TYPE: **DIC** WELL CATEGORY: **ABANDON** JOB PURPOSE: **PTA** WELL PERMIT NO. WELL LOCATION: **REST AREA, SW, L&S, 3W, 1/2S, W150**

REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #115	80	MR			6.00	480.00
576P					Pump CHARGE	1000				1.00	1000.00
290					D-AIR	3	gal			42.00	126.00
328-4					60/40 Pozmix 4% GEL	175	SX			12.00	2100.00
581					CEMENT SERVICE CHARGE	175	SX			2.00	350.00
583					DRAYAGE	14723	lbs			588.92	8679.24

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 July 14** TIME SIGNED: **1145** 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?				4644.92
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				4984.00

Gray TAX 7.3% 339.08

JOB LOG

SWIFT Services, Inc.

DATE 7/14/14 PAGE NO.

CUSTOMER AMERICAN WARRIOR WELL NO. LEASE GATES 7-16 JOB TYPE PTA TICKET NO. 26507

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0830							ON LOCATION
	0850		6 1/2		✓			SET 1 ST PLUG 25sx @ 2000'
								Pull TUBING TO 1100'
	0955		6 1/2		✓			SET 2 ND PLUG 25sx
								Pull TUBING TO 350'
	1025		13		✓			SET 3 RD PLUG - CIRCULATE CEMENT TO SURFACE 50sx
								Pull TUBING OUT
	1050		13		✓			CHECK ANNULUS - 50sx
	1100		6 1/2		✓			TOP WELL OFF - 25sx
								WELL NOT STAYING FULL
	1110							WASH TRUCK
								175sx 60/40 4% GEL USED
	1145							JOB COMPLETE
								THANKS # 115
								JASON DOUG ROBS



CHARGE TO: **AMERICAN WARRIOR**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 26509

PAGE 1 OF

SERVICE LOCATIONS
 1. **NESS CITY, KS** WELL/PROJECT NO. LEASE **GATES 7-16** COUNTY/PARISH **GRAY** STATE **KS** CITY **GARDEN CITY, KS** DATE **15 July 14** OWNER
 2. TICKET TYPE SERVICE SALES CONTRACTOR **CO. TOOLS** RIG NAME/NO. SHIPPED VIA DELIVERED TO ORDER NO.
 3. WELL TYPE **OIL** WELL CATEGORY **ABANDON** JOB PURPOSE **PTA** WELL PERMIT NO. WELL LOCATION **REST AREA, SW 65 & 3W, 1/2 S, WINTO**
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #115	80		MR		6 ⁰⁰	480 ⁰⁰
576P					Pump CHARGE					1000 ⁰⁰	1000 ⁰⁰
290					D-AIR	1 1/2		GR		42 ⁰⁰	63 ⁰⁰
328-4					60/40 Pozmix 4% GEL	110		SX		12 ⁰⁰	1320 ⁰⁰
581					CEMENT SERVICE CHARGE	200		SX		2 ⁰⁰	400 ⁰⁰
583					DRAYAGE	16740	lbs		669.60/TM	1 ⁰⁰	669 ⁶⁰

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 **15 July 14** TIME SIGNED **1100** 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?				3932 ⁶⁰
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Gray TAX 7.3% 287.08
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL 4219.68
<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 *J. R. [Signature]*

APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5 July 14 PAGE NO.

CUSTOMER AMERICAN WARRIOR WELL NO. LEASE GATES 7-16 JOB TYPE PTA TICKET NO. 26509

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							ON LOCATION
								TUBING @ 1100'
	0935	3	26	✓		300		MIX 100SX - CIRCULATE CEMENT @ 4 1/2" x 2 3/8" 8 5/8" x 4 1/2"
								Pull TUBING OUT
	1020		2 1/2	✓	✓			TOP WELL OFF w/10SX
	1030							WASH TRUCK
								110SX 60/40 4% GEL USED
								JOB COMPLETE.
								THANKS #115
								JASON DOUG JARED