



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

KANSAS CORPORATION COMMISSION 1247475  
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



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

TICKET 28245

PAGE 1 OF 1

SERVICE LOCATIONS  
 1. New City KS WELL/PROJECT NO. 20-1 LEASE hee COUNTY/PARISH Kearney STATE KS CITY Lakin DATE 16 MAR 15 OWNER  
 2. TICKET TYPE  SERVICE CONTRACTOR CO TOOLS RIG NAME/NO. SHIPPED VIA DELIVERED TO ORDER NO. 19 MAR 15  
 3. WELL TYPE oil WELL CATEGORY PTA JOB PURPOSE Plug to Abandon WELL PERMIT NO. WELL LOCATION 65W/NH20  
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE TRK 114	120		mi		5.00	600.00
581		1			service charge	230		sk		1.50	345.00
583		1			Drayage	1925	116		7155.06 T/M	0.75	866.30
575					#115	120		mi		5.00	600.00
581					CEMENT SERVICE CHARGE	225		sk		1.50	337.50
576P					Pump charge					800.00	800.00
290					D-AIR	2 1/2		sk		42.00	105.00
275					COTTONSEED HULLS	2		sk		30.00	60.00
278					CALCIUM CHLORIDE	5		sk		40.00	200.00
325					STANDARD CEMENT	100		sk		12.25	1225.00
328-2					100/40 Pozmix 4% 6EL	125		sk		10.25	1281.25

**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 19 MAR 15 TIME SIGNED 1200  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?				6420	05
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	6814.88

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 16 MAR 15 PAGE NO.

CUSTOMER American Warriors WELL NO. 20-1 LEASE Lee JOB TYPE Fly to Abandon TICKET NO. 28245

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								230 sk 60/40 Poz mix (4% gel) 5 1/2 casing
	1015							on loc TRK 11.4 Perf tool stuck in hole
	1100							leave loc - go back home
								19 MAR
	0900							ON LOCATION
	0921	4	30	✓				LOAD WELL - TUBING @ 3305
	0930	3 1/2	15 1/2	✓			400	MIX 75 sx STD 4 3% CC - 25 sx HULLS
								Pull tubing to 1843.
	1019				✓		200	CHECK ANNULUS - 25 sx
	1037	3	6	✓				MIX 25 sx
								Pull tubing to 800
								MIX CNT - LOST CIRCULATION @ 80 sx pumped MAX ALL CNT -
	1126							WASH TRUCK
								USED 100 sx STANDARD 3% CC 125 sx 60/40 POZ 4% GEL
	1200							JOB COMPLETE
								THANKS #115
								JASON DAVE COLE CRAIG



CHARGE TO: AMERICAN WARRIOR

ADDRESS

CITY, STATE, ZIP CODE

TICKET 28433

PAGE 1 OF

SERVICE LOCATIONS 1. <u>NESS CITY, KS.</u>	WELL/PROJECT NO.	LEASE <u>LEE</u>	COUNTY/PARISH <u>KEARNY</u>	STATE <u>KS</u>	CITY <u>LAKIN, KS.</u>	DATE <u>20 MAR 15</u>	OWNER
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Co. TOOLS</u>	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>ABANDON</u>	JOB PURPOSE <u>PTA - TOP OFF</u>	WELL PERMIT NO.	WELL LOCATION <u>LES/W, N INTO</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>575</u>					MILEAGE <u>\$ 115</u>	<u>120</u>	<u>mi</u>			<u>5.00</u>	<u>600.00</u>
<u>576P</u>					Pump CHARGE	<u>1</u>	<u>hr</u>			<u>800.00</u>	<u>800.00</u>
<u>290</u>					D-AIR	<u>1</u>	<u>hr</u>			<u>42.00</u>	<u>42.00</u>
<u>328-4</u>					<u>60/40 Pozmix 4% BEL</u>	<u>100</u>	<u>sk</u>			<u>10.25</u>	<u>1025.00</u>
<u>581</u>					<u>CEMENT SERVICE CHARGE</u>	<u>100</u>	<u>sk</u>			<u>1.50</u>	<u>150.00</u>
<u>583</u>					<u>DRAHAGE</u>	<u>8370</u>	<u>lbs</u>	<u>502.2</u>	<u>Tin</u>	<u>.25</u>	<u>376.65</u>

**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 20 MAR 15 TIME SIGNED 1115  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	<u>2993.65</u>
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>3177.76</u>

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 20 MAR 15 PAGE NO.

CUSTOMER AMERICAN WARRIOR WELL NO. LEASE LEE JOB TYPE PTA-Top off TICKET NO. 28433

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0930							ON LOCATION
								TUBING @ 1030
	0955	3 1/2	22	✓				MIX 85 SX CIRCULATE CEMENT
								PULL TUBING OUT
	1030			✓				TOP WELL OFF W/ 15 SX - SAY FULL
	1040							WASH TRUCK
								100 SX 60/40 POZ 4% GEL USED
	1115							JOB COMPLETE.
								THANKS #115
								JASON COLE & ISAAC