

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

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117**

Form CP-4
March 2009
**Type or Print on this Form
Form must be Signed
All blanks must be Filled**

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



TICKET 35001

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

PAGE 1 OF 1

SERVICE LOCATIONS

1. Well/PROJECT NO. 2-26 LEASE Food Trust COUNTY/PARISH Hodgeman STATE KS CITY Delivered to DATE 2-1-23 OWNER 2-4
 2. Ness City TICKET TYPE SERVICE CONTRACTOR Discovery RIG NAME/NO. PTA SHIPPED VIA at location ORDER NO.
 3. WELL TYPE oil WELL CATEGORY Development JOB PURPOSE PTA WELL PERMIT NO. 18-N, E-1476
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC	ACCT	DF	DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
						UM	UM	UM	UM	
575					MILEAGE Truck 112	30	mi		8.00	240.00
576A					Pump Charge	1	Job		1200.00	1200.00
328-4					60/42 per (4 hrs)	220	hr		13.00	2860.00
276					Floacle	50	lb		4.00	200.00
290					D-Air	2	gals		42.00	84.00
581					cmT Service Charge	220	hr		3.00	410.00
582					Min. Dayage	184	hr		3.50	350.00

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 [Signature]
 DATE SIGNED _____ TIME SIGNED _____ A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO

WE UNDERSTOOD AND MET YOUR NEEDS? YES NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 5374.00

TOTAL 5009.80

Hodgeman 835 80

SWIFT OPERATOR [Signature] APPROVAL [Signature]

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE	PAGE NO.
2-1-23	1
TICKET NO.	
35001	

CUSTOMER	WELL NO.	LEASE	JOB TYPE
American Warrior	2-26	Ford Trust	PTA

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	00:30							ON location 4 1/2" DP 7 7/8" OH
	01:20		13 20					1 st plug @ 1620' 50 SKS displace CMT
	02:15		13 7					2 nd plug @ 750' 50 SKS displace CMT
	02:50		13 1					3 rd plug @ 240' 50 SKS displace CMT
	04:20		5					4 th plug @ 60' 20 SKS
	04:30		7 5					RH 30SK MH 20SK
	04:45							Wash pump truck
	05:30							Job Complete Thanks! Preston, Kirby, John
								220 SKS total 60/40 por 49 gal mix @ 13.1 ppq #1/4" Flecele