

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



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

TICKET 35986

1. SERVICE LOCATIONS
Hays, KS

LEASE Deanna

COUNTY/PARISH Graham

PAGE 1 OF 1

2. TICKET TYPE
 SERVICE
 SALES

CONTRACTOR Discovery Drilling Trac

RIG NAME/NO. Rig 4

STATE KS
 CITY _____

DATE 04/26/23
 ORDER NO. Same

3. WELL TYPE Oil

WELL CATEGORY Development

JOB PURPOSE Plug to Abandon

SHIPPED VIA CT
 DELIVERED TO Location

WELL PERMIT NO. _____
 WELL LOCATION _____

4. REFERRAL LOCATION

WELL/PROJECT NO. 1-1

INVOICE INSTRUCTIONS

WELL PERMIT NO. _____

WELL LOCATION _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF						
575		1			MILEAGE #114	60	mi	8.00	480.00	
576P		1			Pump Charge - P-TA	1	EA	1200.00	1200.00	
290		1			D-Air	3	gal	42.00	126.00	
328-4		2			60/46 Pozmix (496 gal)	305	SKS	13.00	3965.00	
276		2			Fluocel	75	lbs	4.00	300.00	
581		2			Service Charge Cement	2		2.00	4.00	
583		2			Drillage	2		1.00	2.00	

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

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
 TOTAL 7180.52

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 04/26/23	PAGE NO. 1
TICKET NO. 35986	

CUSTOMER American Warrior Inc	WELL NO. 1-1	LEASE Deanna	JOB TYPE DTA
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0700							On location, set up trucks
	0715	4	10					1 st Plug - 3652'
		4	13					Pump water ahead
		4	4					Pump 50 SKS Cmt
	0730	8	40					Pump water behind
								Use Rig to pump Mud
	0900	4	10					2 nd Plug - 1700'
		4	13					Pump water ahead
		4	4					Pump 50 SKS Cmt
		8	10					Pump water Behind
								Use Rig to Pump Mud
	0930	4	5					3 rd Plug - 925'
		4	26					Pump water ahead
		4	5					Pump Cement - 100 SKS
								Pump water to Displace
	1005	4	2					4 th Plug - 275'
		4	13					Pump water ahead
		4	2					Pump 50 SKS Cmt
								Pump water to Displace
		2	3					5 th Plug - 40'
								Pump 10 SKS
		2	8					Plug Rathole w/30 SKS
		2	4					Plug Mousehole w/15 SKS
	1040							Wash up
								Rack up
	1105							Job Complete

Thanks
Jon, Joe, & Brett