

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

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



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

TICKET **36642**
 PAGE 1 OF 1

1. SERVICE LOCATIONS Ness City, KS	WELL/PROJECT NO. #1-35	LEASE Spruivise	COUNTY/PARISH Helgeman	STATE KS	CITY Jehmore	DATE 6/30/2003	OWNER 6/30/2003
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR Discarry Dtg	RIG NAME/NO.	SHIPPED VIA AT	DELIVERED TO LOCATEX	WELL PERMIT NO.	WELL LOCATION Jehmore, 1-W, 34-N	ORDER NO.
3. WELL TYPE Oil	WELL CATEGORY Developer	JOB PURPOSE Surface Pipe	INVOICE INSTRUCTIONS W-INTD				

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
576					Truck #115			30	MI		8.00	240.00
576.5					Ramp Charge - Surface			1	JOB		1,200.00	1,200.00
326					STANDARD Cement			150	SKS		16.00	2,400.00
279					Bentonite Gel			3	SKS		50.00	150.00
278					Calcium Chloride			7	SKS		55.00	385.00
290					D-Air			2	gal		42.00	84.00
581					Cement Service Charge			150	SKS		2.00	300.00
582					Minimum Drayage Charge			1	JOB		350.00	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

DATE SIGNED **6/30/2003** TIME SIGNED **02:00** 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?	AGREE	UNDECIDED	DISAGREE
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			

PAGE TOTAL **1** TOTAL **5335.43**

SWIFT OPERATOR **Duncan Trucks** APPROVAL **Duncan Trucks**

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 6/30/2023 PAGE NO. 1

CUSTOMER AMERICAN WARRIOR WELL NO. 1-35 LEASE shriwise JOB TYPE SURFACE PIP TICKET NO. 36642

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
<u>6/30</u>	<u>0130</u>							<u>ON LOCATION 8 5/8"</u>
								<u>RTD: 222'</u>
	<u>0200</u>							<u>START 8 5/8" Csg in Well</u> <u>BREAK CIRCULATION</u>
	<u>0245</u>	<u>3</u>	<u>5</u>		<input checked="" type="checkbox"/>	<u>275</u>		<u>Pump 5 bbl H2O SPACER</u>
	<u>0255</u>	<u>3</u>	<u>36</u>		<input checked="" type="checkbox"/>	<u>250</u>		<u>Mix 150 sks of STANDARD Cement @ 14.7ppg</u>
	<u>0310</u>	<u>3</u>	<u>0</u>		<input checked="" type="checkbox"/>	<u>100</u>		<u>Begin Displacement</u>
		<u>3</u>	<u>9</u>		<input checked="" type="checkbox"/>	<u>300</u>		<u>*CIRCULATE CMT to SURFACE</u>
	<u>0315</u>	<u>-</u>	<u>13</u>		<input checked="" type="checkbox"/>	<u>200</u>		<u>KO Pump - Shut IN</u> <u>-Release PSI * Hold</u>
	<u>0320</u> <u>0345</u>							<u>Wash up Truck #115</u> <u>Job Complete</u>
								<u>150 sks of STANDARD Cement</u> <u>w/ 2% gel, 3% CC used</u> <u>* Approx 15 sks to the Pit *</u>
								<u>"Plug Down" @ 3:15 AM CST</u>
								<u>THANKS!</u> <u>Judean Tyler, Josh</u>