

KCC OIL/GAS REGULATORY OFFICES

Date: 06/28/10

District: 1

Case #: _____

- New Situation
- Response to Request
- Follow-Up

- Lease Inspection
- Complaint
- Field Report

Operator License No: 4058
 Op Name: American Warrior, Inc.
 Address 1: P.O. Box 399
 Address 2:
 City: Garden City
 State: KS Zip Code: 67846 -
 Operator Phone #: (620) 275-9231

API Well Number: 15-135-25076-00-00
 Spot: S/2-NW-NW-SE Sec 5 Twp 19 S Rng 21 E / W
 2305 Feet from N / S Line of Section
 2313 Feet from E / W Line of Section
 GPS: Lat: 38.42844 Long: 99.66768 Date: 6/28/10
 Lease Name: Olson Well #: 1-5
 County: Ness

Reason for Investigation:

Company requested a state witness to the alternate II cementing job.

Problem:

Alternate II cementing requirements have not been met.

Persons Contacted:

Scott Corsair.

Findings:

8 5/8" was set @ 219' with 150 sx cmt. 5 1/2" was set @ 4273' with 175 sx cmt on primary cementing job. Company opened port collar @ 2415'. Swift Services, Inc. pumped 250 sx SMD cmt, followed by 50 sx SMD cmt with gas-stop chemical additive, circulating 50 sx to the pit. Closed port collar.

Action/Recommendations:

Follow Up Required Yes No

Date: _____

None. Alternate II cementing requirements have been met.

RECEIVED
 KANSAS CORPORATION COMMISSION
 JUL 06 2010
 CONSERVATION DIVISION
 WICHITA, KS

Verification Sources:

- RBDMS
- T-I Database
- Other:
- KGS
- District Files
- TA Program
- Courthouse

Photos Taken: 0

By: Eric McLaren
Eric McLaren

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

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 JUN 30 2010
 KCC DODGE CITY

Form: [Signature]

Date: 06/28/10

District: 1

License #: 4058

Op Name: 4058

Spot: S/2-NW-NW-SE Sec 5 Twp 19 S Rng 21 E W

County: Ness

Lease Name: Olson Well #: 1-5

I.D. Sign Yes No

Tank Battery Condition
Condition: Good Questionable Overflowing

Pits, Injection Site
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Oil Spill Evidence

Abandoned Well Potential Pollution Problem Yes No

Lease Cleanliness
 Very Good Satisfactory Poor Very Bad

Gas Venting Yes No

Pits
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Saltwater Pipelines
Leaks Visible: Y N Tested for Leaks: Y N

Flowing Holes

TA Wells

Monitoring Records

SWD/ER Injection Well Yes No Ness

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Gauge Connections Yes No

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

API Number	Footages	Spot Location	GPS	Well #	Well Status

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

Form: _____