

KCC OIL/GAS REGULATORY OFFICES

Date: 10-15-12

District: 1

Case #: _____

- New Situation
- Response to Request
- Follow-Up

- Lease Inspection
- Complaint
- Field Report

Operator License No: 4050
 Op Name: American Warrior, Inc
 Address 1: P.O. Box 399
 Address 2: _____
 City: Garden City
 State: Kansas Zip Code: 67846
 Operator Phone #: 620 275-2963

API Well Number: 15-069-20397-00-00
 Spot: NW NW NW Sec 15 Twp 24 S Rng 30 E / W
394 Feet from N / S Line of Section
6.52 Feet from E / W Line of Section
 GPS: Lat: _____ Long: _____ Date: _____
 Lease Name: Wehkemp Well #: 1-15
 County: Gray

Reason for Investigation:

Alternate II Cementing

Problem:

Persons Contacted:

Findings:

8 7/8" @ 309', 5 1/2" @ 4980' w/ 12.5% x. TD = 4985', Port Collar @ 3100'
Swift Services pumped 3153# SMD thru port collar. Circulated
25# to the pit.

Action/Recommendations:

Follow Up Required Yes No

Date: _____

Alternate II cementing complete.

Verification Sources:

<input type="checkbox"/> RBDMS	<input type="checkbox"/> KGS	<input type="checkbox"/> TA Program
<input type="checkbox"/> T-1 Database	<input type="checkbox"/> District Files	<input type="checkbox"/> Courthouse
<input type="checkbox"/> Other: _____		

Photos Taken: 0

By: Ken Jehlik

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

OCT 19 2012

KCC DODGE CITY

RECEIVED

OCT 25 2012

KCC WICHITA

Form: _____

RMM

Date: _____

District: _____

License #: _____

Op Name: _____

Spot: _____ Sec _____ Twp _____ S Rng _____ E W

County: _____

Lease Name: _____ Well #: _____

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

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

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Form: _____