

KCC OIL/GAS REGULATORY OFFICES

Date: 07/09/13

District: 01

Case #: _____

- New Situation
- Response to Request
- Follow-Up

- Lease Inspection
- Complaint
- Field Report

Operator License No: 4058
 Op Name: American Warrior, Inc
 Address 1: 3118 CUMMINGS Rd
 Address 2: PO BOX 399
 City: GARDEN CITY
 State: KANSAS Zip Code: 67846 -
 Operator Phone #: (620) 275-2963

API Well Number: 15-135-25614-00-00
 Spot: NW SE NE SE Sec 18 Twp 20 S Rng 25 E / W
1745 (1754) Feet from N / S Line of Section
529 (530) Feet from E / W Line of Section
 GPS: Lat: 38.31016 Long: 100.11964 Date: 7/9/13
 Lease Name: D S McVicker Well #: 1-18
 County: NESS

Reason for Investigation:

Witness ALT. II

Problem:

N/A

Persons Contacted:

N/A

Findings:

8-5/8" @247'W/150sxs--TD@4600--5-1/2"@4595'W/125sxs--Port Collar@1686-cemented with 120
 sxs-smd-1/4#floseal
 2%cc-20sxs to pit

Action/Recommendations:

Follow Up Required Yes No

Date: _____

Alternate II cementing requirements have been met

RECEIVED

JUL 12 2013

KCC DODGE CITY

Verification Sources:

Photos Taken: 0

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

By: Nathan Willis

RECEIVED

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

JUL 16 2013

KCC DODGE CITY

KCC WICHITA

JUL 18 2013

RECEIVED

Form: _____

ADM

Date: 07/09/13

District: 01

License #: 4058

Op Name: 4058

Spot: NW SE NE SE Sec 18 Twp 20 S Rng 25 E W

County: NESS

Lease Name: D S McVicker Well #: 1-18

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: _____