

KCC OIL/GAS REGULATORY OFFICES

Date: 07/02/13

District: 01

Case #: _____

- New Situation
- Response to Request
- Follow-Up

- Lease Inspection
- Complaint
- Field Report

Operator License No: 4058

API Well Number: 15-135-25602-00-00

Op Name: American Warrior, Inc

Spot: SE NE NE NE Sec 24 Twp 19 S Rng 22 E / W

Address 1: 3118 CUMMINGS Rd

460 (541) Feet from N / S Line of Section

Address 2: PO BOX 399

260 (295) Feet from E / W Line of Section

City: GARDEN CITY

GPS: Lat: 38.39146 Long: 99.69711 Date: 7/2/13

State: KANSAS Zip Code: 67846

Lease Name: Schaben Well #: 5-24

Operator Phone #: (620) 275-2963

County: NESS

Reason for Investigation:

Witness ALT. II

Problem:

N/A

Persons Contacted:

N/A

Findings:

8-5/8" @223'W/150sxs--TD@4356--5-1/2"@4350'W/175sxs--Port Collar@1403-cemented with 135 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

KCC WICHITA
JUL 05 2013
RECEIVED

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: _____	RECEIVED	

By: Nathan Willis

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

JUL - 3 2013

KCC DODGE CITY

Form: _____

AW

Date: 07/02/13

District: 01

License #: 4058

Op Name: 4058

Spot: SE NE NE NE Sec 24 Twp 19 S Rng 22 E W

County: NESS

Lease Name: Schaben Well #: 5-24

<input type="checkbox"/> I.D. Sign <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Tank Battery Condition Condition: <input type="checkbox"/> Good <input type="checkbox"/> Questionable <input type="checkbox"/> Overflowing <input type="checkbox"/> <input type="checkbox"/> Pits, Injection Site Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft. <input type="checkbox"/> Oil Spill Evidence <input type="checkbox"/> Abandoned Well Potential Pollution Problem <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Lease Cleanliness <input type="checkbox"/> <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Very Bad	<input type="checkbox"/> Gas Venting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Pits Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft. <input type="checkbox"/> Saltwater Pipelines <input type="checkbox"/> <input type="checkbox"/> Leaks Visible: <input type="checkbox"/> Y <input type="checkbox"/> N Tested for Leaks: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Flowing Holes <input type="checkbox"/> TA Wells <input type="checkbox"/> Monitoring Records
SWD/ER Injection Well <input type="checkbox"/> Yes <input type="checkbox"/> No NESS <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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