

KCC OIL/GAS REGULATORY OFFICES

Date: 10-17-13

District: 1

Case #: _____

- New Situation
- Response to Request
- Follow-Up

- Lease Inspection
- Complaint
- Field Report

Operator License No: 4058

API Well Number: 15-069-20444-00-00

Op Name: American Warrior, Inc

Spot: NW/NE Sec 31 Twp 24 S Rng 29 E / W

Address 1: 3118 Cummings Rd

1982 Feet from N / S Line of Section

Address 2: PO Box 399

2199 Feet from E / W Line of Section

City: Garden City

GPS: Lat: _____ Long: _____ Date: _____

State: Kansas Zip Code: 67846-

Lease Name: Kramer Well #: 3-31

Operator Phone #: 620 275-2963

County: Gray

Reason for Investigation:

Alternate II Cementing

Problem:

Alternate II Cementing requirements NOT Met

Persons Contacted:

?

Findings:

8 7/8" 440, 5 1/2" 4966 w/ 125sx, Port Collar 40 1909', TD - 5000'
Swift Sucs pumped 125sx SMD thru port collar 40 1909'.
Circulated 20sx to the pit.

Action/Recommendations:

Follow Up Required Yes No

Date: _____

Alternate II Cementing complete

KCC WICHITA
NOV 01 2013
RECEIVED

Verification Sources:

Photos Taken: 0

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

By: Ken Schick

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

RECEIVED
OCT 29 2013

KCC DODGE CITY

Form: _____

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

Gauge Connections Yes No

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

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

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

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

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

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

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

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

API Number	Footages	Spot Location	GPS	Well #	Well Status