KOLAR Document ID: 1864443

Notice: *Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.*

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

K.A.R. 82-3-117

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 4058
Name: American Warrior, Inc.
Address 1: PO BOX 399
Address 2: PO BOX 399
City: GARDEN CITY State: KS Zip: 67846 + 0399
Contact Person: Jorge Torres
Phone: (620) 275-2963
Type of Well: *(Check one)* ☐ Oil Well ☑ Gas Well ☐ OG ☐ D&A ☐ Cathodic
☐ Water Supply Well ☐ Other: ☐ SWD Permit #:
☐ ENHR Permit #: ☐ Gas Storage Permit #:
Is ACO-1 filed? ☑ Yes ☐ No If not, is well log attached? ☐ Yes ☐ No
Producing Formation(s): List All *(If needed attach another sheet)*
Depth to Top: Bottom: T.D.
Depth to Top: Bottom: T.D.
Depth to Top: Bottom: T.D.

API No. 15 - 15-189-21396-00-00
Spot Description:
_ - _ - _ - NW Sec. 10 Twp. 35 S. R. 39 ☐ East ☑ West
3961 Feet from ☐ North / ☑ South Line of Section
3938 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Stevens
Lease Name: BALDRIDGE Well #: 1-10
Date Well Completed:
The plugging proposal was approved on: *(Date)*
by: *(KCC **District** Agent's Name)*
Plugging Commenced: 10/08/2025
Plugging Completed: 10/08/2025

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		*Casing Record (Surface, Conductor & Production)*			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Rig up LOG-TECH, set a CIBP @t 2,390' w/2 sx cmt, loaded csg, pressure tested #500 psi held,run CBL, foun TOC @t 1,750' ft, perforated
@t550' ft, RIH w/1,800' ft of tbg, pumped st plug 50 sx of cmt, pulled tbg out, hooked up to the csg, circulate to surface, pumped 120 sx cmt
top off.

Plugging Contractor License #: 35749 Name: Quasar Energy Services, Inc.
Address 1: 3288 FM 51 Address 2:
City: GAINESVILLE State: TX Zip: 76240 + 0208
Phone: (940) 612-3336
Name of Party Responsible for Plugging Fees: American Warrior Inc
State of County, , ss.
_____ ☐ Employee of Operator or ☐ Operator on above-described well,
(Print Name)
being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically