

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: _____
City: GARDEN CITY State: KS Zip: 67846 + 0399
Contact Person: Jose Reyes
Phone: (620) 275-2963
Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic
☐ Water Supply Well ☒ Other: PI ☐ 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 - 15-033-20450-00-01
Spot Description: _____
____ - ____ - NW NE Sec. 33 Twp. 32 S. R. 19 ☐ East ☒ West
659 Feet from ☒ North / ☐ South Line of Section
1987 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☒ NE ☐ NW ☐ SE ☐ SW
County: Comanche
Lease Name: KERSTETTER Well #: 2-33
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: 02/05/2026
Plugging Completed: 02/05/2026

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.

ECXEL SET CMT/RETAINER@3400' RAN TBG INSTING IN SWIFT MIX AND PUMP 50 SX CMT STING OUT AND PUMP 5 SX CMT PULL TBG AND PERFORATE@1020' RAN TBG IN TO 1020' MIX AND PUMP 50 SX CMT W/100# HULLS ON LAST 25 SX PULL TBG AND PERFORATE@720' RAN TBG TO 720' MIX AND PUMP 185 SX CMT CIRCULATE TO SURFACE PULL TBG TOP IT OFF W/25 SX CMT CMT AT SURFACE JOB COMPLEATE .
.USED 315 SX CMT 60/40 POZ W/4%GEL

Plugging Contractor License #: 32382 Name: Swift Services, Inc.
Address 1: N HWY 283 Address 2: PO BOX 466
City: NESS CITY State: KS Zip: 67560 + 0466
Phone: (785) 798-2300
Name of Party Responsible for Plugging Fees: AMERICAN WARRIOR
State of _____ County, _____, ss.

(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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