

RECEIVED
MAR 30 2004
KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

Form CP-1
September 2003
This Form must be Typed
Form must be Signed
All blanks must be Filled

API # 15 - 033-21,057-00-00 (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued, indicate original spud or completion date 5-1-2000.

Well Operator: American Warrior INC KCC License #: 4058
(Owner / Company Name) (Operator's)

Address: P.O.Box 399, City: Garden City

State: Kansas Zip Code: 67846 Contact Phone: (620) 275 - 2963

Lease: O. Blount Well #: 1 Sec. 3 Twp. 34s S. R. 18 East West

SE - SE - NW Spot Location / QQQQ County: Comanche

2310 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

2310 Feet (in exact footage) From East / West (from nearest outside section corner) Line of Section (Not Lease Line)

Check One: Oil Well Gas Well D&A Cathodic Water Supply Well

SWD Docket # _____ ENHR Docket # _____ Other: _____

Conductor Casing Size: 20" Set at: 40' Cemented with: NA Sacks

Surface Casing Size: 8-5/8" Set at: 632' Cemented with: 375 Sacks

Production Casing Size: 4-1/2" Set at: 6040' Cemented with: 150 Sacks

List (ALL) Perforations and Bridgeplug Sets: 5278'-5304'

Elevation: 1910 (G.L. / K.B.) T.D.: 6040' PBTD: 5972 Anhydrite Depth: NA
(Stone Corral Formation)

Condition of Well: Good Poor Casing Leak Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): AS PER DISTRICT ONE INSTRUCTIONS

Is Well Log attached to this application as required? Yes No Is ACO-1 filed? Yes No

If not explain why? KCC HAS LOGS

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission.

List Name of Company Representative authorized to be in charge of plugging operations: Kevin Wiles SR

Phone: (620) 272 - 4996

Address: Same As Above City / State: _____

Plugging Contractor: Clarke Corp. KCC License #: 5105
(Company Name) (Contractor's)

Address: P.O.Box 187 Medicine Lodge KS. 67104 Phone: (620) 886 - 5665

Proposed Date and Hour of Plugging (if known?): ASAP 4-2-04 Plugged

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 3-26-04 Authorized Operator / Agent: [Signature]
(Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

11/04

6/04