## 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 - 033-21425 - 00- 00  | (Identifier Number of this well).      | This must be listed for wells drilled since 19  | 967; if no API # was issued, |
|--|--|---|------------------------------|
| indicate original spud or completion date  | -                                      | (   | 1/05                         |
| Well Operator: American Warrior Inc.   |  | KCC License #: 4058   | 1                            |
| Address: P.O. Box 399  | r / Company Name)                      | City: Garden City   | (Operator's)                 |
| State: Kansas  | Zip Code: 67846                        | Contact Phone: (620 ) 272 -   | 1023                         |
|  | Well #: 1-8                            | Sec. 8 Twp. 31 S. R.  | 17 East ✓ West               |
| C N2 92 NIM  |  | <sub>ity:</sub> Comanche  |                              |
| 1440' Feet (in exact tootage) From Check One: Oil Well Gas Well  | East / ✓ West (from neal               | rest outside section corner) Line of Section (No<br>rest outside section corner) Line of Section (No<br>Water Supply Well | nt Lease Line)               |
| SWD Docket #   | ************************************** | Lunad   |                              |
| Conductor Casing Size:   |  |   |                              |
| Surface Casing Size: 85/8  |  |   |                              |
| Production Casing Size:  | Set at:                                | Cemented with:  | Sacks                        |
| List (ALL) Perforations and Bridgeplug Sets:   |  |   |                              |
| Elevation: 2134 ( Good T.D.: 5190 Good Poor Proposed Method of Plugging (attach a separate page if 3rd plug at 40'w/10sx. 15sx in the rat home   | Casing Leak Ju                         |   | ·                            |
| Is Well Log attached to this application as required?  If not explain why?   | Yes No Is ACO-1 file                   | d? ✓ Yes  No  |                              |
| 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  Phone: (620) 272 - 4996 |  |   |                              |
| Address: P.O. Box 399  |  | City / State: Garden City Kansas  |                              |
| Plugging Contractor: Duke Drilling Co. Inc.  |  | KCC License #: 5929 4/05  |                              |
| Address: P.O. Box 823 Great Bend Ks. 675   | pany Name)<br>30                       | Phone: (316) 267 - 1331   | itractor's)                  |
| Proposed Date and Hour of Plugging (if known?):  | 30 PM,2/6/05                           | Plugged 2-6-05  | RECEIVED                     |
| Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteen by Operator or Agent  |  |   |                              |
| Date: 2/23/05 Authorized Operator /  | 1/0-1/-                                | (Signature)   | KCC WICHITA                  |