

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 - 009-24817-00-00 (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 _____.

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) 272 - 1023

Lease: Beran Well #: 1-34 Sec. 34 Twp. 16 S. R. 12 East West

C S/2 N/2 SW Spot Location / QQQQ County: Barton
1430' Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)
1320' 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: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 85/8 Set at: 333' Cemented with: 185 Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridgeplug Sets: _____

Elevation: 1876 (G.L. / K.B.) T.D.: 3464' P.B.T.D.: _____ Anhydrite Depth: 752'
(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): _____

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

If not explain why? _____

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 Ks. 67846

Plugging Contractor: Duke Drilling Co. Inc. KCC License #: 5929
(Company Name) (Contractor's)

Address: P.O. Box 823 Great Bend Ks. 67530 Phone: (620) 793 - 8366

Proposed Date and Hour of Plugging (if known?): 1:45 AM 2/3/05 Plugged

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 3/9/05 Authorized Operator / Agent: [Signature]
(Signature)

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

RECEIVED
MAR 11 2005

110'N

11/05

6/05