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

Form CP-4 December 2003 Type or Print on this Form Form must be Signed All blanks must be Filled

K.A.R. 82-3-117

Lease Operator: American Warrior Inc.					API Number: 15 - 051-22914 - 00 - 00	
Address: P.O. Box 399 Garden City Ks. 67846					Lease Name:	
Phone: (620) 275 -2963 Operator License #: 4058					Well Number:	
Type of Well: Oil Docket #:					Spot Location (QQQQ): C - NW - NW - SE	
Type of Well: Docket #: Docket #: (# SWD or ENHR)					2310' Feet from North / South Section Line 2310' Feet from East / West Section Line Sec. 22 Twp. 11 S. R. 16 East / West	
The plugging proposal was approved on: 3/10/05 (Date)						
by: Pat Staab (KCC District Agent's Name)						
Is ACO-1 filed? Yes	No If not, is	well log attach	ned? Yes	√ No	County: Ellis	
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed: 6/1/82	
Lansing Depth to Top: 3126' Bottom: 3140' T.D. 3348'					Plugging Commenced: 3/10/05 Plugging Completed: 3/10/05	
Cong Depth to Top: 3301' Bottom: 3307 T.D. 3348'						
Depth to Top: Bottom: T.D						
Show depth and thickness	of all water, oil and ga	as formations.				
Oil, Gas or W		Casing Record		(Surface Conductor & Production)		
Formation	Content	From	То	Size	Put In	Pulled Out
		-		85/8	217'	0
1				41/2	3378'	0
•						
	525'. Swift hooke	ed up and p	oumped 135s	x SMD cem	ent with 500# of hu	urface, Caped and back
						RECEIVED
Name of Plugging Contractor: Swift Services Inc.					License #: 323	82
Address: P.O. Box 466 Ness City Ks. 67560						APR 0 4 2005
Name of Party Responsible	₹ _{6.} 1 °	, 13	Warrior Inc			KCC WICHITA
State of Kansas	County.	Finney		, SS.		
Jody Smith				•	f Operator) or (Operator)	on above described well being first duly
sworn on oath, says: That	I have knowledge of the	ne facts staten	nents, and matter			on above-described well, being first duly above-described well is as filed, and the
same are true and correct,				P	X	
•		(Signature)	- HOST			
Constitution of	Samuel Sa	(Address)_	P.O!/Box 399	Garden Cit	y Ks. 67846	
DEBRA J. PT Notary Public - Sta My Appt. Expires 11	JROUSECH BED and	SWORN TO	before me this _	0	April y Commission Expires:	11407
My Apple Expired 11 Y		notary F	- your			