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

Lease Operator:_American Warrior, Inc.					API Number:15 - 033-21,372 - OO - OO		
Address: P.O. Box 399, Garden City, KS 67846					Lease Name:		
Address: P.O. Box 399, Garden City, KS 67846  Phone: (620) 275 - 2963 Operator License #: 4058  Type of Well: DH Per C 7 - 1/3 Operator License #: Docket #:					Well Number: 1-36   KCC   3-30-06 PK1		
Type of Well: DH YCC 3-20-05   Docket #:					Spot Location (QQQQ): 12 - 507		
The plugging proposal was approved on: 2/9/2006 (Date)					1150 Feet from East / West Section Line		
by: Jim Holland (KCC District Agent's Name)					Sec. 36 Twp. 32 S. R. 16 ☐ East  West		
Is ACO-1 filed?   ✓ Yes No If not, is well log attached? Yes No					County: Comanche		
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed: Spud -9/19/03 (not completed		
Depth to Top: Bottom: T,D. `					Plugging Commenced: 2/13/2006		
Depth to Top: Bottom: T.D				Plugging Completed: 2/14/2006			
Depth to Top: Bottom: T.D							
Show depth and thickne	ess of all water, oil and g	as formations.					
Oil, Gas or Water Records Casing Record (Surface Conductor & Production)						ction)	
Formation	Content	From	То	Size	Put In	Pulled Out	
				8 5/8	499	None	
				5 1/2	4870	2700	
hole. If cement or other 2/13 - rig up casing to	plugs were used, state to ols, stretch and cup pip	the character of e at 2700'. 2/	f same depth 14 - pull cas	placed from (bott ing to 850', Allied	om), to (top) for each plud I load hole with 10 sack	s gel, pump 50 sacks	
60/40 poz, 6% gel	, pull pipe to 520', p	ump 50 sac	ks, pull pip	oe to 250', pun	np 30 sacks, pull to	40', load with 10 sacks	
top off 1 3/4 yards Red	xim-ib						
Name of Plugging Contractor: Clarke Corporation					License #: 5105		
Address: P.O. Box 18	87, Medicine Lodge	. KS 67104				RECEIVED	
Name of Party Responsi	ible for Plugging Fees: A	merican Wa	arrior, Inc.			KANSAS CORPORATION COMMISSION	
State of Kansas County, Barber , ss.						MAR 1 5 2006	
John Swinford				(Employee of	Congrator) or (Operator) o	n above-descripte Trip Delivision duly	
sworn on oath, says: Tha	at I have knowledge of th	e facts stateme	ents, and mat			pove-described well is as filed, and the	
same are true and correct	ct, so help me God.		16	.1./			
GLENDA M Notary	Piric i	(Signature)	Signature) P.O. Box 187, Medicine Lodge, KS 67104				
20 STATE OF	MANCAC	(Address)_P	.U. BOX 187	, iviedicine Lodge	e, KS 6/104		
Contraction of the second of t	SUBSCRIBED and	SWORN TO b	efore me this	;day of _		, 20 06	
	Alex	Notary Pi	Mudden States	My	Commission Expires:	11/30/000	