

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 # 15-025-21396-00-00 (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 Spud 01-10-07

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

Address: PO Box 399 City: Garden City

State: Kansas Zip Code: 67846-0399 Contact Phone: (620) 275-9231

Lease: Esplund Well #: 2-19 Sec. 19 Twp. 30 S. R. 23 East West

NW - NW - SE Spot Location / QQQQ County: Clark County, Kansas

2506 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

2273 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: _____ Cemented with: _____ Sacks

Surface Casing Size: 8-5/8" Set at: 652' Cemented with: 375 Sacks

Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridgeplug Sets: _____

Elevation: 2436' (G.L. / K.B.) T.D.: 5765' PBTD: _____ Anhydrite Depth: _____

Condition of Well: Good Poor Casing Leak Junk in Hole (Stone Corral Formation)

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: _____

Phone: () -

Address: _____ City / State: _____

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

Address: _____ Phone: () -

Proposed Date and Hour of Plugging (if known?): 2:00 PM 01-18-07

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

Date: 4-2-07 Authorized Operator / Agent: [Signature]
(Signature)

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

*Well already plugged - KCC-DG

RECEIVED
KANSAS CORPORATION COMMISSION
APR 03 2007
CONSERVATION DIVISION
WICHITA, KS
Dist
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