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 - 199-20,366 ~60-00 ____ (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 11-18-07 Well Operator: American Warrior, Inc. _ KCC License #: 4058 (Owner / Company Name) (Operator's) Address: P. O. Box 399 ___ _{Citv:} Garden Citv State:_Kansas _____ Zip Code: 67846 ___ Contact Phone: (620) 275 - 2963 Lease:_Flying V Sec. 5 Twp. 15 S. R. 41 East V West ___ _{Well #:} 2-5 W2 - E2 W2 County: WALLACE W2 Spot Location / QQQQ 2640 Feet (in exact footage) From North / 🗸 South (from nearest outside section corner) Line of Section (Not Lease Line) 810 Feet (in exact footage) From / West (from nearest outside section corner) Line of Section (Not Lease Line) East Check One: Oil Well Gas Well D&A Cathodic Water Supply Well SWD Docket # ENHR Docket # _ Conductor Casing Size:_ _____ Set at: _ Cemented with: Sacks Surface Casing Size: 8-5/8" _____ Set at: 379' _____ Cemented with: 325 Production Casing Size:___ Cemented with: ____Set at: List (ALL) Perforations and Bridgeplug Sets: Elevation: 3782 (VG.L./ □K.B.) TD. 4600 PRTD: N/A _ Anhydrite Depth:__ (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): Per instructions of the KCC 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: Joe Smith Phone: (620) 275 - 2963 Address: P.O. Box 399 ____ City / State: Garden City, KS 67846 Plugging Contractor: Allied Cementing Co., Inc. KCC License #: Address: P. O. Box 31, Russell, Kansas 67665 Phone: (785) Proposed Date and Hour of Plugging (if known?): ASAP 1 Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent RECEIVED KANSAS CORPORATION COMMISSION Date: 1-4-08 /-16-08 Authorized Operator / Agent

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

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CONSERVATION DIVISION WICHITA, KS