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 - 009-23,544		
Address: P. O. Box 399, Garden City, KS 67846					Lease Name: WONDRA		
Phone: (620) 275 - 2963 Operator License #: 4058					Well Number:		
Type of Well: OIL (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Operator License #:					Spot Location (QQQQ): C - SE - NE - SE 1650 Feet from North / South Section Line		
The plugging proposal was approved on: 5-17-06 (Date)					330 Feet from East / West Section Line		
by: CASE MORRIS (KCC District Agent's Name)						S. R. 12	
Is ACO-1 filed? ✓ Yes No If not, is well log attached? Yes ✓ No					County: BARTON		
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed:		
ARB Depth to Top: 3400' Bottom: 3406' T.D. 3406'					Plugging Commenced: 5-18-06		
Depth to Top: Bottom: T.D					Plugging Completed: 5-18-06		
Depth to Top: Bottom: T.D					Plugging Completed:		
Show depth and thickness of	of all water, oil and gas f	ormations.					
Oil, Gas or Water Records Casing Record (Surface Conductor & Production)							
Formation	Content	From	То	Size	Put In	Pulled Out	
	Surface	SURFACE	332'	8-5/8"	332'	None	
	PRODUCTION	SURFACE	3400'	5-1/2"	3400'	NONE	
hole. If cement or other plu Perforated, 1450', 755	igs were used, state the 5', 360', ran tbg to 2	character of s	ame depth pleed 80 sks o	aced from (bott cement & 30	tom), to (top) for each pl 10# Hulls, pulled tbg	or methods used in introducinug set. I to 1000', pump 190sks Ils down csg. SIP 1	S
pump 20 sks cement	down backside SIP	150 #'s cut	off csg bad	ck fill cellar			
					KCCPKTPH CAD/3		
Name of Plugging Contractor: Allied Gementing Co., Inc. Name of Plugging Contractor: Allied Gementing Co., Inc. License #: 6426						6	
Name of Plugging Contractor: Affect Sementing Co., Inc. License #: 0420						KANSAS COR	ECEIVED
Address.						005	- OKATION COMMISSIC
Name of Party Responsible	for Plugging Fees: Am	nerican W	arrior, Ind	<u> </u>			232008
State of Kansas	County,	inney		, ss.		CONSE	RVATION DIVISION
Nancy E. Davis, Com	pliance Coordinator			(Employee o	of Operator) or 🔑 perator)	ነነ on above-described well, be	/ICHITA, KS sing first duly
sworn on oath, says: That I same are true and correct,		facts statemen	ts, and matte			above-described well is as fi	
ERICA BAD Notary Pul My Appt. Expires	blic - State of Kansas 09-12-09	,			O. Box 399, Garder	n City, KS 67846	
SUBSCRUBED and SWORN TO before me this 21st day of October 20 08							20 08
	_ MM		Um	м	y Commission Expires: _	0972-09	
		Notary Pub	lic			•	