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 - 025 - 20, 704 -00-0 | | | |
|---|---|---|---------------------------------|--|---|---|---------------------------------------|--|
| Address: PO Box 399 Garden City KS 67846 | | | | | Lease Name: Seacat KICPUTPY | | | |
| Phone: (620)275-2963 Operator License #: 4058 | | | | | Well Number: 15-19 CPZ[3 | | | |
| Type of Well: <u>ENHR</u> Docket #: <u>E 20, 779</u> | | | | | Spot Location (QQQQ): <u>NE</u> - <u>SE</u> - <u>SE</u> | | | |
| Type of Well: Docket #: Docket #: (If SWD or ENHR) | | | | | 1050 Feet from North / South Section Line | | | |
| The plugging proposal was approved on: //-2/-08 (Dale) | | | | | | 250 Feet from East / West Section Line | | |
| by: Richard Lacy (KCC District Agent's Name) | | | | | Sec. 19 Twp. 31 S. R. 21 East Wwest | | | |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No | | | | | County: Clark | | | |
| Producing Formation(s): List All (If needed attach another sheet) | | | | | Date Well Completed: 9-25-84 | | | |
| . 1 | Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | | |
| | Depth to Top: Bottom: T.D. | | | | Plugging Completed: 12 - 1 - 08 | | | |
| Depth to Top: Bottom: T.D | | | | | Transfer of the second of the | | | |
| Show depth and thickness | of all water, oil and gas | formations. | | , | | | | |
| | | | | | Surface Conductor & Production) | | | |
| Formation | Content | From | То | Size | | Put In | Pulled Out | |
| | | | <u> </u> | 838 | | 700 | | |
| | | | <u></u> | 55 | | 5330 | 1730 | 0 |
| | | <u> </u> | | | | | | |
| | | | | | | · | | |
| So SX Plus Capped Name of Plugging Contract Address: R+1 B | to 4480. L to 4480. L to 4480. L to 500 to 85/8 3 f tor:SARGENTA | ocharacter of a contracter of | same depth pla set to 11. | iced from (botto C/BP 7 50 · C/I 50 sx · L | om), to + 2 7: 10. | o (top) for each plug Sx cmt, hole u 30 to 580 | from 44 from 44 fmud to 10sx | N34 to MIXED RECEIVED REPORATION COMMISSION |
| Name of Party Responsible | | Chanda | | | ! | | | Lung |
| State of Ansas Nancy E Davis sworn on oath, says: That | County, 1 | aproline facts statemen | on matter | | | rator) or (Operator) or and the log of the ab | n above-described | |
| same are true and correct, | • | (Signature) | ff Jours | 6/ | []L | 1. 00 K | Inull | · . |
| | c - State of Kansas | (Address) | 10. Box 3 | 77, Oak | doj | 417/15 | 6/840 | |
| SUBSCRIBED and SWORN TO before me this 16 - day of 100000000000000000000000000000000000 | | | | | | | | |
| | Grua | Kulln Notary Pul | olic | My | Com | mission Expires: | 09-12-09 | |
| | 4 | TTO COLUMN TO U. | ,,,, | | | | | |

