

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

Form CP-1
March 2009
This Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 4058
Name: American Warrior INC
Address 1: P.O. Box 399
Address 2: _____
City: Garden City State: KS Zip: 67846 + _____
Contact Person: Kevin Wiles SR
Phone: (620) 275-2963

API No. 15 - 025-20,245 - 0000
If pre 1967, supply original completion date: 12-30-1978
Spot Description: NW/4 Sec. 19-31s-21w
NE NW Sec. 19 Twp. 31 S. R. 21 East West
4,950 Feet from North / South Line of Section
4,290 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Clark
Lease Name: Seacat Well #: 3-19

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: NA Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8-5/8 Set at: 623' Cemented with: 300 Sacks
Production Casing Size: 4-1/2 Set at: 5249' Cemented with: 200 Sacks

List (ALL) Perforations and Bridge Plug Sets:

5092'-5112', 5125'-5132'

Elevation: 2072 (G.L. / K.B.) T.D.: 5250 PBTD: 5200 Anhydrite Depth: NA
(Stone Correl Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

As Per District One Instructions

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

KANSAS CORPORATION COMMISSION

MAY 15 2009
RECEIVED

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

Company Representative authorized to supervise plugging operations: Kevin Wiles SR
Address: P.O. Box 399 City: Garden City State: KS Zip: 67846 + _____
Phone: (620) 275-2963
Plugging Contractor License #: 5105 Name: Clarke Corp.
Address 1: P.O. Box 187 Address 2: _____
City: Medicine Lodge State: KS Zip: 67104 + _____
Phone: (620) 886-5665

Proposed Date of Plugging (if known): ASAP 5/18/09 2:15pm

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

Date: 5-14-09 Authorized Operator / Agent: _____
(Signature)

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

*Well plugged - KCC PKT.

Dist 1
PKT